

Mission of Hope Internship Program

Application for Admission

Application Date ____ / ____ / ____

Term desired for Internship _____
(Spring, Summer, Fall)

**** If you have a special request for dates of service, special circumstances or events, please include a separate page with detailed notes and dates regarding your requests.**

- **Submit completed application via e-mail to internships@mohhaiti.org**
- **Send in or submit via mohhaiti.org, a \$25 payment for application processing**
- **Please attach a recent picture of yourself**
- **Recommendations emailed or can be mailed in if necessary to:**
 - **PO BOX 60004**
 - Fort Myers, FL 33906**

General Information

Name		
Address		
City	State	Zip
Home Phone	Cell Phone	Can we text you? Yes/no
Date of Birth	Age	T-Shirt size
E-mail	Best time to call	Male / Female
Marital Status	If married, how long?	Spouse's Name

Education Information

High School Attended	
Address, City, State, Zip	
Did you graduate?	Year
College Attended	Major of Study
Address, City, State, Zip	
Did you graduate? Degree type?	Dates Attended

Other schools attended, please include pertinent certifications or degrees	
Have you previously been on a mission trip? If yes, with what organization?	
Address, City, State, Zip	
Mission's Name	
Are you currently employed?	
Present Employer	
Address, City, State, Zip	Phone
Position	Date Hired
Past Employer	
Address, City, State, Zip	Phone
Position	Dates of Employment

Spiritual Information

Have you accepted Jesus Christ as your personal Savior?

☐ Yes ☐ No

Have you been baptized in water?

☐ Yes ☐ No

Do you attend church regularly?

☐ Yes ☐ No

Are you a member?

☐ Yes ☐ No

Home Church	Denomination
Address	
City, State, Zip	
Senior Pastor	Telephone
Youth Pastor	
How long have you attended?	

Family Information

Name of Father or Guardian	
Address	
City, State, Zip	
Occupation	Telephone
Denominational Preference	Has he accepted Christ?
Are you applying to this internship with his consent?	Work Phone

Name of Mother or Guardian	
Address	
City, State, Zip	
Occupation	Telephone
Denominational Preference	Has she accepted Christ?
Are you applying to this internship with her consent?	Work Phone

How many siblings do you have? Please list names and ages.

Health Information

Do you have health insurance?	Insurance provider
How do you describe your health? (Good, excellent or poor)	

List any physical limitations
List any medications
Have you ever taken drugs other than prescribed drugs?
If yes, what drug and last date used:

Emergency Information

Name of person to contact in case of emergency	
Relationship	Telephone
Emergency contact other than a parent	
Relationship	Telephone

Miscellaneous Information

Will you be willing to share a room?
Have you prayed concerning this commitment?
What is your definition of a “servant”?
What are your plans after this internship?
How do your parents feel about you coming into this internship program?

Ministry Information

Do you speak a foreign language?	If yes, which one?
Proficiency of language (circle one) Good Fair Very little	
Do you have certification in the following? (circle if applicable) CPR First Aid Other:	

Do you have training or background in dealing with abused, neglected or abandoned children?

Do you have any vocational or ministry training? If yes, explain.

Ministry References

If you were a leader, worker, volunteer, sponsor or helper in any ministry, please fill out the following:

Ministry	Position
Church	Telephone
Address	City, State, Zip
How long?	Contact Name
Ministry	Position
Church	Telephone
Address	City, State, Zip
How long?	Contact Name
Ministry	Position
Church	Telephone
Address	City, State, Zip
How long?	Contact Name

Personal References

(Not former employers, relatives or persons completing the pastoral and confidential references).

Name	Relationship
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Address, City, State, Zip	Telephone
Name	Relationship
Address, City, State, Zip	Telephone
Name	Relationship
Address, City, State, Zip	Telephone

Personal Profile

Do you have any previous experience in working with the following types of people or ministries?

Children **Street Ministry/Evangelism** **Youth** **Senior Citizens**
Homeless **Worship Team** **Photography** **Sound/Lights**

Circle all the words below that you believe accurately describe you:

Modest **Loving** **Socially awkward** **Mature** **Sarcastic** **Patient**
Kind **Selfish** **Considerate** **Abrasive** **Trustworthy** **Motivated**
Organized **Tactful** **Impulsive** **Quiet** **Compassionate** **Relaxed**
Moody **Hard Working** **Friendly** **Teachable** **Adaptive** **Determined**
Self-Motivated **Lazy** **Leader** **Genuine** **Punctual** **Detail**
Oriented **Sensitive**

Are you an early morning or a late night person? _____

Do you keep your room messy or neat? _____

List below four strengths and four weaknesses you have. Please avoid generalities.

Strengths

1.

2.

3.

4.

Weaknesses

1.

2.

3.

4.

Circle One:

Were you ever abused, neglected or abandoned as a child? **Yes** **No**

Have you ever been involved in any homosexual relations? **Yes** **No**

Have you ever been married? **Yes** **No**

Have you ever had children? **Yes** **No**

Have you ever been arrested? **Yes** **No**

Have you ever been convicted of a felony or misdemeanor? **Yes** **No**

If you answered “Yes” to any of the above, please explain.

Please explain the Gospel in 75 words or less:

Personal Sketch

The Mission of Hope Internship Program desires to help its interns in every way possible. In order to do this, it is important for us to have some background information, including:

- **A description of your Christian experience (past and present).**
- **Experiences which have significantly influenced your life.**
- **A statement on why you desire to attend the Internship Program.**
- **Why MOH Internship Program should accept you.**

Please limit your statement to 200 words. Use the page provided, or provide your own.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Mission of Hope Intern Program ~ Personal Reference Survey

Prospective Intern _____

The prospective intern named above has applied for admission to the Mission of Hope Internship Program and has given your name as a reference. Please fill out the following reference form to the best of your knowledge and return to: **Mission of Hope, P.O. Box 60004 Fort Myers, FL 33906 239.791.8125 www.mohhaiti.org**

How long have you known the applicant? _____

How would you describe your relationship to the applicant?

☐ Personal Relationship ☐ Somewhat Close ☐ Indirect ☐ Distant

To your knowledge, in the past 3 years has this individual: Used drugs illegally? ☐ Yes ☐ No

In the last three years, what can you say of the applicant's spiritual life? Home life?

(Please comment in box 1 and 2 respectively on back.)

Do you know of anything which might hinder the applicant from making satisfactory progress as an intern? (If yes, explain in box 3 on back.)

Please check the following	Excellent	Good	Fair	Poor	Not Known
Moral Character	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____

Initiative	_____	_____	_____	_____	_____
Acceptance by Others	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____
Attitude Toward Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____	_____

Do you recommend applicant as a candidate for this internship program? ☐ Yes ☐ No
☐ Hesitantly (Please comment on separate page if necessary.)

Please Print Your Name _____

Signature _____ Position _____

Date _____

Church _____ Phone _____

Address _____ City/State/Zip _____

According to PL 39-380, the Family rights and Privacy Act of 1974, the information contained in this reference questionnaire must be shared with the intern upon request. However, the applicant may, at his/her discretion, voluntarily waive the right of access to the information by signing the following statement.

Waiver of Rights: I hereby waive my right of access to all information contained in this reference questionnaire with the understanding that it will be used only for the purpose of evaluating my application for admission to the Mission of Hope Internship Program.

Applicant's Signature _____ Date _____

Personal Reference Survey Part 2

1. Please comment on the applicant's personal relationship with Jesus Christ.

2. Please comment on the applicant's home life.

3. Please comment on the applicant's strengths and weaknesses.

4. Please comment on any concerns/hesitations you feel might affect the applicant from making satisfactory progress as an intern.

5. Would you hire this applicant? Why or why not?

Mission of Hope ~ Minister Reference Survey

Prospective Intern _____

The prospective intern named above has applied for admission to the Mission of Hope Internship Program and has given your name as a reference. Please fill out the following reference form to the best of your knowledge and return to: **Mission of Hope, P.O. Box 60004 Fort Myers, FL 33906 239.791.8125 www.mohhaiti.org**

How long have you known the applicant? _____

How would you describe your relationship to the applicant?

☐ Personal Relationship ☐ Somewhat Close ☐ Indirect ☐ Distant

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(Please comment in box 1 and 2 respectively on back.)

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Personal Appearance	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Acceptance by Others	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____
Attitude Toward Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____	_____

Do you recommend applicant as a candidate for this internship program? ☐ Yes ☐ No

☐ Hesitantly (Please comment on separate page if necessary.)

Please Print Your Name _____

Signature _____ Position _____

Date _____

Church _____ Phone _____

Address _____ City/State/Zip _____

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