



# Internship Program Application

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**Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address if Different:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_ **Postal / Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E:mail** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Passport Number & Expiration Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Male/Female** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**First Language** \_\_\_\_\_ **Second Language** \_\_\_\_\_

**Field of Interest:** Check one **Education**\_\_\_ **Medical**\_\_\_ **Ministry**\_\_\_\_\_

**Length of stay:** Check one **30 Days**\_\_\_ **60 Days**\_\_\_ **90 Days**\_\_\_\_\_

**Education** (Please list all education and schools attended, dates attended and degrees obtained to present)

**High School:** \_\_\_\_\_

**College / University:** \_\_\_\_\_

**Vocational:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Awards, Certificates, Diplomas and or recognition letters:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment

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### **Employment Experience**

Name	Occupation	Organization Address	Dates Employed	Name & Phone # Of Supervisor

**Personal References:** Please provide the names of three personal references. We ask that you notify these persons as they will be contacted by us usually within a week of your submittal.

We ask that the references not be relatives or family members. We will be sending a reference form to the individuals that you list below to be filled out and sent back to us.

Applicants please fill out the shaded portion of the reference form found on page 6. Project Honduras will send the reference forms out to the individuals listed below once we have received those forms from you filled out. This information will be confidential and not shared with the applicant by Project Honduras.

Name	Occupation	Phone	E-Mail

## General Questions / Questionnaire

1. What are your long term goals?
2. How might this internship program benefit the goals stated in the first question?
3. What specific skills do you hope to develop through this program?

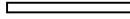


# **Training Practicum Application**

## **Essay**

Please share in the space provided below what has influenced your present ideas and values, what religious and spiritual experiences have helped you come to your present views and lifestyle and what vision and goals you have for your near and extended future.

# Reference Form



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To Be Completed by Applicant's Reference

The above named person is applying for admission to Project Honduras Internship program, an organization that trains missionaries in Roatan, Honduras. Your cooperation in answering the following questions with the utmost honesty would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our training program. Please send the completed form directly to the Director of the Program. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. How well do you know the applicant? \_\_\_ Slightly \_\_\_ Casually \_\_\_ Well \_\_\_ Very Well

4. To what extent is the applicant involved in the church and in the community?

\_\_\_\_\_ No involvement \_\_\_\_\_ Slightly involved \_\_\_\_\_ Involved \_\_\_\_\_ Deeply involved

Please explain how the applicant has been engaged in Christian service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 2 – Reference Form**

Knowing the applicant as you do what recommendation would you make?

- \_\_\_\_\_ Strongly recommend (top 10% of candidates in your experience)
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation (may encounter some difficulty)
- \_\_\_\_\_ Do not recommend
- \_\_\_\_\_ Prefer not to make a recommendation

Comments:

**Reference Information (person filling out form)**

Print Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_ Country \_\_\_\_\_

FAX Number \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Thank you for the time and effort you have given in completing this reference form. Your comments will receive full consideration!

Please feel free to include any names and addresses of other students who may be interested in receiving information about our training programs.



Part 2 –Pastor’s Reference Form

Knowing the applicant as you do what recommendation would you make?

- \_\_\_\_\_ Strongly recommend (top 10% of candidates in your experience)
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation (may encounter some difficulty)
- \_\_\_\_\_ Do not recommend
- \_\_\_\_\_ Prefer not to make a recommendation

Comments:

**Pastor’s Information**

Print Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_ Country \_\_\_\_\_

FAX Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Church \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for the time and effort you have given in completing this reference form. Your comments will receive full consideration and confidentiality.

Please feel free to include any names and addresses of other students who may be interested in receiving information about our training programs.