



# Internship Application

## Application for Internship

Thank you for your interest in Anchor of Hope, Romania! In order to be considered for internship with Anchor of Hope Romania, you will need to complete and return the following:

- Application/Liability Release
- Ministry Covenant Form
- Two Reference Forms (you will need two references from people who know you but are not related to you: pastor, employer, mentor, friend, teacher, etc.)

The application and reference letters need to be scanned and returned by email to our Missions Coordinator: [anchorofhoperomania@gmail.com](mailto:anchorofhoperomania@gmail.com)

We will acknowledge receipt of your application within 48 hours and contact you shortly thereafter to discuss details.

### Personal Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport Number and Country of Issue: \_\_\_\_\_

Driver's License (if applicable): \_\_\_\_\_

### Emergency Contact

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

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_



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## Church Information

Name of church you presently attend: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church address: \_\_\_\_\_

Church phone: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Please list Christian services you have been involved with, and include name of church/organization, your position, and briefly how you are involved

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

Please list any Bible study courses you have taken in the last year or two:

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

## Educational / Legal Background

Please list your educational background, beginning with high school. Include any college, trade school or Bible school:

School Name	Degree Obtained	Year Completed

Present School attending or place of employment: \_\_\_\_\_

If attending school, when will you complete your program? \_\_\_\_\_

With what degree or certificate? \_\_\_\_\_

Have you served in the military? \_\_\_\_\_ Date of discharge \_\_\_\_\_

Have you ever been arrested, fined, jailed or in imprisoned? \_\_\_\_\_



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If yes, please explain:

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Are you involved in any current or pending lawsuits or legal proceedings? If yes, please explain:

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## Gifted / Service Assessment

Evaluating your education, skills, experience, along with the gifts God has given you, please indicate in what areas you feel you can best serve.

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What is your native language? \_\_\_\_\_

What other languages do you speak?

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Have you ever travelled abroad? \_\_\_\_\_ If yes, list the countries you have visited.

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Please note your ability in the following areas on a scale of 1 – 10 (ten being excellent).

Auto Mechanics		Book Keeping	
IT		Construction	
Cooking		Nursing / EPT	
Operating Sound / Video Equipment		Preaching	
Playing a Musical Instrument (list instruments below)		Teaching	
Singing		Other (please list below)	

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Would you like to assist with worship music during orientation and debriefing?

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Please list your hobbies:

## Medical History

Have you had or presently have:

Chicken pox \_\_\_\_\_ Measles \_\_\_\_\_ mumps \_\_\_\_\_ Polio \_\_\_\_\_ Small pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Tetanus \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Pleurisy \_\_\_\_\_ Pneumonia \_\_\_\_\_ Influenza \_\_\_\_\_ Sinusitis \_\_\_\_\_

Middle Ear Infection \_\_\_\_\_ Deafness \_\_\_\_\_ Arthritis \_\_\_\_\_ Heart Murmurs \_\_\_\_\_

Appendicitis \_\_\_\_\_ Frequent colds \_\_\_\_\_ Other: \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

Do you wear eyeglasses or contact lenses? \_\_\_\_\_

Do you use tobacco, alcohol or narcotic drugs? \_\_\_\_\_

Do you have any respiratory problems? \_\_\_\_\_

Do you have any allergies?

\_\_\_\_\_

Do you suffer from frequent headaches, dizziness or fainting spells?

\_\_\_\_\_

Have you ever had a nervous breakdown or been treated for depression?

\_\_\_\_\_

Do you fatigue easily?

\_\_\_\_\_

Please list serious health concerns that have affected you in the past five years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Do you have any medical restrictions or handicaps that we might need to make provisions for?

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Are you presently taking any medications (if yes, please explain)? \_\_\_\_\_

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Health Insurance Carrier and Policy Number:

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Your primary physician's name and phone number (include area code):

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## Spiritual Background / Assessment

In what ways do you maintain a personal and vital relationship with God?

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Why do you believe you are called to minister as a missionary?

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Please share your personal testimony:

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## Release of Liability

I certify that all of the responses on this Health Information form are true and accurate and will notify Anchor of Hope hereafter of any relevant changes in my health that occur either prior to the start of the ministry trip or during it. I further verify that: a) I have no physical impairments that might put myself or others in danger by my participation in the ministry activity; b) I will abide by all Anchor of Hope and other applicable regulations regarding my participation; and c) if I become injured in the course of my participation and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives or agents acting on behalf of Anchor of Hope Romania Ministries.

In signing this form, I agree not to hold Anchor of Hope, employees or other agents liable for any injury, loss, damage, or accident that I might encounter while on this trip. I realize and acknowledge that my participation on this trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, unstable conditions, and or other calamities. I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Anchor of Hope Romania Ministries, its officers, employees, and other agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged, or stolen while on this trip.

I have carefully read the foregoing and I understand that my signature herein holds Anchor of Hope Ministries, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

**Applicant Signature**

**Date**

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**Signature of Parent/Guardian Date (If applicant is under the age of 21)**

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