



## Internship Application

Mail to: Marketplace Ministries Worldwide  
P.O. Box 2079, Yorba Linda, CA 92885-1279  
Fax #: (714) 779-7740

Your name \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Countries of Interest: \_\_\_\_\_

### **Passport Information (please include photocopy of passport):**

Name as it appears on your passport: \_\_\_\_\_

Passport number: \_\_\_\_\_ Country of issue: \_\_\_\_\_

City and State where issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Marital Status:   Single   Married   Engaged   Widowed   Divorced   Separated

Spouse's name \_\_\_\_\_ Is he/she a Christian? \_\_\_\_\_

### **Emergency Contact:**

Full name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is your family supportive of your desire to do ministry in the context of your Intern opportunity?

(please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your timeframe (your windows of availability, and your desired length of stay): \_\_\_\_\_

Describe your educational background:

<i>School</i>	<i>Year Graduated</i>	<i>Degree</i>
High School: _____	_____	_____
Undergraduate: _____	_____	_____
Graduate: _____	_____	_____

List your areas of previous involvement in Christian ministry and length of service.

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

Please describe the extent of your cross-cultural experience and international travel? \_\_\_\_\_

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

What is the name of your home church? \_\_\_\_\_

Are you a member? Yes No

How long have you been involved with this particular church? \_\_\_\_\_

What other churches have you been involved with in the last five years? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Please describe your relationship with your local church family (both on Sunday and during the week, structured programs and life-led): \_\_\_\_\_

Have you read pgs 7-18 of EFC-SW's *Faith and Practice*? Yes No

In what ways do you agree and in what ways do you disagree with these statements?

Have you read and signed the Internship Covenant? Yes No (Copy attached to this application)

If accepted do you agree to participate in all preparatory and debriefing activities? Yes No

Please share your testimony. How and when did you become a Christian? (Continue on reverse side.)



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Describe the actions you are currently taking to mature in your faith:

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What forms of accountability do you have in your life right now? .

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If someone asked you how they could have a saving relationship with Jesus Christ what would you tell them? \_\_\_\_\_

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What is the most challenging thing you have experienced spiritually? \_\_\_\_\_

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What are a couple of your personal goals in life? \_\_\_\_\_

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List some of your favorite hobbies and recreation activities: \_\_\_\_\_

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List any courses you have taken or books you have read that may prove helpful for this ministry.

_____	_____
_____	_____
_____	_____

What do you consider to be your major spiritual gifts, qualifications and strengths?

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What are some of the expectations you have of the MMW Board/Staff? (i.e. accountability, resources, encouragement, etc.) \_\_\_\_\_

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**Language Abilities:** Please indicate other languages you speak and the degree of fluency.

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Is there any reason why you cannot tolerate: (please check if applicable)

Rigorous physical activity \_\_\_\_\_ High altitudes \_\_\_\_\_

High temperatures \_\_\_\_\_ Low temperatures \_\_\_\_\_

Explain: \_\_\_\_\_

Please indicate your physical stamina: Good Moderate Poor

Are you covered by health and accident insurance? Yes No

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Because of the types, settings and circumstances of our ministry teams, the following two questions have been added to this application:**

1) Have you ever been accused or convicted of physical or sexual abuse? Yes No

2) Are there any circumstances in your personal history that would call into question your ability to work with children? Yes No



If you answered, "Yes," to either of the above questions please explain: \_\_\_\_\_

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(Answering "Yes," to either of the above questions will not result in automatic disqualification. However, in certain ministry situations and circumstances participation could be denied.)

**I hereby submit my application to the Marketplace Ministries Worldwide Board of Directors, for appointment as an Intern. I cheerfully agree to work faithfully for the Lord under the direction of the appointed directors of the mission as long as I am under appointment as an Intern, and to cooperate with other appointees of the mission with the object of building up the Kingdom of God. If at any time I find that I am out of harmony with the basic aims of the mission as stated by the MMW Board, through its representatives, I agree to resign from the mission.**

I have read and agree with the above Letter of Understanding: Yes  No

**I verify that, to the best of my ability, I have provided truthful and accurate information in response to all of the above questions and prompts.**

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Signature

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Date

# Internship Covenant

The following rules are the fruit of many years of ministry experience. We have discovered that certain attitudes and practices avoid problems and insure that our workers have credibility with their hosts and target group.<sup>1</sup>

“Therefore, if what I eat causes my brother to fall into sin, I will never eat meat again, so that I will not cause him to fall.” - I Corinthians 8:13 (NIV)

## Team Effort:

- I agree to submit to the authority of those placed in leadership above me.
- I agree to work as a team with local believers and EFC-SW staff, serving my co-workers from my strengths, gifts and talents.
- I agree to be present and punctual at the various team functions and meetings.
- I will try, through the power of the Holy Spirit, to maintain a positive attitude, empowering, complementing and encouraging others whenever possible.
- I agree to be open and honest in my communication without hidden agendas.
- I will commit to conflict resolution and relational healing in order to preserve the unity of the Spirit.
- I agree to exercise care to see that the expenses of my life and work do not exceed budget agreed upon beforehand and authorized by the Board.

## Lifestyle Witnesses:

- I will avoid starting up a relationship with the opposite sex, whether with another Intern, ministry partner, or a national (It is especially important that you consult your local leaders on suggestions for appropriate behavior with those of the opposite sex).
- I will not use vulgar language.
- I will make every effort to learn the local language.
- I will refrain from using drugs not prescribed by a doctor.
- I will not pay a bribe under any circumstances.
- I will not loan money.
- I agree to discuss any giving of gifts with the team leader(s).
- I will dress modestly; respecting whatever the local culture considers to be modest (this will be explained in the field orientation).
- I agree to be respectful and polite according to the cultural norms of the host country.
- I agree not to distribute my phone number or home address while serving internationally, or to make any remarks that could be perceived as an invitation to come to the United States.
- I agree that the personal effort to lead people to Christ is a privilege that every believer should exercise as God presents opportunities
- I understand that local leaders have the authority to send home any person who shows persistent disrespect for the rules or who puts the ministry at risk by reckless behavior.
- I understand that these rules apply, and my witness begins from the time I leave for the airport or church, until the time I arrive home at church.

**I have read and agree to abide by the Servants guidelines.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> If any of these rules require further explanation, or if the applicant has an issue with one or more of them, please contact the Board before signing.

## Authorization and Medical Release Form

**A. Complete this section only if you are 21 years of age or older.**

I hereby declare that Marketplace Ministries Worldwide, nor any members of its organization; will be held responsible for my death or any accident that may occur during my service with this organization. I absolve all rights to claim from this organization any remuneration in case of ill effects resulting from this trip. I undertake this trip at my own risk with the understanding that MMW is not responsible for my welfare.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**B. Complete this section if you are under 21 years of age.**

I \_\_\_\_\_ the father/ mother/ legal guardian of \_\_\_\_\_

do hereby give my permission for \_\_\_\_\_ to participate on this

ministry trip ( \_\_\_\_\_ ) in

Location

Dates

accordance with the terms outlined in the section above.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**C. To be completed by all applicants.**

I hereby declare that I possess/have obtained medical insurance that will cover me during the extent of the trip for which I have been accepted.

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

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

Insurance Company \_\_\_\_\_

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

Company Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

# Emergency Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please check if you have or have had any of the following. If applicable, please indicate the frequency and most recent episode:

Aids/HIV	_____	Anemia	_____	Angina	_____
Asthma	_____	Cancer	_____	Chest Pain	_____
Diabetes	_____	Drug Flashbacks	_____	Epilepsy	_____
Fainting Spells	_____	Heart Attack	_____	Hepatitis	_____
Hyperglycemia	_____	Hypoglycemia	_____	Leukemia	_____
Neurosis	_____	Psychosis	_____	Rheumatic Fever	_____
Stomach Ulcers	_____	Severe Allergies	_____	Tuberculosis	_____

Do you have any other health conditions that your team leader should be aware of in case of an emergency? \_\_\_\_\_

Blood Type: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

All medicines currently taking: \_\_\_\_\_

Are you covered by health and accident insurance? Yes No

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Emergency Contacts

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

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

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

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