

THE DIVISION OF OVERSEAS MINISTRIES/GLOBAL MINISTRIES

SUMMER INTERN PROGRAM

JUNE 4-AUGUST 10, 2012

P.O. Box 1986

Indianapolis, Indiana 46206

Ph: (317) 713-2566; Fax: (317) 635-4323

INFORMATION FORM

Name: _____ (exactly as it appears on passport)

Address: _____ Phone: (C) _____

_____ Phone: (H) _____

_____ Sex: _____ F _____ M

Email Address: _____

Passport # _____ Expiration date: _____

Social Security _____ Citizenship: _____

Date of birth: _____ Place of birth: _____

Person to contact in case of emergency: _____

Address: _____ Phone: _____

Email Address: _____ Cell phone: _____

Church Membership: _____

Church Address: _____

Pastor (or Regional Minister): _____

EDUCATION: List below your high school, college and post college education:

School	Dates Attended	Grade/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other languages do you speak?

N = None T = Tourist C = Conversational NF = Near fluent F = Fluent

Airport closest to your home: _____

HEALTH: List and explain any medical or health conditions which might affect your travel:

What is your blood type? _____

Does your current health insurance policy provide coverage overseas? _____

If not, are you planning to purchase a medical policy that will provide coverage overseas? _____

Please respond to the following questions, using additional paper as needed:

1. Why do you want to serve as an intern with the Division of Overseas Ministries/Global Ministries?
2. What is your understanding of mission?
3. Describe any cross-cultural experiences you have had. What did you learn about your ability to live and work in a cross-cultural context?
4. What do you hope to gain from this experience?
- 5.. Are you interested in the possibility of later long-term mission service?

Signature: _____ Date: _____

Return to: cnichols@dom.disciples.org