



MISSIONS INTERNSHIP APPLICATION

Your Name (exactly as it appears on your passport or birth certificate)

Internship Dates

Date of birth

Passport Number

Expiration Date

Country Issued

Home / Work / Cell phone

Email

Single Married (Circle one)

Male / Female (Circle one)

Permanent Mailing Address

Name, address and phone number of your local church

Spiritual Leader or Pastor's Name

Please list two personal references:

Name, email and phone

Name, email and phone

Write a brief testimony and the reason you want to participate in our Missions Internship Program: (Attach a separate page if necessary.)

Do you have any medical needs and/or are you currently taking any medications? If so, please explain.

Will you need housing while you are attending the 12-week training program? Yes / No

Will you need transportation while you are attending the 12-week training program? Yes / No

Please list any spiritual gifts, talents or work skills that would be useful or that you would like to utilize during your missions training [i.e., evangelist, teacher, drama, children/youth ministry, singer, musician (instrument/s), medical profession, etc]

FINANCIAL COMMITMENT: I understand that I am responsible for paying the full amount of the internship program fees and other pre-determined costs between WOC and myself such as room and board, and ministry travel expenses according to the arranged payment plan during my 12-week stay

Office Use Only: WOC Approval: Date: Internship Fees: Ministry Travel: Room and Board: Deposit: Personal Expenses:

Mail application and \$200 deposit to: WOC, PO Box 3478, Fort Mill, SC 29708 Please make checks payable to World Outreach Community, a nonprofit 501.c.3 organization. Donations from other parties on your behalf are tax deductible.