



GUIDELINES FOR INTERNSHIP APPLICATION

Thank you for applying to an internship in our offices in Wichita, Kansas or Cochabamba, Bolivia. This program is designed for students or individuals who are studying or have an interest in service in a Missions/Ministry field. Internships can be tailored to meet the needs of the individual in the following areas- Social Service Administration, Missions, Ministry, Public Relations, Non-Profit Leadership, Fundraising/ Grant Writing, Media/ Communications, Computer Science/ Web Design, Accounting to name a few. In order to process your application, you must complete the following application in detail. If a question does not apply to you, write N/A in the blank.

1. **APPLICATION FORM** -All parts of this form must be completed. Please note the application deadline for your internship is 2 months before the start date of your internship. For those individuals who are wishing to join a mission team to Bolivia as part of their internship, the application for the mission trip selected must also be completed and the nonrefundable registration fee of \$125 must be attached to that application.
2. **PERSONAL HISTORY** -Please prayerfully answer the following questions on a separate sheet of paper and attach it to your application form. Write one to two paragraphs to answer each question:
 - a. Please describe your relationship with Jesus Christ and how you became a Christian.
 - b. Please describe your personal and corporate prayer activity.
 - c. Please describe your relationship with your local church or fellowship.
 - d. Have you ever been on ant short-term mission trips before? If so, please list the country, dates & purpose.
 - e. Why do you wish to complete an internship with Hospitals of Hope in Wichita?
 - f. What are your expectations of this Internship and any project ideas that you have?
 - g. Please describe your personal vocational calling.
 - h. Please describe your best learning experience.
 - i. Any realistic roadblocks that might hinder you from this internship.
4. **FACULTY REFERENCE FORM** -This form is to be given to a Faculty Member of your college or university, preferably to a faculty member that knows you well and is familiar with your desire to do this rotation. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
5. **PASTOR REFERENCE FORM** -This form is to be given to your Pastor or Campus Minister. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
6. **PERSONAL REFERENCE FORM** - This form is to be given to a personal reference of your choice. They may not be a family member. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
7. **YOUR PHOTOGRAPH** -Clip a passport size photo of yourself to the Application Form not smaller than 1 1/2 x 2 inches. (Visas maybe be needed depending on your country of origin.)



Internship Application

Name:(Mr./Mrs. / Miss / Ms.) First: _____ MI: ____ Last:

Preferred Name: _____

Permanent Address:

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Mailing Address (If different than above):

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Birth date: _____ Birth Place: _____

Age: _____

Social Security Number (Will be kept confidential):

Country of Citizenship: _____ Passport#:

Date Passport Expires: _____ Place of Issue:

Marital Status: Single _____ Married _____ Divorced _____

Spouse's Name: _____

Children's Names:

EMERGENCY INFORMATION:

In Case of Emergency, Contact: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

CHURCH INFORMATION:

Name of Home Church: _____

Pastor's Name: _____ Phone: _____

Address of Church:

EMPLOYMENT/ SCHOOL INFORMATION:

Place of Employment: _____

Address: _____ City:

State: _____ Zip: _____ Phone Number: _____

Job Title:

Name of the Current or Most Recent School Attended:

Current Major/Degree: _____ Date of Graduation:

Is this rotation for credit through your university or school? Yes_____ No_____

Please list requirements or attach information of the requirements of your University/
School for internship credit:

How many hours of work are required for your internship?

Dates Requested for Internship Start Date_____ End Date_____

Please list any Student Fellowship or Organizations you are involved in:
Fellowship/Organization

Address:_____

HEALTH INFORMATION:

If you have any significant physical impairment, please explain:_____

Explain treatments or medications you are presently receiving or any you have received for a significant physical or emotional problem:

Are you allergic to any medicines? If yes, please list:

Do you have medical insurance that will cover you overseas? Yes ___ No ___

Name of Insurer & Policy #:

Personal Physician's Name: _____ Phone:

If you do not, would you like information concerning coverage overseas? Yes___ No

PERSONAL EXPERIENCE:

List languages and proficiency:

1st Language: Basic___ Moderate___ Proficient___

2nd Language: Basic___ Moderate___ Proficient___

3rd Language: Basic___ Moderate___ Proficient___

List any previous experience related to the program for which you are applying:

How did you hear of Hospitals of Hope?

Shirt size: SM____ MED____ L____ XL____ XXL____

If I am accepted, I will abide by the Spirit, rules, and schedule of the Hospitals of Hope International program for which I am applying.

Applicant's Signature: _____ Date: _____

Send Completed Application to:

Hospitals of Hope International, Inc.
3545 N Santa Fe
Wichita, Kansas 67219

Telephone: 316-262-0964
Cell Phone: 316-204-4677
e-mail: darren@hospitalsofhope.org
www.hospitalsofhope.org