



INTERN APPLICATION

"A NEST for today . . . HOPE for tomorrow"

PERSONAL INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

DATE OF BIRTH: ____ / ____ / ____ BIRTHPLACE: _____

COUNTRY OF CITIZENSHIP: _____

PHONE NUMBER: (_____) _____ - _____

EMAIL: _____ @ _____ . _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE #: _____

HIGHEST LEVEL OF SCHOOL COMPLETED: _____

IF APPLICABLE, WHAT DEGREE(S) DID YOU RECEIVE? _____

IF STILL IN SCHOOL, WHERE DO YOU ATTEND? _____

WHAT IS YOUR MAJOR/ MINOR ? _____

HEALTH INFORMATION

DO YOU HAVE MEDICAL INSURANCE? YES NO

DO YOU HAVE INTERNATIONAL HEALTH COVERAGE? YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PROHIBIT YOU FROM PERFORMING AT AN ENERGETIC LEVEL FOR THE LENGTH OF YOUR SERVICE (SUCH AS RUNNING, CARRYING SUPPLIES, LONG HOURS, WORKING IN HEAT, ETC.)? YES NO

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED: YES NO

EMPLOYED BY: _____ POSITION: _____

RESPONSIBILITIES AT WORK: _____

MINISTRY EXPERIENCE

DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST: _____

LIST YOUR SPECIFIC GIFTS / TALENTS THAT YOU FEEL YOU BRING TO THE MISSION FIELD:

(construction, teaching, sports, public speaking, technology expertise, organizing, painting, carpentry, gardening, etc.)

LIST YOUR **INTERNATIONAL** MINISTRY EXPERIENCES:

LOCATION

ORGANIZATION

DATES

HOW SERVED

LIST YOUR **LOCAL** SERVING AND MINISTRY EXPERIENCES IN YOUR CHURCH / COMMUNITY:

LOCATION	ORGANIZATION	DATES	HOW SERVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU HAVE NOT SERVED INTERNATIONALLY BEFORE, HAVE YOU EVER TRAVELED INTERNATIONALLY FOR OTHER REASONS (BUSINESS, SCHOOL, VACATION, ETC.)? YES NO

SERVING INFORMATION

PREFERRED DATES TO SERVE: _____

HOW MANY CONSECUTIVE WEEKS WOULD YOU LIKE TO SERVE? _____ WEEKS (*must be 4 or more weeks to qualify*)

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY WITH ROBIN'S NEST?

WHY ARE YOU INTERESTED IN SERVING AS AN INTERN AT ROBIN'S NEST?

WHAT ARE YOUR GOALS AND EXPECTATIONS FOR SERVING AT ROBIN'S NEST?

HOW DO YOU PLAN ON FUNDING YOUR INTERNSHIP? (CHECK ALL THAT APPLY)

- FUNDRAISING PERSONAL FINANCES FAMILY

REFERENCES

LIST THE THREE PEOPLE WHO COMPLETED A REFERENCE FORM (FORM INCLUDED IN THE MANUAL). ONE FAMILY MEMBER OR FRIEND CAN BE USED. TWO REFERENCES MUST BE PROFESSIONAL (EMPLOYER, PROFESSOR, PASTOR).

REFERENCE #1 FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ COUNTRY: _____
PHONE NUMBER: (_____) _____ - _____
EMAIL: _____@_____.

REFERENCE #2 FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ COUNTRY: _____
PHONE NUMBER: (_____) _____ - _____
EMAIL: _____@_____.

REFERENCE #3 FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ COUNTRY: _____
PHONE NUMBER: (_____) _____ - _____
EMAIL: _____@_____.

SUBMISSION INSTRUCTIONS

Thank you for your interest and support in Robin's Nest Children's Home. We truly treasure the time and resources that people like yourself sacrifice to serve the children, staff and community in Jamaica. Please completely fill out the application, sign and date below and then email it to:

janetkrusmark@gmail.com

You will receive a confirmation email once your application is received and the timeframe in which a decision will be made in regards to your potential internship.

I, _____, (print name) have completed the Robin's Nest Children's Home Intern Application to the best of my knowledge with integrity. I understand Robin's Nest will conduct a background check to ensure the safety of all who serve at the ministry. I understand that submitting this application does not guarantee an internship and that various times of the year fill up quickly. I understand that an incomplete application can result in a longer response time and false misrepresentation will terminate my application.
