

Victory Latin American Outreach, Inc.

School of Missions Application – Internship in the Mission Field

Please print or type

Last Name:		First Name:		Middle Name:	
Street Address:				City:	
State:		Zip Code:		E-Mail:	
Home Phone:			Work Phone:		
Birth date:		Age:	Sex: <i>M</i> <i>F</i>	Height:	Weight:
Do you have a passport? <i>Yes</i> <i>No</i>			Passport Number:		
Marital Status: <i>Single</i> <i>Married</i> <i>Separated</i> <i>Divorced</i>				Number of Children:	
Parent's or Spouse's Name:			Parent's Phone:		
In case of emergency contact:				Home Phone:	
Relation to you:				Work Phone:	
What languages are you able to communicate in and in what capacity?					
Language: _____ (check all that apply) <input type="checkbox"/> Speak <input type="checkbox"/> Translate <input type="checkbox"/> Read (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced					
What Church do you attend?					
Church Address:				Pastor:	
Church Phone Number:				E-mail:	
How long have you attended?			Date you received Christ?		
How would you rate your physical condition? (please circle one)					
<i>Excellent</i> <i>Above Average</i> <i>Good</i> <i>Fair</i> <i>Poor</i>					
Do you have or have you ever had:			Yes / No		
Diabetes ?			Y / N		
Seizures ?			Y / N		
Heart condition ?			Y / N		
Respiratory problems ?			Y / N		
Psychiatric care ?			Y / N		
Physical disability ?			Y / N		
Currently pregnant ?			Y / N		
Other ?			Y / N		
Please explain any YES answers:					
Are you presently under a doctor's care or taking medication? Yes / No If Yes, Please explain below.					
Do you have special diet requirements for medical reasons? Yes / No If Yes, Please explain below.					

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Length of Internship (circle one): 3 Months 6 Months 9 Months

Beginning Date: _____ Ending Date: _____

Area of Interest for Mission Internship (ex: Corban Clinic, Aquaculture, Marketing, etc):

Why did you choose this area of interest? Please specify any previous experience in this area:

Other Interests or skills:

Why did you choose Roca Blanca?

Please describe any other experience that you have in a foreign mission field:

I, the undersigned, HEREBY RELEASE AND AGREE TO HOLD HARMLESS Victory Latin American Outreach, Inc. (Roca Blanca Mission Base) and their officers, employees, agents, and servants, from any liability whatsoever that might occur to the undersigned, as the result, whether immediate or proximate or not, due to my participation in the internship sponsored by the above mentioned party. I specifically agree to personally provide any and all insurance policy protection that may be necessary, helpful, or desirable for my participation and I will not rely upon Victory Latin American Outreach, Inc. for such protection.

Participant's Signature: _____ Date: _____

Please return this form to:

Victory Latin American Outreach
421 ½ E. 30th Avenue
Hutchinson, KS 67502
Fax: (620) 662-5400