

# MISSIONARY INTERNSHIP: PHILIPPINES

*Ephesians 4:12*

*... to prepare God's people for works of service, so that the body of Christ may be built up...*

Please  
attach I.D.  
photo here

**PLEASE USE BLACK INK AND PRINT CAREFULLY.**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MID INITIAL \_\_\_\_\_ NICKNAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

FATHER / MOTHER OTHER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT \_\_\_\_\_

**SPIRITUAL BACKGROUND & EXPERIENCE**

WHICH HAVE YOU EXPERIENCED?

SALVATION

WATER BAPTISM

BAPTISM IN HOLY SPIRIT

HOW ARE YOU INVOLVED IN YOUR CHURCH? \_\_\_\_\_

HAVE YOU BEEN ON OTHER MISSIONS TRIPS? LIST DATES AND SITES: \_\_\_\_\_

PLEASE LIST YOUR SKILLS OR ABILITIES [FLUENT IN FOREIGN LANGUAGE, MIME/DRAMA, PUPPETRY, MUSICAL, OR OTHER]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Application is not considered complete until this form and reference are received at the GMC office.*



**REFERENCE INFORMATION**

**PASTOR / MATURE CHRISTIAN** \_\_\_\_\_

**CHURCH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY?**

\_\_\_\_\_

**HEALTH & PERSONAL INFORMATION**

***IF YOU ANSWERED YES TO ANY OF THE FOLLOWING, PLEASE EXPLAIN.***

	<b><u>YES</u></b>	<b><u>NO</u></b>
DO YOU HAVE ANY HEALTH RESTRICTIONS	___	___

HAVE YOU EVER HAD AN EATING DISORDER?	___	___
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HAVE YOU EVER BEEN UNDER PSYCHIATRIC CARE	___	___
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PLEASE EXPLAIN ANY MEDICAL DIETARY REQUIREMENTS IF ANY: \_\_\_\_\_

PLEASE LIST PHYSICAL RESTRICTIONS OR REQUIRED MEDICATION: \_\_\_\_\_

HAVE YOU EVER USED TOBACCO?	___	___
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HAVE YOU EVER BEEN INVOLVED WITH ALCOHOL?	___	___
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PLEASE LIST ANY DRUG ALLERGIES: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED WITH ILLEGAL DRUGS?	___	___
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HAVE YOU EVER BEEN EXPELLED FROM SCHOOL?	___	___
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HAVE YOU EVER BEEN IN A JUVENILE DETENTION CENTER?	___	___
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HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CRIME?	___	___
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\_\_\_\_\_

**LIST ALL CHURCH WORK INVOLVING CHILDREN/YOUTH [CHURCH NAME/TOWN, TYPE OF WORK, DATES]:**

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**LIST ALL NON-CHURCH WORK INVOLVING CHILDREN/YOUTH [ORGANIZATION NAME/TOWN, TYPE OF WORK, DATES]:**

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**MIPER STATEMENT:** My signature below verifies that the information I have given on this application is accurate and true to the best of my knowledge and signifies my approval. I give GMC my permission to be filmed, videotaped, audio taped or photographed by any means and grant full use of my likeness, voice and words without compensation. Your signature below gives consent to allow GMC to obtain a criminal background check.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



**KNOWING THE APPLICANT AS YOU DO, WHAT RECOMMENDATION WOULD YOU MAKE?**

STRONGLY RECOMMEND      RECOMMEND      RECOMMEND WITH RESERVATION (MAY ENCOUNTER  
SOME DIFFICULTY)      DO NOT RECOMMEND      PREFER NOT TO MAKE A RECOMMENDATION

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW THAT WOULD BETTER ENABLE US TO EVALUATE THIS PERSON?

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NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_ AGE \_\_\_\_\_

The above named individual has applied for a short-term missions trip through Global Mission Center (GMC). Your cooperation in answering the following questions will help us decide whether the applicant will fit into the team. Please send the completed form directly to us as soon as possible as the candidate's application cannot be processed until your reference is received. If you are related to the applicant, this evaluation should come from another responsible person. Please accept our thanks for your time and effort. Your comments will receive full consideration.

**Please return form to:**

**Global Missions Center  
P.O. Box 377  
2600 Baguio City  
Philippines**

PERSON COMPLETING REFERENCE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_