

**Release of Liability, Consent, & Agreement**

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate \_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Address City State/Prov ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be read and signed by Participant. Please initial each item and sign and date at the bottom. (If Participant is under 18, Participant’s Parent or Legal Guardian must read and sign as well.)

 \_\_\_\_\_\_\_\_ I authorize Baja Vision Ministries, its agents, Board of Directors, staff, and any associated volunteers (hereafter referred to as “BVM”), to release any and all medical information or records to any party deemed necessary by BVM, and to assign for the providing of medical treatment to the Participant. I also release and agree to indemnify BVM for any and all damages, liability, or costs resulting from the authorizing of medical treatment on Participant’s behalf under the terms of this consent. I further hold BVM harmless from any and all costs, damages, or expenses incurred by BVM as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

\_\_\_\_\_\_\_\_ I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in Participant or myself incurring costs, expenses, and damages for which I am solely responsible, including but not limited to, returning of Participant by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. I personally assume all such risks, whether foreseen or unforeseen by BVM or Participant. I hereby releae and hold harmless BVM from all liability for personal injury, including death, as well as all property damage or loss arising out of Participant’s participation in this trip. I understand that this release and indemnification also releases liability for the conduct of BVM.

 \_\_\_\_\_\_\_\_ I understand that certain circumstances may occur resulting in Participant’s need for medical/dental care or treat-ment, and further resulting in Participant’s or Participant’s Parents’ or Legal Guardians’ inability to personally give consent for such care and treatment. In consideration of permission from BVM for Participant to participate in said mission trip, Participant (or Participant’s Parent or Legal Guardian) authorizes BVM or any of its designated agents to act on Participant’s behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which BVM deems necessary for Participant’s well-being for the duration of the mission trip. This consent is given in advance of any specific diagnostic tests, treatments, surgeries, or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant’s behalf.

Any consent given by BVM shall have the same force and effect as if Participant (or Participant’s Parent or Legal Guardian) had personally given consent.

 \_\_\_\_\_\_\_\_ I understand that the rules and regulations of BVM are specifically designed to ensure the safety and well-being of each Participant and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. These rules and regulations are enforced by BVM staff. Enforcement shall occur in a manner which BVM staff feels is in accor-dance with Christian principles and the stated purpose of the mission trip. I agree to fully cooperate with BVM in any disciplinary decisions made, and I understand that BVM reserves the right to send home any Participant that shows disregard for the stated rules and regulations. I further understand that Participant (or Participant’s Parent or Legal Guardian) is responsible for any cost involved in sending Participant home. These costs may include, but are not limited to, airfare or other transportation, hotel, and food for Participant and a chaperone. I have read and understand the rules of BVM as stated in the “Rules” (located online at:

[www.bajavisionministries.org.org/rules.html](http://www.bajavisionministries.org.org/rules.html) ), and I agree to abide by them for the duration of the mission trip.

\_\_\_\_\_\_\_\_ I have read and understand the above information. My signature below signifies my approval of all limitations listed above as well as my agreement with the accountability/behavioral agreement and gives BVM the right to use my picture, voice, and/or testimony in any form of promotional or advertising materials.

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is under 18, at least one signature is required below.**

 Father/Guardian Printed Name

Signature

Date

Mother/Guardian Printed Name

Signature

Date



**Medical / Emergency Contact Information**

Part 1: Participant’s Contact Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 2: Emergency Contact Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is under 18, please complete the following:**

Father’s/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s /Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 3: Medical Information

**Answer the following questions to the best of your knowledge. Attach an extra sheet if you need more space.**

Please list any physical limitations, handicaps, or medical conditions that you have.

Please list any allergies that you have (environmental, food, medication, etc.).

Please list any dietary restrictions that you have

Please list any medications you are taking (prescription or over-the counter).

Do you smoke? Yes / No

Do you drink alcohol? Yes / No

Are you currently under a doctor’s care? Yes / No

If you answered “Yes” to any of these questions, please explain on a separate sheet.

To the best of my knowledge, I certify that all of the above information is true and accurate.

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, Parent’s/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Mission Trip – Group Application Form**

Part 1:Group information

Name of Church or Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have groups from this church/organization been on trips to BVM before? Yes / No If so, please give the

most recent trip date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Part 2 : Group Leader Information

First Leader’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Leader’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have either of these leaders been on trips to BVM before? Yes / No If so, please give the most recent trip date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 3 : Mission Trip Information

Preferred Trip Dates Approx. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Participants (if known) \_\_\_\_\_\_\_\_

Flight/Travel Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you do not have travel reservations at this time, please notify us as soon as these have been made.)

Part 4: Goals and Projects

**If you need more space for your answers, please attach additional sheets.**

Please list any specific skills that your team will have. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any special events/projects/experiences you would like to organize or take part in while you are here?

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

Note Whatever you do or don’t bring with you on your trip, we encourage you to bring: a servant’s attitude, an open mind, and a big heart. Your servant’s attitude will enable you to complete any task with a pleasant attitude in a way that will bless not only those around you, but will encourage you and bless the Lord as well. An open mind will allow you to take in and understand those “strange” things you are sure to encounter in a different culture, outside of your comfort zone, and process them so you can take them home to your family and friends. And the big heart? Well, no matter how big it is, our families will fill your heart with their love, their joy, and their excitement at your coming. Even though you can’t pack up our families and take them home with you, you will most likely take many of them home in your heart. We look forward to your arrival. Be prepared to be blown away by your experience with us!



**Short-Term Internship Application Form**

Part 1:Tell us about yourself.

Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height ft.\_\_\_\_\_\_\_\_\_ in.\_\_\_\_\_\_\_\_\_Weight\_\_\_\_\_\_\_\_ lbs. (Do not leave blank.)

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Nationality: USA Canada Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: **🞏**Single **🞏**Engaged **🞏** Married **🞏**Separated **🞏**Divorced

If married, Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Married\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you live with? **🞏** Parents **🞏**Friends **🞏**Self **🞏**Spouse/Children **🞏**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 21, please list your parents’ names, addresses (if different from yours), and contact information.

Father’s/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s /Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your parents are separated or divorced, who has legal custody?

**🞏**Father **🞏** Mother **🞏**Joint **🞏**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What church do you attend?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s/Youth Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 2:Tell us about your history.

Please answer each of the following questions by circling “Y” for yes or “N” for no. Have you ever:

Been suspended or expelled from school? Y / N

Served time in a detention center or jail? Y / N

Been convicted of a crime? Y / N

Smoked or used tobacco products? Y / N

Been involved with alcohol? Y / N

Been involved with illegal drugs? Y / N

Been involved with gang-related activities? Y / N

Been involved with a cult or the occult? Y / N

Been involved in homosexual activities? Y / N

Been involved with pornography? Y / N

Had diabetes or hypoglycemia? Y / N

Had seizures? Y / N

Had fainting spells? Y / N

Had an eating disorder? Y / N

Had breathing problems? Y / N

Had psychiatric care? Y / N

Taken medication for depression or behavior disorder? Y / N

Intentionally inflicted harm upon yourself? Y / N

Been treated for a physical impairment? Y / N

Been treated for a mental impairment? Y / N

If you answered “Yes” to any of the above, please give a complete explanation on a separate sheet of paper. Note: Answering “Yes” to any of the questions above will not disqualify you from being accepted as a BVM intern.

Part 3: Tell us about your faith...

Describe your life purposes.

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

How often and why do you go to church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your relationship with your family.

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

Part 4 : Tell us about your proposed internship.

Why are you applying for this internship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Describe what you hope to accomplish during your internship and how you feel you can be a blessing to

this ministry. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If this internship is for college credit, please attach a separate sheet of paper with the name of the school and class you will be receiving credit for, and all requirements of the internship, both for you and for BVM.

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been on a trip to BVM before? yes / no If yes, when was your most recent trip? \_\_\_\_\_\_\_\_\_\_\_

Length of Internship: **🞏**1-2 weeks **🞏** 2-6 weeks **🞏**1 ½ - 3 months **🞏**3-6 months (only for returning interns)

Preferred Dates for Internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 5: Recommendations and Release

Please print three (3) Recommendation forms and give them to your Pastor or Youth Pastor and two (2) other adults (not family members) who have known you for at least one year. You may submit them together with your Internship Application, or you may ask each individual completing the Recommendations to send them to us separately.

By signing below, I authorize Baja Vision Ministries, along with its staff and Board of Directors, to contact any of my references and to use all information obtained from said references to make a determination about my internship. I understand that Baja Vision Ministries, along with its staff and Board of Directors, reserves the right to refuse any applicant without explanation, and that I will be contacted once a decision has been made.

 Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Confidential Recommendation Form**

Applicant’s Name

Applicant’s Phone ( )

Proposed Internship Dates

Part 1: Applicant

Please complete all information in this box, and give this Recommendation to your Pastor/Youth Pastor, teacher, manager, or other adult (21+) who has known you for at least one year and is not a relative.

Part 2: Recommendation

Name Position/Title Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov \_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following carefully before filling out this recommendation**.

Serious consideration will be given to your evaluation of the applicant’s character and fitness for the proposed internship. We need to know as much as possible about our applicant’s to make fair appraisals of their qualifications, matching all applicants with the best ministry opportunities for them. Your responses will be held in strict confidence. You may return this Recommendation to the applicant, or you may mail it directly to the address listed above. If you have questions, please contact us by email: administration@tjkids.org

Relationship to Applicant

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

How long have you known the Applicant?

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

How long has Applicant been actively living for the Lord?

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

How well do you know the Applicant? **🞏**By Face/Name only **🞏**Casually **🞏**Fairly Well **🞏**Very Well

Please explain.

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

Which of the following best describes the Applicant?

**Skills** (1 is Lowest / Weakest; 5 is Highest / Strongest)

Adaptability 1 2 3 4 5

Servant Life 1 2 3 4 5

Dependability 1 2 3 4 5

Spiritual Life 1 2 3 4 5

Maturity 1 2 3 4 5

Response to Authority 1 2 3 4 5

Spiritual Influence on Peers 1 2 3 4 5

Leadership Abilities 1 2 3 4 5

Hard Worker 1 2 3 4 5

**Character** (1=Always; 2=Usually; 3=Sometimes; 4=Rarely; 5=Never)

Procrastinates 1 2 3 4 5

Criticizes Others 1 2 3 4 5

 Irritable 1 2 3 4 5 Inclined to

Crushes 1 2 3 4 5

Depressed 1 2 3 4 5

Argumentative 1 2 3 4 5

Domineering 1 2 3 4 5

Rebellious 1 2 3 4 5

Challenges Authority 1 2 3 4 5

Confidential Recommendation Form

Applicant’s Name

Person Completing Recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions about the applicant to the best of your knowledge.

**🞏**Yes **🞏**No 1. Is the applicant active in his/her church?

**🞏**Yes **🞏** No 2. To your knowledge, has the applicant had a salvation experience?

**🞏**Yes **🞏**No 3. To your knowledge, has the applicant’s interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance?

**🞏** Yes **🞏** No 4. Are you aware of any mental or emotional illness in the applicant?

**🞏**Yes **🞏**No 5. Would you in any way consider the applicant to be unstable?

**🞏**Yes **🞏**No 6. To your knowledge, has the applicant ever used tobacco, alcohol, or illegal drugs?

**🞏**Yes **🞏**No 7. If yes, have they used tobacco, alcohol, or illegal drugs in the past year?

**🞏**Yes **🞏** No 8. Have you ever had any reason to question the applicant’s morality?

**🞏** Yes **🞏**No 9. Do you have any reason to lack confidence in the applicant?

**🞏**Yes **🞏**No 10. Does the applicant have any physical impairments?

If you answered yes to any question from 3-10 and are willing to do so, please explain or comment.

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

Based on the all of the information included in this Recommendation, the applicant is:

**🞏**Strongly Recommended **🞏**Recommended **🞏**Recommended with Reservation **🞏**Not Recommended

If the applicant was “Recommended with Reservation” or “Not Recommended,” please explain below.

Signature Date

Title or Position