



Working Together for Israel

Ministry Intern Application Form

Please Send a Recent Digital Photo with your Application

Application for the year: _____

PERSONAL DATA:

Name: _____
First Middle Last

Address: _____
Street City Prov/State Postal/Zip Code

Home Tel: _____ Work: _____

Cell: _____ E-mail: _____

Birthdate: _____ Gender: Male Female
Month Day Year

Marital Status: Single, never married Married Widowed Separated* Divorced*

**Please explain on separate sheet*

Spouse's Name: _____

Names and ages of dependent children: _____

Parents' or Guardian's Name (if under 18) : _____

Address: _____
Street City Prov/State Postal/Zip Code

Tel: _____ E-mail: _____

In an Emergency, whom should we notify?: Name: _____

Relationship: _____ Tel: _____ Cell: _____

If not Canadian, are you a landed immigrant? Yes No
If yes, please provide photocopy of document.

Do you have a valid passport? Yes No Passport Number: _____
If yes, please provide photocopy of passport.

Do you have a valid driver's license? Yes No
If yes, please provide photocopy of driver's license.

Health Information:

Health Card Number: _____
Please provide photocopy of health card.

Or alternate Health Insurance Company: _____

Policy Number: _____

NOTE: All ministry interns are required to have adequate medical insurance either from a provincial health care plan or a private insurance company. International students must provide documentation showing adequate coverage before entering Canada or be financially prepared to purchase insurance upon arrival (approximately \$600/year).

Your Physician: _____ Tel: _____

Address: _____

Street	City	Prov/State	Postal/Zip Code
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On a separate sheet, please answer the following questions:

List any medical conditions (or any treatments you are currently receiving) which may, at times, affect your ability to function as a Co-op student (e.g. asthma, eating disorders, malaria, hepatitis, diabetes, epilepsy, depression, HIV, heart problems, etc).

List any prescription drugs that you are currently receiving. Please bring an adequate supply with you if possible.

Identify any allergies to medication, food or specific allergens.

Describe any other physical or emotional concerns that would be helpful information for the Training Base.

Have you any addictions that have not been broken: (such as drugs, alcohol, pornography, other: state)

Academic Information:

Please list in chronological order **all** secondary schools, colleges and/or universities you have attended.

Name of School	Location	Level Completed & Year

Employment History:

Employer	Position	Dates	Full-time or Part-time

Finances:

We encourage applicants to contribute a monthly offering to help offset room and board here at the base. Consider requesting sponsorship from your church or home group for the year. We are a faith ministry and present our needs to the Lord. He provides through donations and love offerings as we share the message we carry in meetings across the land.

Personal Expenses: How do you plan to meet your personal expenses while at Return Ministries? (Transportation to and from the base, clothing, toiletries, snacks, pen & notebooks, phone cards, medicines etc.)

Are you currently in debt or financially committed? Yes No Amount:

If Yes, please indicate how you have arranged to service this debt during your stay at RMITB:

Personal Experience and Lifestyle:

(Please remember we are only trying to understand our candidates' backgrounds to better serve you while with us. This is not a test!)

Have you accepted Christ as your personal Saviour? Yes No

Have you been water baptized? Yes No

Please write a brief testimony of your salvation experience on a separate paper.

Comment on how is your dedication to the Lord lived out in your life on a daily basis?

Please check each spiritual discipline you've made a part of your life:

☐ Daily Prayer ☐ Daily Bible Reading ☐ Bible Memorization & Meditation
☐ Fasting ☐ Tithing ☐ Other:

What is the most important part of your personal time with the Lord? Why?

Would you say your understanding of the Biblical Hebraic roots of our Christian faith is:

___ Excellent ___ Good ___ Fair ___ Poor ___ Non-Existent

How do you understand your calling as it relates to Israel?

On a separate sheet of paper please write out your thoughts, convictions, and views on each area below.

- Relationships with the opposite gender and any views or convictions you might have in regards to courtship and dating.
- Personal appearance/dress
- Electronic Games (video or computer games, etc.)
- Movies in any format. Please list the movies you've seen in the last month.
- Television. Please list the types of programs you view each week.

Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain:

We are required by law to ask you to request a Police Report from your local RCMP which verifies your status with the legal system.

MOTIVATION

Briefly explain why you would like to be part of the Return Ministries Internship program and how the Lord has directed you to be involved with this ministry. Please include any prophetic words or confirmations the Lord has given you personally or through others.

What gifts and abilities do you believe you could contribute to this ministry?

To assist us in your placement within the ministry, please rate your ability in each of the following skills:

5 = Excellent, 4 = Good, 3 = Fair, 2 = Poor, 0 = Non-existent

___ Construction ___ Carpentry ___ Landscaping/Lawn Care ___ Mechanics
___ Cleaning ___ Organization ___ Office/Clerical Skills ___ Accounting/Finance
___ Computers ___ Desktop Publishing/Graphic ___ Arts ___ Film ___ Video Editing
___ Writing/Research ___ Management ___ Sales/Marketing ___ Music
___ Sewing ___ Foreign Language (please specify): _____
___ Child Care ___ Teaching ___ Kitchen/cooking
Other (please specify): _____

Have you ever volunteered before? Yes No

If yes, what did you volunteer for and how would you rate your experience?

What benefits do you hope you will gain from this program?

Do you have any concerns about attending Return Ministries' International Training Base? Explain:

Church Affiliation:**5**

Church Name: _____ Years Attended: _____

Pastor: _____

Address: _____
Street City Prov/State Postal/Zip Code

Home Tel: _____ Work: _____

Cell: _____ E-mail: _____

Are you presently being disciple/mentored? Yes No

If yes, please include the person who disciples/mentors you as one of your references.

References:

Please enclose three reference letters from the following: teacher, employer, your pastor (or youth leader/Sunday School teacher) and a character reference from someone who has known you well for more than two years (do not include family members):

Signature: _____

Date: _____

Parents' (or Guardian's) signature: (If you are under the age of 18)

Name: _____ Date: _____

ENROLLMENT PREREQUISITES**Yielded Follower of Jesus Christ!**

Three Letters of Reference

Signatures of Parents or Guardian (if you are under 18)

Completed Application Form

Photocopies of documents marked in red

Police report

Please send Application and enrollment prerequisites to:**Return Ministries International Training Base****Box 419, Plattsville, ON, Canada N0J 1S0****Attention: Peg Byars****Cell: 519-860-1599 Fax: 519-684-9940****E-mail: peg@return.co.il - www.return.co.il****Protection-of-Privacy Policy:**

The information collected in this application form will be used for internal Return Ministries' record keeping only and for no other purposes. It is our policy to protect all personal information which we receive.