

MISSION SERVICE INTERN GOALS:

1. To provide participant with a variety of leadership development opportunities.
2. To provide participant with an opportunity to explore and reflect upon connections between faith, service and life.
3. To develop a deeper understanding of the nature and value of serving as a volunteer.
4. To allow participant to live and work in a multi-cultural setting.
5. To allow participant an opportunity to explore their vocation.

**Mission Service Intern Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/Faith Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_I speak Spanish.

\_ \_I do not speak Spanish.

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**Work History:**

**Special Interests, Hobbies, Awards**:

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HEALTH INFORMATION

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Health Concerns:

Any health issues that would affect your ability to fulfill the Interns tasks?

Share any health concerns including medication you are on and past or present health history:

Do you have health insurance? Company name:

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Reflections: (PLEASE USE AS MUCH SPACE AS NECESSARY INCLUDING THE BACK IF NEEDED)

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**1. What has led you to apply to be a Rippling Hope Mission Service Intern?**

**2. What existing gifts and talents do you bring to this experience?**

**3. Describe an experience you have had with a person or a group of people from another race or culture. What, if any, impact did that experience have on your life.**

**4. What do you hope to gain from this experience?**

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REFERENCES: (Please provide name, relationship, phone number & email of each)

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Reference #1(Teacher):

Reference #2(Pastor, Coach, Youth Leader):

Reference #3(Other, Can be Family member not a parent or sibling, ie: Grandparent, Aunt, Uncle):

Please return this form electronically to Carl Zerweck, Director, [carl@ripplinghope.org](mailto:carl@ripplinghope.org), or by mail to: Rippling Hope, P.O. Box 27499, Detroit, MI 48227

For questions, please call Carl at: 512-619-0575

THANK YOU FOR YOUR TIME!