



INTERNSHIP APPLICATION

REQUIREMENTS TO FILL OUT AND MAIL IN APPLICATION

In order for us to process your application, we must receive all of the following forms with a complete answer to each question. If a question does not apply, simply write "N/A." Married couples who apply to our programs must each fill out an application. Please fill out the application in legible form or type.

- 1. Pray that God** gives you a clear purpose in coming to do an internship with YWAM.
- 2. Consult with your local pastor.**
- 3. Answer these questions** concisely *on a separate document* (i.e., Word).
 - A. Describe your conversion experience and other pertinent spiritual experiences.
 - B. Describe your current relationship with the Lord.
 - C. Describe your relationship with your family. How do they feel about your desire to do an internship with YWAM?
 - D. Describe your relationship with your local church and pastor. Include areas of service and leadership experience.
 - E. Describe your long-term goals. Has God called you to a specific ministry?
 - F. Have you had a mental or physical disability at some point in your life? Describe in detail.
 - G. If accepted into this program, what are your goals and expectations?
 - H. Are you engaged to be married? Do you have a wedding date?
 - I. If you are or have been married, or have children, answer the following questions: How long have you been married? Have you been separated? Have you been divorced? Have you remarried? Please explain. Note the names, gender, and date of birth of your children. Will you be bringing any of your children with you?
- 4. Fill out the "Personal Information" form and attach a passport-size photo.** Send the form to us (see instructions below) along with the answers to the questions A-I under #3 above.
- 5. Ask your medical doctor to fill out the "Medical Questionnaire" form completely.** The form must be signed by your doctor. **Print, fill out and sign the "Treatment/ Responsibility Consent" form.** Mail both of these signed forms to our address in MN, or scan and send as attachments to information@ywamperu.com.
- 6. Give the confidential reference forms to the appropriate persons** (or show them where they can fill them out online on our webpage). One referral must be your pastor; the other a parent, boss, or leader.
- 7. Send \$25 USD** to cover the process of the application. A check must be made payable to *Upper Amazon Ministries* and sent to our office in Tenstrike, MN, or you may pay online at [paypal.com](https://www.paypal.com) to the account name ywamperu@gmail.com. (Note: PayPal charges a 3% commission fee; if you pay through PayPal you must add 3% to the total paid so we receive the entire \$25 USD.)
- 8. Send your application to us by one of the following ways:**
 - A. Fill out online (or print, scan and attach) and send by e-mail to: information@ywamperu.com.
 - B. Print and mail to the following address: Upper Amazon Ministries, P.O. Box 7, Tenstrike, MN 56683
 - C. Send by FAX to the following phone number in Peru: 51(65)50-1841.

NOTE: Your application fee needs to be sent to our office in MN. Do NOT mail funds to the address in Peru.

Address in the U.S.: Upper Amazon Ministries, P.O. Box 7, Tenstrike, MN 56683
Address in Peru: Apartado Postal #707, Iquitos, Maynas, Loreto, Perú
Telephone in Perú: (65)50-1841
E-mail: information@ywamperu.com
Web-page: www.ywamperu.com



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PERSONAL INFORMATION - Internship

Date: _____

Name: _____

Photo

Address _____

City _____ State _____ Zip _____ Age _____

Date of Birth (day/month/year) _____

Nationality _____ Place of Birth _____

Passport Number _____ Expiration Date (day/month/year) _____

E-mail: _____@_____ 2nd E-mail: _____@_____

Civil State ___ single ___ married ___ divorced ___ widowed ___ separated Do you have children? ___ How many? ___

Church _____ Denomination _____

Name of Pastor _____ E-mail _____

Address of pastor/ church _____ City _____

STUDIES (years): High school _____ Technical _____ University _____

Master's degree _____ Doctoral _____ What is your degree in? _____

Other studies: _____

SELF-EVALUATION: Based on your own opinion, mark the following: *E* excellent, *G* good, *F* fair, *P* poor

Adaptability _____ Reading ability _____ Leadership skills _____

Spanish _____ Self-Expression _____ Service _____

Integrity _____ Listening skills _____ Submission to authority _____

Community living _____ Speaking skills _____



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Treatment/Responsibility Consent - Intern

I (*applicant's name*) _____, authorize Youth With A Mission or any of its staff or agents to make the best decision(s) on my behalf in case of an emergency. I release YWAM Iquitos from all responsibility if any unfortunate situation might occur.

Applicant's signature

City, State and Date

Father's signature (if applicant is under the age of 18)

City, State, Date

Mother's signature (if applicant is under the age of 18)

City, State, Date

In case of emergency, contact:

Name: _____

Relationship: _____

Address: _____

Telephone number(s): _____

Email address: _____