

VOH Summer Intern Application

Session 1 → June 3rd—July 1st, 2017

Session 2 → July 1st—July 29th, 2017

The total cost per session is \$1,800.00 plus airfare or \$3,000.00 plus airfare for both sessions. (Airfare is the responsibility of the intern, but all arrangements MUST be made to arrive and depart on the days specified per semester chosen.)

The application and deposit of \$250 is due December 1, 2016, the first installment of \$775.00 due by March 1, 2017 and the remaining balance of \$775.00 is due by May 1, 2017.

Mail the application and payments to: Voice of Hope Ministries INC, PO Box 1780, Rogers AR 72757

Name as it appears on your passport: _____

Sex: Male or Female Age: _____ Date of Birth: _____ T-Shirt Size: _____

Please mark one: Session 1 (June 3rd-July 1st) _____ Session 2 (July 1st-July 29th) _____

Address: _____

State: _____ Zip Code: _____ Passport Number: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Emergency Contact Number: _____

My Promise: I realize that an internship with VOH Ministries is one that will require both physical endurance and spiritual preparation. I certify that I am in good health to the best of my knowledge and promise to prepare myself spiritually for the work of the Ministry.

Signature of Applicant: _____

Pastor's Recommendation: I wholeheartedly recommend the above named person as an intern for Voice of Hope Ministries. They are strong in their Christian faith, a faithful member of my church, and a credit to the Kingdom of God.

Name: _____ Signature: _____

Title: _____ Church: _____

Church Address: _____

City: _____ State: _____ Zip code: _____ Contact number: _____

Parental/Guardian Permission for minor child:

I, _____, parent or legal guardian, grant permission for my minor child, _____ to travel to Nicaragua to serve with Voice of Hope Ministries in León, Nicaragua.

Date: _____

VOH INSURANCE ACKNOWLEDGEMENT

Voice of Hope Ministries does not provide insurance of any kind for travel to Central America. This includes health insurance and/or travelers insurance. It is the responsibility of each traveler and their family to determine the level of coverage and type of coverage needed for their travel to Central America.

Traveler’s Statement: I realize that it is my sole responsibility to determine the type of coverage needed, (if any) for my travel to Central America. I hold Voice of Hope Ministries, Inc., any of its affiliates, officers, employees, and volunteers harmless due to any loss or illness that might occur while traveling to or from Central America and during my stay in Central America.

Applicant Printed Name

Applicant Signed

Parent or Guardian