

Internship Application



Terms and Conditions

Dates:

Cost:

Important payment info:

What is covered? Accommodations, meals while mission teams are present (you will be responsible for SOME of your own meals when mission teams are not present. You will be staying in a house with a kitchen available.), all transportation while in Guatemala, ministry materials, and all teaching (both classroom and hands-on). The deposit reserves your spot in the KCI Internship Program based on completed application and acceptance. Kingdom Connections International (KCI) reserves the right to deny any application.

What is not covered? You will be responsible for securing your own round trip plane ticket, arriving Guatemala City on June 1, 2018, between the hours of 11:00 a.m. and 3:00 p.m., and leaving Guatemala City on July 31, 2018, between the hours of 12:00 noon and 3:00 p.m. (these times are somewhat flexible, depending on flights), personal spending money, the cost of your own personal snacks, meals (as described above), passport, any necessary medical treatment or medication.

Charitable contributions: Tax deductible donations can be applied towards your Internship. Donations should be made payable to **Kingdom Connections International**. Please have donors include your name by attaching a note to the check. Please ask your donors **not** to put your name on the check itself.

I am applying for acceptance as a Kingdom Connections International Intern for: **Jalapa, Guatemala** from _____, **2018**.

Why do you want to be a KCI intern?

Personal Information (please print or type)

Passport Name _____

Mailing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Email

Date of Birth

Passport No.

Expiration Date

Do you smoke?

Do you drink alcohol?

Emergency Contact Information

Emergency Contact Name

Relationship

Phone No. / Email Address

Medical/Insurance Information

Do you have any physical condition that may limit your participation? If so, please describe.

Please list any medications you are currently taking.

Please list any allergies to food, medicine, etc.

Unfortunately, we are unable to accommodate food preferences, i.e., vegetarian, vegan, gluten free, etc.

It is highly recommended that you carry or obtain primary medical insurance to cover possible medical needs that may arise during international travel.

Do you currently have primary medical insurance?

If so, what is the name of your insurance carrier? _____

Policy No. _____

Group No. _____

Church/Ministry Information

When and where were you born again? _____

Are you spirit-filled? _____

Church Name _____

Church Address _____

Church Phone No.? _____

Do you attend church regularly? _____

Have you been water baptized? _____

In what areas of church life are you currently serving or have you served in the past?

What do you believe are your spiritual giftings?

Do you have any special skills or talents? If so, please list.

Are you willing to adhere to KCI guidelines? _____

Are you willing to submit to being monitored and lovingly corrected, if necessary? _____

Code of Commitment

By signing this application, you are pledging to commit yourself to living a life that will honor and glorify God, and display actions that represent Jesus (first), as well as Kingdom Connections International. I commit to grow in my spiritual journey and my pursuit of Jesus and His presence. I commit to apply myself whole heartedly to my responsibilities as a KCI intern. I commit myself to developing the whole person in body, soul and spirit. I commit to cultivating good relationships through a lifestyle of integrity and honesty; I will not lie, cheat, steal, gossip or live in hypocrisy. I commit to promoting a lifestyle that will influence other interns positively. I commit to living a life of purity in my relationships to the opposite sex. I commit to living a life void of sexual immorality or misconduct of all forms. I commit to purposefully pursue God's will for my life and ministry while a KCI intern. I commit to be punctual and to attend all required classes, services, and activities of the internship. I commit to abide by all of the KCI guidelines.

Signature

Date

Printed Name



LIABILITY RELEASE

Warning: This is a complete release of any potential claims.

I, _____, in consideration of my being accepted by Kingdom Connections International for participation as an intern for Jalapa, Guatemala, from June 1, 2018 to July 31, 2018,

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign) and I am in good health.

I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel.

I acknowledge that Kingdom Connections International does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I acknowledge that Kingdom Connections International does not carry any insurance and I acknowledge that Kingdom Connections International has advised me that Kingdom Connections International does not accept any responsibility for any injury, loss or damage. I further acknowledge that Kingdom Connections International has recommended that I carry or obtain primary medical insurance to cover possible medical needs, especially in relation to previously existing medical conditions.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as result of participation in this internship program or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

In consideration of my being permitted to participate as a Kingdom Connections International intern on the above ministry trip: (please initial each paragraph)

I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited to the risks and hazards identified above. Initial:

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Kingdom Connections International, facilitators, volunteers, and other team members from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically

including but not limited to the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer. Initial:

I agree not to make a claim, file suit or demand anything for any injury, death or loss that arises from my participation in this activity. Initial:

I agree to pay the costs and/or legal expenses incurred by Kingdom Connections International, organizers and/or participants as a result of any claim or suit filed by me, or filed by anyone else as a result of my conduct. Initial:

I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from, my participation. Initial:

I authorize Kingdom Connections International to arrange for transportation, food, and lodging for me on this trip. Initial:

I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns. Initial:

I hereby make each of the above statements, acknowledgments, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

Name of minor _____

Signature of minor _____

I have read carefully and understand this Liability Release. I am aware that I am giving up important legal rights and sign of my own free will.

Signature _____ (Parent of minor)

Date ____/____/____

Print Name _____

Full Address _____

State of _____:

County of _____:

Sworn and subscribed to me by the Participant and Witnesses this _____ day of _____, 20____.

_____Notary Public

(SEAL)



EMERGENCY MEDICAL AUTHORIZATION

Participant Full Name _____

Age: _____ Birth Date: _____ Telephone No. _____

Address: _____

City: _____ State _____ Zip _____

I hereby authorize any representative of Kingdom Connections International, who has in their possession a copy of this Authorization Form, to consent on my behalf to any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to be under the general or special supervision and on the advice of any physician, dentist, or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. This Authorization shall be effective while I am traveling as an intern of Kingdom Connections International in Guatemala, from the dates of June 1, 2018 to July 31, 2018. I authorize any medical provider to disclose my individually identifiable health information or other medical records as necessary to the bearer of this Authorization. This Authorization applies, but is not limited to, any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 U.S.C.1320d and 45 C.F.R. 160-164, as amended from time to time. I authorize: any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided or is providing treatment or services to me during the time period specified herein, or that has paid for or is seeking payment from me for such services, to give, disclose and release to Kingdom Connections International, without restrictions, all of my individually identifiable health information and medical records regarding any medical or mental health treatment received by me during the time period specified herein.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this Authorization to the extent not covered by any travel insurance secured by me or on my behalf. Should it be necessary for me to return home due to medical reasons or otherwise, I will assume all transportation costs incurred.

Participant Signature _____

Parent/Legal Guardian Signature _____

State of _____:

County of _____:

Sworn and subscribed to me by the Participant and Witnesses this _____ day of
_____, 20____.

Notary Public

(SEAL)



Pastor Recommendation Form

Instructions

To the Applicant: This reference form should be completed by your Pastor, scanned and emailed to us at robin_sewell@hotmail.com .

To the Pastor: The applicant named below is applying for an internship program with Kingdom Connections International, a missions organization. This reference will be kept private and confidential. Thank you for your assistance.

Name of Applicant: _____

How long have you known the applicant? _____

What Capacity? _____

To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No

In what form of Christian service has the applicant participated regularly? _____

What are the applicant's strong points? Weak points? (Include special abilities.) _____

Does the applicant have personality traits which impair his/her relationship with others? No

Yes, explain: _____

How do you rate this person in the following areas on a scale of 1-10 (10 being the best)?

Reliability: dependability, responsibility _____

