

# Door of Faith Orphanage

## Internship Application



Legal Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Divorced

If married, spouse's name: \_\_\_\_\_ Years married \_\_\_\_\_

Who do you live with:  Parents  Friends  Self  Spouse/Children  Other \_\_\_\_\_

Which church do you attend? \_\_\_\_\_

Church's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination or Religious Background \_\_\_\_\_

Pastor/Young Adult Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Please answer each question with a Yes or No. Have you ever:

Been suspended or expelled from school?	YES	NO
Served time in a detention center or jail?	YES	NO
Been convicted of a crime?	YES	NO
Been involved with illegal drugs?	YES	NO
Been involved with gang-related activities?	YES	NO
Been involved with a cult or the occult?	YES	NO

### Health Questions

Had seizures?	YES	NO
Had fainting spells?	YES	NO
Had an eating disorder?	YES	NO
Had breathing problems?	YES	NO
Had psychiatric care or any mental illness?	YES	NO
Intentionally inflicted harm upon yourself?	YES	NO
Been treated for a physical impairment?	YES	NO
Been treated for a mental impairment?	YES	NO

If you answer Yes to any of the above, please give a complete explanation on a separate sheet.

**Note: answering Yes to any of the above will not disqualify you from the program.**

**Please also answer these questions.** Use a separate sheet to give complete and thoughtful answers.

1. Why are you interested in participating in the internship at Door of Faith Orphanage?
2. How can you make an impactful contribution to the ministry at DOFO? What skills and abilities do you bring to the team?
3. Have you been on a mission trip to DOFO before? Describe what you did and any impact it had on your life.
4. Describe any other mission projects or ministries you've led or been involved in, either internationally or locally.
5. Do you currently have a job? What jobs have you held in the past? (part time or full time) Please tell us your employment history and what responsibilities you had at each job.
6. How long have you been a Christian and what led to your conversion? Describe your Christian faith today.
7. On a scale of 1-10 (1 being worst, 10 being best) please rate yourself on the following qualities and then give an explanation for your rating.

Hard Work Ethic:

Teachable:

Self Motivated:

Positive Attitude:

**What questions do you have for us?**

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Please send a copy of this application and your answers to the above questions to the following email address: [nicole@dofo.org](mailto:nicole@dofo.org)