



Short-Term Internship Application Form

Return form to: Tijuana Christian Mission ♦ P.O. Box 437930 ♦ San Ysidro, CA 92143-7930
 Office: 619-240-8650 ♦ www.tijuanachristianmission.org ♦ Email: TCM@tijuanachristianmission.org

Part 1: Tell us about yourself.

Legal Name (First) _____ (Middle) _____ (Last) _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Gender _____ Height _____ ft. _____ in. Weight _____ lbs. (Do not leave blank.)

Birthdate _____ Age _____ Nationality: USA Canada Other _____

Marital Status: Single Engaged Married Separated Divorced

If married, Spouse's Name _____ Years Married _____

Who do you live with? Parents Friends Self Spouse/Children Other _____

If under 25, please list your parents' names, addresses (if different from yours), and contact information.

Father's/Guardian's Name _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Mother's/Guardian's Name _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

If your parents are separated or divorced, who has legal custody? Father Mother Joint Other _____

What church do you attend? _____

Church's Address _____

City _____ State/Province _____ ZIP Code _____

Pastor's/Youth Pastor's Name _____ Phone _____

Part 2: Tell us about your history.

Please answer each of the following questions by circling "Y" for yes or "N" for no. Have you ever:

Been suspended or expelled from school?	Y / N	Had diabetes or hypoglycemia?	Y / N
Served time in a detention center or jail?	Y / N	Had seizures?	Y / N
Been convicted of a crime?	Y / N	Had fainting spells?	Y / N
Smoked or used tobacco products?	Y / N	Had an eating disorder?	Y / N
Been involved with alcohol?	Y / N	Had breathing problems?	Y / N
Been involved with illegal drugs?	Y / N	Had psychiatric care?	Y / N
Been involved with gang-related activities?	Y / N	Taken medication for depression or behavior disorder?	Y / N
Been involved with a cult or the occult?	Y / N	Intentionally inflicted harm upon yourself?	Y / N
Been involved in homosexual activities?	Y / N	Been treated for a physical impairment?	Y / N
Been involved with pornography?	Y / N	Been treated for a mental impairment?	Y / N

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

Note: Answering "Yes" to any of the questions above will not disqualify you from being accepted as a TCM intern.

Applicant's Name _____

Part 3: Tell us about your faith.

Describe your life purposes. _____

How often and why do you go to church? _____

Describe your relationship with your family. _____

Part 4: Tell us about your proposed internship.

Why are you applying for this internship? _____

Describe what you hope to accomplish during your internship and how you feel you can be a blessing to this ministry.

If this internship is for college credit, please attach a separate sheet of paper with the name of the school and class you will be receiving credit for, and all requirements of the internship, both for you and for Tijuana Christian Mission.

How did you hear about us? _____

Have you been on a trip to TCM before? yes / no If yes, when was your most recent trip? _____

Length of Internship: 1-2 weeks 2-6 weeks 1 1/2 - 3 months 3-6 months (only for returning interns)

Preferred Dates for Internship _____

Part 5: Recommendations and Release

Please print three (3) Recommendation forms and give them to your Pastor or Youth Pastor and two (2) other adults (not family members) who have known you for at least one year. You may submit them together with your Internship Application, or you may ask each individual completing the Recommendations to send them to us separately.

By signing below, I authorize Tijuana Christian Mission, along with its staff and Board of Directors, to contact any of my references and to use all information obtained from said references to make a determination about my internship. I understand that Tijuana Christian Mission, along with its staff and Board of Directors, reserves the right to refuse any applicant without explanation, and that I will be contacted once a decision has been made.

Applicant's Signature _____

Date _____