



Puente de Amistad Intern Application
(Please print legibly)

Applicant Name: _____ Age: _____

Address: _____

(City, State, Zip) Email: _____

Phone: (_____) _____

Born-again Christian? Yes _____ No _____ Male _____ Female _____

Name of Church _____

Name of Pastor _____

Reason for wanting to be a Puente intern: _____

Do you feel that God may be calling you to the foreign mission field?

Yes _____ No _____

Please explain: _____

Will your actions reflect that you are a guest in a foreign country, that you are not here to change the Mexican culture, but rather to respect the people, show them Christ's love and be an example to them of Christ?

Yes _____ No _____

Do you agree to abide by the instructions given to you by Puente staff members and to respect other interns and all Puente guests, doing your utmost to be a team player and not cause friction with others?

Yes _____ No _____

What are you hoping to get out of and/or learn from the internship?

Where do you see yourself (or what to hope to be doing) in 5 to 10 years?

What dates are you available to serve your internship? _____

Are these dates flexible? _____

How long do you want to serve? _____

Do you speak Spanish? If yes how well? _____

Are you interested in pursuing ministry opportunities at home? YES NO I don't know

If yes, what kinds of ministry are you most interested in? _____

Would you consider yourself a good driver? YES NO

Are you willing to drive in Tijuana? YES NO

Please list your some of your talents and interests:

What else would you like us to know?:

Would you feel comfortable manning the base alone at night? YES NO

References

Please provide us with contact information for two personal references. One reference must be a pastor or youth pastor who knows you well.

1. Pastor

Name

Address

City, State, Zip

Phone Number

2.

Name

Address

City, State, Zip

Phone Number

Medical Information

My overall physical condition is: (circle one) Poor Average Good Excellent

If you circled anything other than excellent, please explain _____

List any heart-related restrictions you have _____

List any physical restrictions you have (such as lifting heavy things) _____

List any allergies you have or have had in the past _____

List any chronic infections you are subject to _____

List any other ongoing medical conditions you have (e.g. asthma, etc.) _____

List any medication you are on and what it is for:

Medicine _____ Dosage _____ For _____

Medicine _____ Dosage _____ For _____

List any other medical factors that could impact you in a medical emergency, such as rare blood type, hemophilia, etc.

List any contagious diseases you presently have or have recently been exposed to that could affect others.

List any other conditions not covered above which could affect you while on the trip.

My doctor is _____ Phone _____

My last hospital stay was at _____ Located _____

My health insurance coverage is with _____

My insurance identification number is _____

Please attach copies of your coverage verification.

I certify that all of the above information is true and accurate to the best of my available knowledge and information.

Signature: _____ **Date:** _____

Printed Name: _____

If necessary, use the back of this form or additional sheets to provide complete information.

Do you understand, agree, and volunteer to be exposed to harsh conditions that include long days in extreme weather with little to no shade? If you understand and agree please initial here _____

Waiver of Liability

The undersigned does hereby consent to take part in the noted activity organized by Puente de Amistad, a ministry of Open Bible Standard Churches, a religious, non-profit corporation. I have been informed that a foreign country is very different from the United States. I have been apprised that there are risks politically, militarily, culturally, safety-wise, and health-wise and that problems in any or all of these areas may arise during this mission trip. I have been apprised that, in Tijuana, Mexico, there is currently an added risk of rapid kidnappings and other violent crimes, which are mainly related to criminal activity with drug cartels. In addition, I have been apprised that the threat of terrorism against Americans increases on foreign soil. I am also aware of the threat of terrorism in air travel both from American and foreign airports. I also understand that this trip will involve mission activities, sporting activities, and interaction directly with people while on this trip. I am willing to assume responsibility for my own health and safety while traveling to and from the mission trip destination. I agree to assume all expenses occasioned by any injury or loss and do wholly release Open Bible Standard Churches and Puente de Amistad from any responsibility or liability, and waive any claims or causes of action against it, its agents, employees, and volunteer assistants that may arise on account of any loss, injury, or expense occasioned by any sort of accident or other circumstances involving any foreign or travel risk and agree to hold harmless Open Bible Standard Churches and Puente de Amistad in the event any such claims should arise.

The undersigned agrees to abide by the rules and regulations, supervision, and discipline set and applied by Open Bible Standard Churches, Puente de Amistad, and its agents and does hereby authorize Puente de Amistad or its staff members or other agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless Puente de Amistad and Open Bible Standard Churches from any such. The undersigned will furnish payment or insurance for any such treatments at his/her own expense. I have read the above waiver of liability and completed the medical information. I understand its content and import and agree to its provisions. I hereby declare this release and Waiver of Liability form is executed without reliance upon any statement or representation of Open Bible Standard Churches or Puente de Amistad or any agent, employee, or volunteer thereof and the execution is made voluntarily and knowingly.

Important Advisory: Individuals traveling to a foreign country and reentering the U.S. are advised that having illegal substances (drugs) or illegal merchandise in their possession will subject them to severe penalties including fines and imprisonment as prescribed by each country. Violation of such laws overseas often results in automatic and lengthy prison terms.

Signature: _____ **Date:** _____

Printed Name: _____

A facsimile or photocopy of this form shall be valid as the original.

PUENTE DE AMISTAD INTERN COVENANT

I realize the following commitment is crucial to the effectiveness, quality, and positive expression of working at an active mission base. As a participating team member at Puente de Amistad, I agree to abide by the following statements:

- Share the love of Jesus Christ in ways that make a Christian difference.
- Lift up Jesus Christ with my thoughts, words, and actions.
- Develop and maintain a servant's attitude toward the people I serve (The people of Mexico, short-term mission team members, other interns, missionaries, etc..).
- Pray for and support my leaders and their decisions.
- Seek out the positive in the local culture.
- Accept the ministry that is going on in the area where I am serving as well as the local approach to ministry, though it may differ from my personal approach.
- Be flexible and realize that God also works in spontaneous ways.
- Abstain from the use of alcohol, tobacco, illegal drugs, offensive clothing, and profanity during my time at Puente de Amistad.
- Refrain from pursuing and/or developing romantic relationships during my time at Puente de Amistad.
- Refrain from negativity and complaints. Travel and ministry outside my comfort zone may present unexpected and even undesired circumstances. However, my support and creativity will enhance the moment while complaining and negativism will destroy the moment and offend others.
- Refrain from gossip. If it is not true, good, and positive, I will not say it.
- Remember that my mission is to learn and serve, not to teach and boss. I will resist the temptation to inform our hosts about how I normally do things.
- Serve as best I can in whatever is asked of me so that both the purpose and the task of the mission will be accomplished.
- Cheerfully and with enthusiasm follow all directions given to me by Puente de Amistad staff.
- Be open to the mentoring and discipleship from the Puente de Amistad staff as well as from leaders of partner ministries that Puente de Amistad works with

I understand and agree that in the event that my conduct is considered so unsatisfactory that it jeopardizes the success of the ministry of Puente de Amistad, Puente de Amistad reserves the right to terminate my services in connection with my Intern assignment. I will be financially responsible for the extra costs to return home. I will not be reimbursed or refunded for any part of my trip.

I agree to abide by the statements listed on the Covenant Form.

Signature

Date

Printed Name: _____

Authorization for Release of Confidential and Other Information

By my signature below I request and authorize all persons, agencies, schools, professionals, and law enforcement agencies to release to the staff of Puente de Amistad, all information, and records, medical and psychological tests. The release shall specifically include but not be limited to a detailed summary of grades, academic tests, criminal records, treatment(s) received whether medical, psychological, psychiatric or otherwise and the outcome of such including problems resolved and not resolved.

In signing this authorization, I release the supplier of any information from restrictions of confidentiality of privileged communication pertaining to the information about myself as reflected in the material sent out in response to this authorization. The staff of Puente de Amistad has agreed to handle any information responsibly, discreetly, and with confidence in terms which are acceptable to me.

I have read the above provisions and waive my right of access to any recommendations or other information provided pursuant to this authorization.

This waiver and authorization for release of confidential information will be copied and attached to the reference forms sent by the staff of Puente de Amistad.

Name of applicant

I, the above named applicant, have read the statement below. I agreed to the Authorization for Release of Confidential and Other Information and waive any right I have to read or obtain copies of this recommendation.

Applicant's signature

Date

A facsimile or photocopy of this form shall be valid as the original.