

# Jovenes en Camino Intern Application

**(Please Print)**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Current Address:** \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

**Summer Address:** \_\_\_\_\_  
(If Different from Current Address) (Street/P.O. Box) (City) (State) (Zip)

**Phone #'s:** ( ) - ( ) - ( ) -  
(School/Work) (Home) (Cell)

**Email Address:** \_\_\_\_\_

**Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_/\_\_\_\_  
(Month) (Day) (Year) (State) (Country)

**My health is:**  Good  Fair  Poor **If poor please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Are you currently taken any prescribed medications?**  Yes  No **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Have you had any serious physical or emotional illnesses within the last five years?**  
 Yes  No **If yes, describe illness:** \_\_\_\_\_  
\_\_\_\_\_

**Do you have medical insurance?**  Yes  No **If yes, what is the name and address of your insurance company:** \_\_\_\_\_  
\_\_\_\_\_

**What is your academic educational level?** \_\_\_\_\_

**Are you currently in school?**  Yes  No **If yes, where?** \_\_\_\_\_

**What degree(s) have you earned?** \_\_\_\_\_

**Have you had special vocational training?**  Yes  No **If yes, what areas?** \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked as an intern before?  Yes  No If yes, please provide where you worked, a contact person & phone #. \_\_\_\_\_  
\_\_\_\_\_

Do you speak Spanish?  Yes  No If yes, check level:  Basic  Proficient  Very proficient

Are you a Christian?  Yes  No

What church do you attend? \_\_\_\_\_  
(Church name) (City) (State)

Have you ever travel to Honduras before?  Yes  No If yes, where did you go and why? \_\_\_\_\_

Have you ever been to Jovenes en Camino?  Yes  No

Why would you like to be an intern at Jovenes en Camino? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you could begin: \_\_\_\_\_ Date you would need to return: \_\_\_\_\_

You must provide (3) three references. Those you list will be called.

- 1) \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Preacher/Youth Minister/Elder)
- 2) \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Teacher/Employer)
- 3) \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Friend/Relative)

**Return to:** Margaret Bryson  
Jovenes en Camino  
P. O. Box 1007  
Smyrna, TN 37167

If you have questions you can email at [mbryson4jec@yahoo.com](mailto:mbryson4jec@yahoo.com) or call 615-967-5328.