



# Reach House Internship Application

400 E North Ave.

Little Chute WI 54140

**Contact:** Don Nickols (920) 570-2912 or Eileen Nickols (920) 570-2910

[ReachHouse@LifePromotions.org](mailto:ReachHouse@LifePromotions.org)

**Complete and return this application after answering all questions.**

**Submitted Date:**

Full Name Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone #:

Best ways to be contacted:

Email

Phone

Date of Birth:

Country and State of Birth:

Present Citizenship:

**In case of emergency, contact person:**

Name:

Phone #:

Email:

Relationship:

**Your Current Employer and/or School: Company, Contact Name & Phone #:**

If necessary, may we phone you at work?

Yes

No

**Home Church:**

Name:

Years attended:

Address:

Contact person who knows you and their phone #:

**Personal Questions:**

(May use separate paper if using hard copy)

Please write a 150+ word essay sharing why you would like to be a part of Reach House?

Identify and comment on your three most prominent strengths and weaknesses.

Please share any involvement you have had with church, youth group, volunteer opportunities, etc.

**General physical condition:**

Are you taking medication under a doctor's direction?    No        Yes

Do you require a special diet?    No        Yes

Do you have any chronic health problems or physical limitations?    No        Yes

Have you ever received counseling or treatment for emotional or mental disturbances?    No        Yes

*If any of the above questions were answered "yes", please submit details, or please disclose them in your interview. Note that by saying 'yes' it does not necessarily disqualify you from the Reach House journey! Please be honest!*

**What is the highest level of education you have completed?**

School:

Purpose of study:

**Have you ever had foreign language training?**

If yes, which language(s)?

Number of years studied:

**Have you had experience in overseas travel?**

If yes, when and where?

**Have you ever applied to another Christian organization?**

If yes, which one and with what result?

To assist us in evaluating your application, we need the opinions and assessments of people who know you well. Please supply names as requested below. Under Federal law, you are given the right to inspect your records and references. However, if you choose to waive this right it may permit those giving references to be more objective and candid in their responses.

**You must check one of the options below and sign.**

*I expressly waive my right to personally examine references and file material solicited in connection with this application.*

*I do not agree to the waiver above.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Give the names and addresses of three people who know you well.**

Pastor/Leader/Counselor:

*Name:*

*Title:*

*Address:*

*Phone #:*

Employer/Teacher

*Name:*

*Title:*

*Address:*

*Phone #:*

Other Significant Acquaintance:

*Name:*

*Relationship to you:*

*Address:*

*Phone #:*

If I am selected for this discipleship journey, I will make every effort to...

- work willingly with other students, local community, pastors and national workers in any country I travel to under the auspices of the Reach House.
- submit my own personal desires and standards (privacy, food, dress, etc.) to the standards of the home and the field(s) on which I will serve.
- willingly cooperate with Reach House leaders throughout the 9-month program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_