

INTERN APPLICATION

First Name_____ Initial___ Last Name_____

Street Address_____ City_____ State_____

Telephone_____ Email address_____

College_____ Year_____

Major Studies

Date of Birth_____ M/F_____

Health (Provide details of any conditions which may recur during your stay in Jakarta and any prescription medication you currently require.)

Name, address and telephone # of Next of Kin (or whom to notify in case of emergency.)

Recommendations (Please include the names of at least two people whom we can contact.)

Please include a paragraph delineating why you wish to do a missionary internship in Indonesia. Please also attach a recent photo.

Send application to: Indonesian Christian Mission, P. O. Box 457, Livermore, CA 94550;

Email mackurus@yahoo.com or indonesianchristianmission@yahoo.com

MISSIONARY INTEREST APPLICATION

Name (Mr., Mrs., Miss)_____

St. Address_____City_____State_____

Zip Code._____Telephone # _____email address_____

Church Membership_____

Current Employer_____

Education_____

Family Information

Age_____

Marital status_____

Number and ages of Children if any.

Health Information. Please provide details of any handicaps or health problems which might require special attention on the mission field.

Please include a short statement of why you are interested in going to Indonesia as a missionary.

Please include references from at least three people who have known you for more than five years along with a complete resume.

Please forward your completed application to:

Bob MacLean

Indonesian Christian Mission

P. O. Box 457, Livermore, CA 94550

mackurus@yahoo.com or indonesianchristianmission@yahoo.com