Internship Application



Website: www.naim.ca

E-mail: recruitment@naim.ca

USA - PO Box 499 Sumas, WA 98295 604-850-3052

attending:

Canada - PO Box 220, Stn A Abbotsford, BC V2T 6Z6 604-850-3052

| Please note: To couples who are applying together, one application per person must be submitted | | | | |
|---|-----------------|--|--|--|
| Name: | Gender | | | |
| Birth Date: | Marital Status: | | | |
| Mailing Address: | | | | |
| E-mail Address: | Phone No: | | | |
| Pastor/Spiritual Leader: | | | | |
| E-mail Address: | Phone No: | | | |
| Family | | | | |
| Name of parents or next of kin for emergency: | | | | |
| Address /phone number: | | | | |
| Names and ages of any children | | | | |

| Please tell us why you want to do this internship: Atta | ach additional pages or a Word docume | nts as required. |
|---|--|------------------|
| If this is part of a schooling requirement, please provide the name | e and phone number of your acaden | nic advisor. |
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| What do you expect to accomplish through this internship? | | |
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| How can NAIM help you to make this the best internship possible | e? | |
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| Statement of Faith: www.naim.ca/Statement-of-Faith | Are you comfortable | Yes |
| Carefully read NAIM's Statement of Faith. | agreeing with it? | No |
| If you have | | |
| reservations, please explain: | | |
| | | |
| Canadian Immigration Information: | | |
| Citizenship: | Birth Place: | |
| Status (if not Canadian or US | Do you have a police record? (if yes, attach | Yes |
| citizen): | explanation) | No |

| Tell us the story of your journey to and with Jesus: | Attach additional pages or a Word document as required. | |
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References:

Included

List names, phone numbers and e-mails of two people other than your spiritual leader to whom we will talk with to help us understand your suitability for this internship.

I hereby give permission for NAIM to contact the individuals I have listed as my reference. The purpose of this contact would be to verify information pertinent to my application. These persons are aware that you will contact them and have my permission to discuss information regarding my current and/or previous employment.

Applicant's signature:

Date:

| Applicant's signature: | Date: | | | |
|---|-----------|--|--|--|
| Reference 1: | | | | |
| Name: | | | | |
| E-mail Address: | Phone No: | | | |
| Reference 2: | | | | |
| Name:: | | | | |
| E-mail Address: | Phone No: | | | |
| If accepted, you must have adequate health and accident insurance valid in Canada. Please sign here that you understand that North America Indigenous Ministries (NAIM) shall not be liable for any of your medical costs due to accident or illness. | | | | |
| Applicant's signature: | Date: | | | |
| \$20 non-refundable application fee | | | | |

Version Jan2017