PROeM Support Ministries
Internship Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: (___) _____ **Home Phone:(___)** _____

Email: _____

Desired beginning and ending dates of internship: _____ **to** _____

(Please use an extra piece of paper to answer the following - listing answers in order of questions)

I. Matters of Faith
A. Briefly share how and when you accepted Christ.
B. What is your view as to the inspiration and authority of the scriptures?

II. List some areas of ministry that you are/were involved with in your local Church, campus, or community.

III. What specific area(s) of ministry are you interested in working during an internship?

IV. Briefly explain your philosophy and goals of ministry as they may apply to this internship.

V. Briefly explain your educational status to date

VI. List 1 reference each from:
- a church leader
- a school professor/teacher
- other (mentor, co-worker, neighbor, etc.)
Please include their contact information

All internships with PROeM Support Ministries are non-salaried positions.

Interns must be self-supported with funds facilitated through PROeM Support Ministries, a non-profit organization providing 501(c)3 receipts for all support donors.

PROeM Support Ministries provides logistical advice for the internship preparation process.

PROeM Support Ministries Intern Program
Medical Information & Release

This form is to be filled out in order for you to participate in the Internship Program with PROeM Support Ministries

Name: _____ Birth Date: _____
Address: _____
Home Phone: ( ) _____ Work Phone/Cell: ( ) _____

Medical Insurance Provider:_____
ID # _____ Group # _____
Will your medical insurance cover you out of the country? _____ Yes _____ No

Name of Primary Physician: _____
Address:_____
City: _____ State: _____ ZIP:_____
Phone: ( ) _____

Emergency Local Contact: _____ Relationship: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: ( ) _____ Work Phone/Cell: ( ) _____

Please check if you suffer from any of the following medical conditions

___Hypertension	___Hypoglycemia	___Bleeding Disorders	___Heart Disease
___Seizures	___Insect Allergies	___Asthma	___Chronic Anxiety
___Arthritis	___Diabetes	___Depression	___Glaucoma
___Migraines	___Other (please explain) _____		

Physical limitations – Please list: _____
_____
List any medications (prescription or OTC) taken on a regular basis: _____
_____
List Medical & Food Allergies: _____
_____
Have you had any surgery in the past three years: ___Yes ___No
If so, please explain: _____

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ Date: _____

PROeM Support Ministries
Release and Indemnification Agreement

In consideration of the undersigned's application for participation in an internship program with PROeM Support Ministries, Louisville, Kentucky, Inc. (the "Ministry") and as an inducement to organizing the Internship program and permitting the undersigned's participation agrees as follows:

The undersigned hereby fully and forever releases, waives, and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, now or unknown, or otherwise against the ministry or any of its trustees, officers, employees, agents and volunteers (collectively referred to herein as the "Releasees") by reason of, arising out of or relating to the undersigned's participation in the internship program.

The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits, proceedings, demands, judgments, assessments, and liabilities, including reasonable attorney's fees incurred in litigation or otherwise, assessed, incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in the internship program.

The undersigned further agrees that this Release and Indemnification Agreement (the "Agreement") is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Releasees; and that this Agreement is to be governed by the law of the Commonwealth of Kentucky.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act; the undersigned does not intend to participate in the internship program until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the internship program and receive all information from the President and other Ministry representatives which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the Ministry to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the duration of the Internship program and to do so without notice or compensation to the undersigned. The undersigned acknowledges that it is the undersigned's responsibility to purchase travel insurance. The undersigned assumes responsibility for full payment of the agreed upon budget and expenses of the Internship program; agrees to pay any outstanding balances at the end of the Internship, and agrees that any and all costs incurred by the undersigned during the mission trip, including, without limitation, costs due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's application for participation in the Internship program is true, complete, and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the Ministry; and that it is the undersigned's intention with this Agreement to make a complete, general, and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below

Date: _____

Signature: _____

Printed Name: _____