



INTERN APPLICATION

Mobile Inner City Church of Christ is pleased to offer internships to Christians with a passion for ministry. MICCC is a church that serves the impoverished communities in the downtown (“inner city”) areas of Mobile, Alabama. Our mission is to reach the lost with the message of hope that can only be found through Jesus Christ. We welcome you to join us in this mission and grow in your own spiritual walk along the way. Please complete this application including the medical questionnaire on back. *Your information is personal and confidential. It will not be shared or used for any purpose other than your background check or in the event of an emergency.*

Volunteer Information:

Name: _____
Phone: _____
Address: _____
City, ST ZIP: _____
Email: _____
Age: _____ Date Baptized: _____

(Note: Applicants should be 18 or older. If you are 21+ with a clean driving record, you can be added to insurance and drive our vehicles)

Drivers Info (if applicable):

License Number: _____ State Issued: _____

IMPORTANT: *By providing this information, you are authorizing Mobile Inner City Church of Christ to request a motor vehicle report for insurance verification.*

Arrival Date:

Departure Date:

Home Congregation:

Phone: _____

References:

1. Minister

Phone: _____

2. Elder

Phone: _____

3. Other

Phone: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Alt. Phone _____

Relationship: _____

(Medical Form on back)



MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for myself in the event of illness or injury during any sponsored activity of Mobile Inner City Church of Christ. This permit is in effect until I give Mobile Inner City Church of Christ written notice to the contrary.

Print Name: _____ Phone: _____

Intern Signature: _____

Health Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Insurance company's emergency phone: _____

The following information will help the medical staff provide safe and accurate care. Please include any information that may be pertinent to the treatment you may receive. NOTE: This information will remain confidential and only be shared with medical staff when necessary.

Have you had any surgery or serious illness within the last 3 years? ___yes___ no.

If yes, please explain:

Are you required to take any medication? ___yes___ no.

If so, for what reason and how often? _____

Medication:	Dosage:	Frequency:	Reason:

Do you have any allergies or allergic reaction to any medication? ___yes___ no.

If yes, explain. _____

Are you presently under a doctor's care? ___yes___ no.

If yes, explain. _____

