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PERSONAL INFORMATION:

I am an individual      I am with a group (*group name*): \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ LastName: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Sex:      M      F

Marital Status: \_\_\_\_\_      PhoneNumber: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_      EmergencyContactPhone#: \_\_\_\_\_

Permanent/ Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      Phone: \_\_\_\_\_

Temporary/ School Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      Phone: \_\_\_\_\_

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EDUCATION/PROFESSIONAL EXPERIENCE:

I am currently an undergraduate student

Name of institution: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Activities: \_\_\_\_\_

I am currently a graduate student

Name of institution: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Activities: \_\_\_\_\_

I am currently a professional

Highest level of education: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_ Graduate Institution: \_\_\_\_\_

Current place of employment: \_\_\_\_\_

Current position or title: \_\_\_\_\_

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**HEALTH AND MEDICAL HISTORY:**

*It is important that you are honest with your medical history and needs so we can best accommodate.*

List medical issues for which you have received care in the past 12 months:

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List any prescription medication which you are currently taking:

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List any history of major illness or surgery:

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List special dietary needs:

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List any known allergies (including food allergies) or chronic life-threatening conditions:

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List any physical limitations and/or disabilities:

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**GENERAL INTEREST:**

How did you hear about Kairos International?

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Do you have any experience with living or working abroad?

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Length of desired internship:    3 weeks (minimum)    2 months    other \_\_\_\_\_

Give a brief bio of who you are, your interests, and why you are interested in interning with Kairos.

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GENERAL INTEREST: (CONTINUED)

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Do you have any experience interning or volunteering with a non-profit organization?

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What do you hope to get out of this experience interning abroad?

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What are your expectations of Kairos?

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REFERENCES

Please provide the full name and contact information of one professional reference (professor or supervisor) and one personal reference below:

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## ACKNOWLEDGMENT AND AUTHORIZATION

All information provided on this form is true and accurate. If accepted and allowed to participate in Kairos International activities overseas, I assume responsibility for my actions. I am aware of and I release Kairos International, its board of directors, employees, agents or their representatives from liability and all claims for damages, loss, or injury arising from this trip for any reason including but not limited to any negligent act which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I acknowledge that it is not the responsibility of Kairos International to evacuate me in case of illness, injury or death.

I hereby grant a Kairos International leader assigned to my internship to consent on my behalf to medical treatment in the case I am unable to do so. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery, and hospital care for me if needed, advised, and supervised by a licensed physician, surgeon or dentist. I attest that I am prepared physically, emotionally, and mentally for this trip. I have read this release in its entirety, understand its contents and agree to them of my own free will.

### OTHER

1. We require a background check on all intern participants. Please provide a completed background check as part of your application process. Your application is incomplete until the background check is received with your application. In the event that the organization completes an additional check, do you give Kairos International permission to run a background check on you?

Y                      N

2. While serving as an Intern, Kairos International requires that participants do not abuse the use of alcohol (intoxication) or engage in the use of illegal drugs. I understand and agree:

Y                      N

3. Do you give permission for Kairos International to use any group photos in which you appear for the purpose of public relations and/or promotional materials?

Y                      N

4. Kairos International is a Christian faith-based nonprofit organization. The love of Christ compels us to care for others well and motivates us to provide practical avenues for poverty elimination through the investment in the lives of young adults. While our faith is a core of our foundation, as an intern, your acceptance is not dependent on you sharing the same faith as the organization. Signing this document acknowledges your awareness of our Christian values. During your internship, participating in faith related practices or events is **not** pressurized, or a requirement.

Name of Applicant: (please type or print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to [info@kairosinternational.org](mailto:info@kairosinternational.org). Please keep a copy for your records. For questions regarding this application or Kairos International, please email [info@kairosinternational.org](mailto:info@kairosinternational.org)

Please note that your email will serve as your acknowledgment and authorization.