

15. How long have you been a member of this Christian fellowship or church?

16. Would your faith community be sympathetic to and supportive of your involvement overseas?

17. When did you become a Christian?

18. What Christian ministries have you been involved in?

19. What aspect(s) of Servants most interests you?

20. In what ways do you sense God's call to working with the poor? What experience do you have?

21. In what ways do you sense God's call to working overseas? What experience do you have?

22. What experience of living in community do you have?

23. Which country(s) are you interested in?

24. When, roughly, would you like to intern, and how long for?

25. We will need two referees. Please give name, contact details and relationship to you of two people, one of whom should be a Christian leader or pastor. Once we receive the completed reference forms (*you can download these from the internet*), we will be in contact with your referees.

Christian Leader's Name:

2nd Referee's Name:

Relation To You:

Relation To You:

Phone:

Phone:

Email:

Email:

Do you have any comments and/or questions or anything else you would like to tell us?

Internship Medical Questionnaire

We wish you to have a fruitful Internship with Servants without undue risks to yourself or to those receiving you on the field. For this purpose some medical screening is necessary.

After you complete this form, it will be read by your Sending Team Coordinator, who may be non-medically trained. If your answers indicate that further medical information is needed before making a decision about the internship, the form will be forwarded to a medically trained person within Servants. From then onwards all communications regarding medical matters will be seen by medical personnel only, and at all times the information will be treated in strict confidence.

Please answer “yes” or “no” to the following questions and give brief details where required.

Yes No

- a. Are you currently under treatment for any medical condition?
- b. In the past 2 years, have you *regularly* or *frequently* taken medications prescribed by a doctor? (Do not include antibiotics for an infection that has not come back.)
- c. Have you had any surgery, major trauma, or major illnesses within the past 5 years?
- d. Do you have any physical condition that limits your ability to walk for distances or up hills or stairs? Do you have hearing loss that limits your activities?
- e. Do you have any serious allergies, such as a reaction to drugs, food, or other allergens causing hives, asthma, swelling of your lips, or shock? (Do not include mild hay fever or minor skin reactions.)
- f. Do you have a medical condition that requires a special diet?
- g. Do you have any phobias or other anxieties or difficulties which might affect your adjustment to a new environment?
- h. Within the past 10 years, have you received (or are you considering seeking) counselling, therapy or medication for emotional, psychological or mental problems or for substance abuse or other addictions?
- i. (For women) Are you pregnant? (If you become pregnant before your trip, please inform your local Servants Sending Office.)

Please give BRIEF details of anything you answered Yes to in the above list:

Weight (in kg or lb):

Height (in m or ft & in):

Blood type/group – ABO and Rhesus (positive or negative): *(Required for possible medical emergency use, when blood may need to be received/given in urgent and difficult circumstances. Note that Rhesus negativity is extremely rare amongst most East Asian races.):*

Thank you for taking the time to complete this form! Please return this form, preferably by email, to your local Servants office. Also, please note that it is important even at this stage that you begin discussing your interest in mission work amongst the urban poor with the relevant people in your Christian fellowship or church.