



Portland Rescue Mission Internship Application

PO Box 3713 • Portland, OR 97208-3713 • 503-647-7466 • Internship@PDXMission.org

Partnership Use Only

____/____/____ Applicant notified of receipt ____/____/____ Phone Interview ____/____/____ In-Person Interview

References checked Offer/Decline given ____/____/____ Database # _____

Personal Information

Name _____
First M.I. Last

Street _____ Apt./Unit _____

City _____ State/Zip _____

Telephone _____ Email _____

Internship Area Applying For _____ Date Available _____

How did you hear about us? Church Work Website Donor Phone/Walk-In Other _____
 Please fill in blanks where applicable. Staff Volunteer _____

Do you have a history of any addictive behaviors? Yes No
 Drugs Alcohol Other Date of Last Use _____
 If yes, please clarify above and explain below. A positive response to this question will not automatically disqualify you from interning with Portland Rescue Mission.

Availability Fall/Spring internships require a minimum of 10 hours per week, 2 days per week. Summer internships require a minimum of 20 hours per week.

How long would you like to intern? from _____ to _____

What days of the week and times of day are best? Please check the days you are available, and enter times for each day you are available.

Sun. Mon. Tue. Wed. Thur. Fri. Sat.

Education

School <small>Name of high school, college, etc.</small>	City, State	Duration <small>from to</small>	Degree Received
		<small>Did you Graduate? Yes / No</small>	
		<small>Did you Graduate? Yes / No</small>	
		<small>Did you Graduate? Yes / No</small>	



Internship Application

Employment		
Position Title	Start Date	Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Supervisor	
City, State	Responsibilities	
Phone		

Church Involvement		
Church Name	Attended Since	Do you still attend? <input type="checkbox"/> Yes <input type="checkbox"/> No

Military Service		
Branch	Duration from _____ to _____	
Rank at Discharge	Type of Discharge If other than honorable, please explain.	

Personal References Non-Family		
Name	Phone	Email
Relationship		
Name	Phone	Email
Relationship		

Pastoral References		
Name	Phone	Email
Relationship		
Name	Phone	Email
Relationship		

Professional References		
Name	Phone	Email
Relationship		
Name	Phone	Email
Relationship		



Internship Application

Why would you like to intern at Portland Rescue Mission?

Based on the internship opening, what interests you in this ministry area?

Please tell us about your faith journey.



Internship Application

Statement of Faith

We Believe

- In the Bible, the Word of God - inspired, inerrant, and authoritative.
- In one God who exists eternally in three persons; Father, Son and Holy Spirit.
- In the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His future personal return to rule in power and glory.
- In the inborn sinfulness of all humanity and our resulting alienation from God, and the absolute necessity of redemption through faith in Christ's atoning death and regeneration by the Holy Spirit for salvation.
- In the complete forgiveness and eternal salvation of the true believer.
- In the empowering ministry of the Holy Spirit, who lives in Christians, thereby enabling each to live a godly life.
- In the bodily resurrection and eternal conscious existence of both the saved and the lost - the saved in eternal life and the lost in everlasting punishment.
- In the spiritual unity of believers in our Lord Jesus Christ.

I have read and agree with Portland Rescue Mission's Statement of Faith Please initial.

Applicant Statement

In the event that I agree to accept a position with Portland Rescue Mission (PRM), I agree that the internship relationship between PRM and me is an at-will relationship and that the internship can be terminated, with or without cause, at any time, at the option of either PRM or myself.

I certify that the information contained in this application is correct. If PRM determines that any of the information submitted in this application or any other documentation that has been given to PRM is false, I may be immediately disqualified from consideration for internship and/or discharged from internship in accordance with PRM policy.

I hereby release PRM from all actions, claims, or demands that I or my representatives now have or may hereafter have for injury, death, or damage to myself and/or my property resulting from my participation in PRM volunteer activities. This includes actions, claims, or demands resulting in whole or in part from the negligence of PRM or its directors, officers, agents, employees, or volunteers. I attest that my attendance and involvement in these activities is voluntary, that I am participating at my own risk, and that I have read the terms and conditions of this release.

I hereby confirm that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape, or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Volunteers who serve with PRM are occasionally included in PRM publicity, publications, and public relation activities. I grant PRM the irrevocable right to use forever any photographic images and video or audio recordings made during my volunteer activities with PRM, and I agree to appear without pay.

As a volunteer at PRM, I understand that I may work with donor information, staff information, and resident or guest information that may be confidential in nature. I will not discuss this information with anyone who is not directly involved in these areas. I understand that failure to maintain confidentiality may result in immediate release from my volunteer commitment at PRM. The obligation to comply with this policy continues after my volunteer commitment with PRM ends.

I hereby grant permission to PRM to investigate the information contained in this application and release PRM and any agents or other persons acting on behalf of PRM from any and all liability relating to any investigation of the information contained in this application.

Signature of applicant

Date

Verify signature Online applicants only. Please type full name on signature line above, and check the preceeding box to verify signature.