

Wiconi International Internship Information Form

(Font size will automatically adjust so all your text will fit in box)

Name:

Address: *(please include zip code)*

Phone: *(Please list all)*

Email:

Educational Institution:

Degree you are seeking:

Current status:

Advisor or Internship contact Info:

Name:

Address: *(please include zip code and department)*

Phone: *(Please list all)*

Email:

Experience in the native community *(If is not a requirement but we would appreciate knowing if you have some background in working with Native people)*

Experience working in Ministry:

Work/Professional Experience: *Please share with us the type of work experience you have that may be relevant to working in ministry or with Native people)*

Your areas of Interest: *(In what capacity do you see yourself serving?)*

Your Reason for joining us:

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What are the parameters of your internship: Please explain your department requirements?

What is expected length of service?

What are Wiconi's responsibilities with regard to supervision?

What type of credit will you earn?

What are your obligations to your ministry and or school?

Do you have a criminal record and or any reason why you would be prohibited from working with minors or children in any capacity? Yes No If Yes Please explain in detail.

May we check for criminal record? Yes No

Full legal Signature

Please return completed form to Wiconi Office: office@wiconi.com

or fax to: 360-546-3801

Or mail to: **Wiconi International** PO Box 5246, Vancouver, Washington 98668

Website: <http://www.wiconi.com>

"we-cho-nee" In the Lakota/Sioux language signifies "Life"