

Aloha from the Islands of Hawaii!

We are excited about your interest in joining Surfing The Nations for the Internship Program.

All participants are accepted through an application process. You will be notified if you are accepted.

Our vision for every individual who commits to the Internship is for them to be trained and equipped through Biblical teaching and hands on outreach to serve others. Weekly lectures, test taking, Bible study and prayer is what we believe is a helpful way to instill a desire to love and serve the worldwide community better. Our outreaches range from meeting the needs of the homeless, feeding Hawaii's poor families, youth interaction, and water sports training for youth at risk. During your stay, you will be given the opportunity to be challenged and changed in radical ways as your personal gifts will be expanded and expressed; expect the unexpected!

Please complete your Application, Application Agreement, and Emergency Contact Form and submit with your \$50 processing fee and a photo of yourself. Reference letters must be received before your application will be considered.

Mail completed application forms and processing fee to:

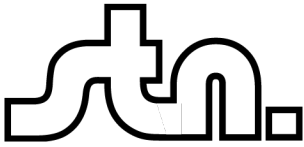
**Registrar
Surfing The Nations
P.O. Box 860366
Wahiawa, Hawaii 96786
USA**

Or, you can email us the application. First print it out, fill in your information, scan the application, and email it as an attachment to: registrar@surfingthenations.com

We will be praying for you as you seek God's direction.



Brendon Johnson
Internship Director



We hope to make your application process as simple as possible. The application process takes approximately one month. Please plan accordingly when completing your application. We do not begin processing until application, application payment and all supporting documents are received. We do not accept faxed applications, as clarity is not confirmed. This is a 4-step application process. Most documents may be submitted online, or downloaded and completed. You may mail some or all documents to our office at the address on the application. The application will be reviewed only when all forms have been completed.

STEP 1

General Application

Step 1 contains information fields such as personal, family, church, educational and general health questions. This form is able to download, print, and mail in or submit online.

STEP 2

School Application

The application contains specialized questions for the Internship. This form is able to download, print, and mail in or submit online.

STEP 3

Supporting Documents

Documents include emergency contacts, liability releases, consent for treatment, termination of involvement, financial responsibility, and policies agreement. This form is able to download, print, and mail in or submit online. Three passport photos must be mailed in.

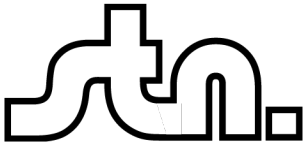
STEP 4

Reference Forms

The Supplemental Forms are provided separately for your convenience. This form is able to download, print, and mail in or submit online.

What is included?

- Application letter
- Step instructions
- General Application
 - Intern Health Form
 - Internship Application
 - Picture Uploaded
 - Copy of main page of passport
 - Three (3) passport photos
 - Application Fee of \$50
- Supporting Documents
 - Emergency Contact
 - Termination of Involvement
 - Release of Liability
 - Statement of Financial Commitment
 - Policies Contract
- Reference - Professional
- Reference - Personal



GENERAL APPLICATION

Today's date: Date/Month/Year

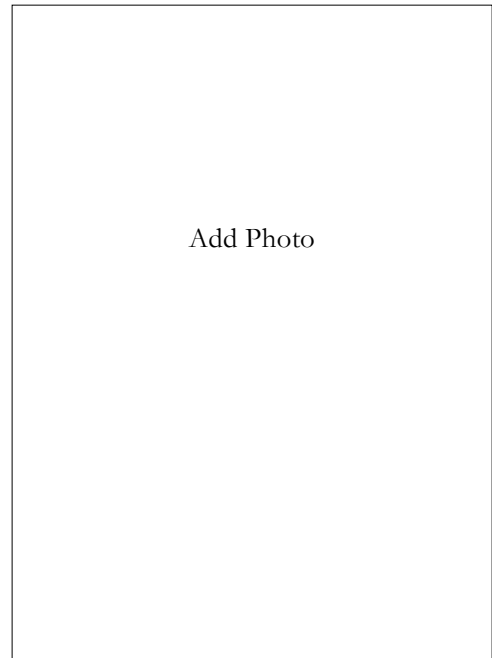
I. Personal Details

Last name: _____

First name: _____

Sex: [] Male [] Female Age: ____ Birth date: Date/Month/Year

Birthplace: _____



I. Address

Street/Box: _____

City/Town: _____

State: _____

Zip: _____

Country: _____

Phone: _____

Cell: _____

Email: _____

III. Passport/Visa information

You must have a passport valid for at least six months after the end of the Internship for visa application purposes.

Country of citizenship: _____

Name as listed on passport: _____

City and country where passport was issued: _____

Passport number: _____ Passport expire date: Date/Month/Year

Visa type Requesting (non US citizens only): _____

IV. Marital status

[] Single [] Engaged [] Married [] Separated [] Divorced [] Remarried [] Widowed

[] In a relationship – Please describe

Spouse last name: _____ First name: _____

Sex: [] Male [] Female Birthdates: Date/Month/Year

Will your spouse be accompanying you? [] Yes [] No

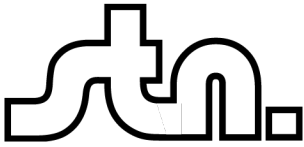
VI. Skills and talents

How well do you surf? [] Pro surfer [] surfer [] surfed a couple of times [] joining STN to learn

[] I just want to do missions, I don't own a surfboard [] other-explanation:

Occupational skills: _____ Years experience:

Talents: : _____ Years experience:



VII. Work experience (Please list all work experience for the last 3 years, starting with most recent.)

Position: _____

Company: _____ Dates: Month/Year to Month/Year

Skills used: _____

Position: _____

Company: _____ Dates: Month/Year to Month/Year

Skills used: _____

Position: _____

Company: _____ Dates: Month/Year to Month/Year

Skills used: _____

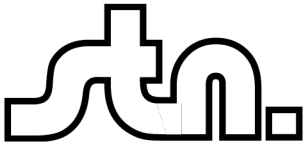
VIII. Educational experience

Grades completed: Grade school Secondary/High school College/University

Postgraduate Vocational

Institution: _____ Dates: Month/Year to Month/Year

Degree/Major: _____ Location: _____



Student Health Form

Last name: _____ First name: _____

Primary phone: _____ Email: _____

I. Medical information:

Name of insurance carrier: _____

Contact phone: _____ Policy type: _____

Policy number: _____ Expiration date: Date/Month/Year

Emergency contact: _____ Relationship: _____

Phone: _____

II. Health history: Do you now have, or have you ever had, any of the following?

- Medical history questions including Skin condition, Heart trouble, Jaundice, Anemia, Eye trouble, Hi blood pressure, Ear trouble, Low blood pressure, Intestinal troubles, Hepatitis, Head injury, Arthritis, Recurrent diarrhea, Chickenpox, Scarlet fever, Migraines, Back problems, Diabetes, Epilepsy, Dislocation of joints, Fainting spells, Broken bones, Mental disorders, Stomach, Ulcer, Gall bladder, Depression, STD, Pertussis, Tuberculosis, Cancer/Tumors, Paralysis, Surgery, Female conditions, Kidney diseases, Appendectomy, Shortness of breath, Tonsillectomy, Hay fever/Asthma, Hernia repair, Allergies, Now pregnant, Other, Measles (rubella), Mumps.

Other illnesses or conditions:

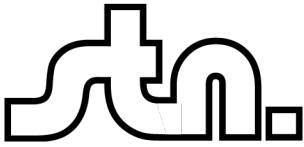
Are you presently under a doctor's care? [] Yes [] No Specify: _____

Are you presently taking any medication? [] Yes [] No Specify: _____

Are you allergic to any drugs/medications? [] Yes [] No Specify: _____

Do you have any physical impairments, handicaps or health conditions which require special attention? [] Yes [] No Specify: _____

How would you rate your overall health condition? [] Excellent [] Good [] Fair [] Poor



Professional Reference Details:

First Name: _____ Last Name: _____
Street: _____ City/Town: _____
State: _____ Zip: _____ Country: _____
Phone (home): _____ Phone (mobile): _____
Email: _____
Position: _____ Occupation: _____

Personal Reference Details:

First Name: _____ Last Name: _____
Street: _____ City/Town: _____
State: _____ Zip: _____ Country: _____
Phone (home): _____ Phone (mobile): _____
Email: _____

Emergency Contact Information

Applicants Name: _____ Passport Number: _____
Street: _____ City/Town: _____
State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____

Personal Health

Please list any medication you are allergic to: _____
Do you have any medical conditions: _____

Insurance Information

Name of insurance carrier: _____
Contact phone: _____ Policy type: _____
Policy number: _____ Expiration date: Date/Month/Year

In case of emergency, please notify:

Primary Contact

Name: _____ Relationship: _____
Address: _____
Primary Contact Phone#: _____ 2#: _____
Email: _____

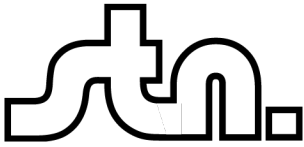
Secondary Contact

Name: _____ Relationship: _____
Address: _____
Secondary Contact Phone#: _____ 2#: _____
Email: _____

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's signature: _____ Date: Date/Month/Year
(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature: _____ Date: Date/Month/Year



Release of Liability

I do hereby release Surfing The Nations, its staff, and volunteers from any liability whatsoever arising out of an injury.

Applicant's signature: _____ Date: Date/Month/Year

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature: _____ Date: Date/Month/Year

STATEMENT OF FINANCIAL ACCOUNTABILITY

Introduction

This sheet is designed to explain the financial costs of participating this internship and when fees become payable.

Summary - Due dates for payment

Application fee - \$50 due with application

Internship Fee- \$895 due upon acceptance

Outreach Fee

Inner Island - \$500-due upon acceptance

International - \$1,500 due upon acceptance, and \$1,500 due upon arrival. Total \$3,000

Fee policies

All payments must be made in U.S. funds.

All personal expenses incurred while involved with Surfing The Nations are the responsibility of the student.

Internship fees cover Internship costs such as; ground transportation, speaker expenses, some meals and housing. Monthly fees do not include outreach expenses, expenses of personal care or study materials.

Fees are not tax deductible.

Checks are to be made out to: Surfing The Nations

Online payments may be made at the website; www.surfingthenations.com

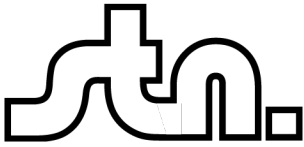
Acknowledgement of financial responsibility

I understand that payment of the required fees must be made in U.S. currency prior to arrival Furthermore, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during the involvement with Surfing The Nations.

Applicant's signature: _____ Date: Date/Month/Year

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature: _____ Date: Date/Month/Year



Policies and Contract

Desiring to be a part of the ministries of STN means you are:

- A person committed to a servant lifestyle at all times.
- Understand what it means to live a community lifestyle.
- We are continually used for different outreach events and purposes, therefore accommodating and being involved in these events and activities will be a part of the outreach standards.
- Communicate effectively with leadership, and other staff within the organization; accept and apply critiques and suggestions to daily work in an effort to become more productive and/or efficient.
- Communicate with leaders and staff on any issues that may affect the student performance of assigned responsibilities or the overall success of the experience.
- STN is not responsible for personal items at any times during your stay.
- All staff/Interns of the ministry will be in submission to the leadership and will directly answer to the Directors of STN.
- The STN leadership reserves the right to remove anyone from the Summer Challenge, programs and/or outreach.
- Attendance and participation in all meetings, service projects and property events related are required.
- Demonstrate the highest level of professionalism, which includes arriving on time for designated work, notifying your leaders of any deviations from the established schedule, and dressing to the standards of the organization and the work being performed. Respect the organization's reporting structure and follow the policies and procedures of the organization.
- Harassment in any form, including sexual harassment, will not be tolerated in STN. This behavior may include using explicit language, gestures, graphics, verbal or nonverbal suggestions, and subtle or overt threats. If at any time, a student is made to feel uncomfortable by others, s/he should report the incident to a member of the Summer Challenge staff and faculty supervisor immediately. Action cannot be taken if the incident goes unreported.
- Uphold Conduct Code and act in an ethical manner when on- and off-property and while representing STN.

NONPERMISSABLE ACTIVITIES:

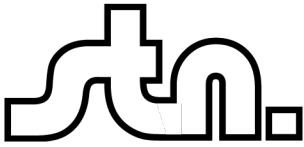
While involved with STN in any capacity, these activities are non permissible.

- Smoking
- Tobacco products
- Alcoholic/liquor beverages including kava
- Illegal drugs
- Weapons
- Immoral sexual conduct
- Vulgar language
- Internet pornography or related materials
- Tattoos and piercing

By signing this agreement, I understand and agree to comply with the abovementioned policy and conditions for the time I am connected with STN.

Applicant's signature: _____ Date: Date/Month/Year
(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature: _____ Date: Date/Month/Year

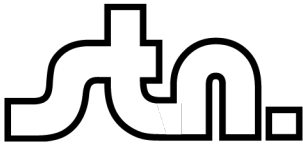


Termination of Involvement

Surfing The Nations reserves the right to terminate my involvement with this organization, if I am found to have misled STN in any way, or if my conduct is prejudicial to the good running of the internship or to the reputation of STN. I have read this form and accept the terms set out in it.

Applicant's signature: _____ Date: Date/Month/Year
(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature: _____ Date: Date/Month/Year



PROFFESIONAL REFERENCE FORM

Reference: Please download and mail it in.

Applicant's information:

Last name: _____ First name: _____

The above applicant has applied to Surfing the Nations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is appreciated. Thank you for your assistance.

How well do you know the applicant?

[] Very Well [] Well [] Casually I have known the applicant for _____ years.

How would you rate the applicant in the following categories?

- Mental ability: [] Quick to comprehend [] Average [] Slow
Industrious: [] Hard worker [] Average [] Lacks persistence
Reliability: [] Meets obligations [] Average [] Neglects obligations
Cooperativeness: [] Works well with others [] Average [] Avoids group activity
Flexibility: [] Open to change [] Average [] Unyielding
Christian character: [] Well balanced [] Average [] Unstable
Disposition: [] Cheerful [] Average [] Passive
Punctuality: [] Punctual [] Average [] Often late
Financial responsibility: [] Honors obligations [] Average [] Neglectful
Initiative: [] Above Average [] Average [] Below Average
Concern for others: [] Above Average [] Average [] Below Average
Social adaptability: [] Above Average [] Average [] Below Average
Leadership: [] Above Average [] Average [] Below Average
Health: [] Above Average [] Average [] Below Average
Emotional stability: [] Above Average [] Average [] Below Average
Ability to follow: [] Above Average [] Average [] Below Average

- 1. Does he/she display high moral standards? [] Yes [] No
2. Is he/she prejudiced against groups, races or nationalities? [] Yes [] No
3. With reference to service, the applicant is: [] Dedicated [] Average [] Casual
4. In your opinion, what are the applicant's motives for applying to STN?
5. What could STN do to aid in the applicant's personal development?
6. Would you recommend the applicant for acceptance into STN? [] Yes [] No [] Yes with reservations

Personal Comments/Concerns: _____

Professional Reference Details:

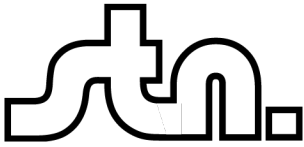
First Name: _____ Last Name: _____

Street: _____ City/Town: _____

State: _____ Zip: _____ Country: _____

Phone (home): _____ Phone (mobile): _____

Position: _____ Occupation: _____



PERSONAL REFERENCE FORM

(Not a family member, boyfriend/girlfriend and must have known applicant for more than 5 years)
Reference: Please download and mail it in.

Applicant's information:

Last name: _____ First name: _____

The above applicant has applied to Surfing the Nations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is appreciated. Thank you for your assistance.

How well do you know the applicant?

[] Very Well [] Well [] Casually I have known the applicant for _____ years.

How would you rate the applicant in the following categories?

- Mental ability: [] Quick to comprehend [] Average [] Slow
Industrious: [] Hard worker [] Average [] Lacks persistence
Reliability: [] Meets obligations [] Average [] Neglects obligations
Cooperativeness: [] Works well with others [] Average [] Avoids group activity
Flexibility: [] Open to change [] Average [] Unyielding
Christian character: [] Well balanced [] Average [] Unstable
Disposition: [] Cheerful [] Average [] Passive
Punctuality: [] Punctual [] Average [] Often late
Financial responsibility: [] Honors obligations [] Average [] Neglectful
Initiative: [] Above Average [] Average [] Below Average
Concern for others: [] Above Average [] Average [] Below Average
Social adaptability: [] Above Average [] Average [] Below Average
Leadership: [] Above Average [] Average [] Below Average
Health: [] Above Average [] Average [] Below Average
Emotional stability: [] Above Average [] Average [] Below Average
Ability to follow: [] Above Average [] Average [] Below Average

- 1. Does he/she display high moral standards? [] Yes [] No
2. Is he/she prejudiced against groups, races or nationalities? [] Yes [] No
3. With reference to service, the applicant is: [] Dedicated [] Average [] Casual
4. In your opinion, what are the applicant's motives for applying to STN?
5. What could STN do to aid in the applicant's personal development?
6. Would you recommend the applicant for acceptance into STN? [] Yes [] No [] Yes with reservations

Personal Comments/Concerns: _____

Personal Reference Details:

First Name: _____ Last Name: _____
Street: _____ City/Town: _____
State: _____ Zip: _____ Country: _____
Phone (home): _____ Phone (mobile): _____
Position: _____ Occupation: _____