

**THE LUTHERAN WORLD FEDERATION  
DEPARTMENT FOR MISSION AND DEVELOPMENT  
LWF Youth**

**APPLICATION FORM LWF INTERNSHIP PROGRAM**

**1.** Name (Family name)                      **2.** Given names                      **3.** Profession

\_\_\_\_\_

**4.** Date and place of birth                      **5.** Church Affiliation                      **6.** Name of LWF member church

\_\_\_\_\_

**7.** Nationality(ies)                      **8.** Passport No.                      Date and place of issue                      Valid until:

\_\_\_\_\_

**9.** Present residence and daytime telephone no/E-mail

Street / PO Box \_\_\_\_\_ Zip Code \_\_\_\_\_

Town: \_\_\_\_\_ District: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. No. (including country code, city code): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**10.** Name, address and tel. of nearest relative or contact person(s): \_\_\_\_\_

\_\_\_\_\_

**11.** Civil / Marital status \_\_\_\_\_                      **12.** Male  Female

**13.** If engaged or married give the following information about spouse or fiancé,  
Given name and maiden name: Date and place of birth: Nationality: Church affiliation:

\_\_\_\_\_

\_\_\_\_\_

**14.** List any dependants  
Name:                      Date and place of birth:                      Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**20.** Describe what you have learned through your involvement in youth work

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**21.** State/list any other relevant experience for a youth internship like membership and positions in religious, civic, international organizations

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**22.** Special interests?

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**23.** Any hobbies?

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**24.** Are you currently in good health?

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**25.** If offered a LWF youth internship, how soon could you be available? \_\_\_\_\_

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**26.** How did you come into contact with the LWF Youth Office? \_\_\_\_\_

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**27.** References

Name:

Address and daytime tel. no.:

Profession:

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**28.** Comments/Other information

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**29.** I have noted that the offer of a LWF Youth Internship, normally for a period of 10 months, is subject to obtaining the necessary visa and/or the clearances from the Swiss authorities and the submission of a satisfactory medical certificate.

***I certify that the statements made by me in answering the foregoing questions are true***

***and complete and correct to my best knowledge and belief,***

Place and date:

Signature:

\_\_\_\_\_

**Endorsement of the member church**

In what way is the applicant involved in the activities of the church?

\_\_\_\_\_  
\_\_\_\_\_

How would the church use the skills of the applicant in the church after an internship?

\_\_\_\_\_  
\_\_\_\_\_

***We confirm that the nomination of the applicant has been decided upon in a democratic procedure in accordance with our statutory provisions and that the church will accompany the selected candidate to use his/her skills in the church after the internship:***

Name of the Church:

Place and Date:

\_\_\_\_\_

Signature of the Church leader

\_\_\_\_\_

**➔ RETURN BY October 1, 2008 ➔**  
**LUTHERAN WORLD FEDERATION, LWF YOUTH,**  
**P.O. BOX 2100, CH-1211 GENEVA 2, SWITZERLAND**  
Fax : (+41-22) 791 64 01  
E-mail: lwfyouth@lutheranworld.org

**TOGETHER WITH:**

- 1. A Photocopy of your passport's mainpage**
- 2. AN ENDORSEMENT FROM YOUR CHURCH**
- 3. A TWO PAGE SELF-CONCEPT ESSAY WHERE YOU DESCRIBE THE EVENTS IN YOUR LIFE LEADING UP TO APPLYING FOR AN INTERNSHIP**