



El Shaddai
Loving ~ Caring ~ Sharing

EL SHADDAI CHARITABLE TRUST

Office: El Shaddai House, #251, Socol Vaddo, Assagao, Bardez - Goa 403 507.

Application Form for Internship

Title (Mr / Mrs / Ms / Miss):.....

First Names:.....

Surname:

Date of Birth.....Gender:

Qualifications: Nationality:

Institute:

Local Address:

.....

.....

Permanent Address:.....

.....

.....

Tel: Mobile:

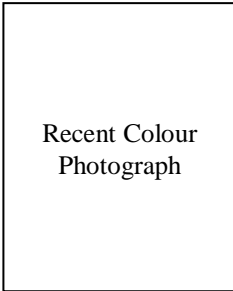
E-mail:

Have you been in the internship programme before? Where?

.....

What motivated you to apply for an internship with El Shaddai? *(Please mention in 3 lines only).*

.....
.....
.....



Recent Colour
Photograph

————— Rejoice in the Lord always (Phil 4:4) —————

Tel.: (0832) 6513286/87 E-mail: infogoa@childrescue.net Website: www.childrescue.net



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How do you think the leanings from this internship will be useful in your professional and personal life? *(Please mention in 5 lines only)*

Signature of the Intern.

Note: In order to be considered the internship application form you must submit your complete application form along with two photographs and a photocopy of your official Id proof e.g. Driving License, Voting card, Adar card or Passport copy (Any one) and your institute ID card. If you don't have any one of the above, you must bring your parents Id proof which will be considered.

.....Office Use Only.....

- How many hours per week will the Student work? _____
- Start and the end date of internship? _____
- Department? _____

Date: _____

Signature
Volunteer Coordinator

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