



Tel: +27 (0)21 784 2800 | Fax: +27 (0)21 785 2414 | PO Box 1700 Sun Valley 7985 | Email: office@livinghope.co.za

INTERNATIONAL VOLUNTEER APPLICATION FORM

Thank you for your enquiry regarding the possibility of serving at Living Hope! We seek to share the Good News about Jesus Christ through the various programs we offer. We would encourage you to visit our website at www.livinghope.co.za to find out more about us.

We recommend a minimum of 6 months service time here. In order to be effective in the ministry to which God has called you, time must be allowed for you to properly assimilate into the local culture.

Accommodation and transportation needs are the responsibility of the individual volunteer. We are happy to offer suggestions and guidance as needed.

Please note that doctors, dentists, nurses and other medical professionals need to be registered with the appropriate South African Council. Due to the nature of how the nursing council offers volunteer nursing registration, we do not recommend long term service in a patient care role, but have seen success in other ancillary roles in the medical or health education areas.

We do not have a children's home or orphanage. Our work with children is to instill life skills and biblical values into their lives, to help children make good choices in life, and to protect them from becoming infected with the HIV virus.

Please note that our long-term volunteers are working within a designed role within our organization and we value their commitment to their place of service and service in the name of our Lord.

Please complete the application form to the very best of your ability. Ultimately our goal is for you to come with a desire to serve our Father by supporting our ministry in whatever area there is a need.

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. USE THE CHECKLIST BELOW TO ENSURE THAT YOUR APPLICATION IS COMPLETE:

- Completed application form
- Signed Statement of Faith, Compliance, and Indemnity Forms
- Three letters of reference. One must be from your pastor or church leader.
- Police clearance letter/background check
- A recent color photo of yourself. It does not need to be a passport photo.

Please email all documents to volunteer@livinghope.co.za. You can physically print the completed document, scan and email or complete as a new document in Word.

We look forward to receiving your application!

Kind Regards,

Human Resources Department
Phone: +27 (021) 784 2800
Email: volunteer@livinghope.co.za

LIVING HOPE-INTERNATIONAL VOLUNTEER APPLICATION FORM

First Name: _____ Surname: _____

Nickname/Preferred Name: _____ Passport Number: _____

Date of Birth: ____/____/____ Male or Female: _____ Marital Status: _____
DD MM YYYY (Single/Married/Divorced)

Mailing Address: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Cell Phone: _____ Email: _____

Proposed Volunteer Dates: Arriving: _____ Departing SA: _____
Day/Month/Year Day/Month/Year

How did you hear about Living Hope? _____

EXPERIENCE:

List any missions experience you have had. List organizations, countries, dates, duration, and types of ministry.

Organization and Country	Description	Duration	Began (mo/yr)	Finished (mo/yr)

List any other formal ministry experience (cross-cultural or otherwise) that you've had in a church or other organization and any leadership positions you have held:

Organization and Country	Position(s) Held	Duration	Began (mo/yr)	Finished (mo/yr)

Describe your personal church history (various ones you have attended, why you switched, etc)

Church Name	From (mo/yr)	To (mo/yr)	Reason Left/Moved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe how your life was changed when you became a Christian and your relationship with Lord at this time.

Describe your personal "statement of faith". What do you believe?

Do you feel specifically called to South Africa? Explain.

Explain how and why you feel God is calling you to be a part of Living Hope. Include how you believe Living Hope can help you reach your goals and how you can help fulfill the vision and mission of Living Hope.

How have you received confirmation of your calling to Living Hope? Have you prayed about and discussed the decision with a pastor, small group leader, or spiritual mentor?

PERSONAL:

What would others say is your strongest quality? Why?

What would others say is your weakest quality? Why?

When do you find it difficult to submit to others?

Please give a brief overview of your personal history: where you grew up, childhood experiences, how these affect you now.

BACKGROUND:

Have you ever:

- Been suspended from school? _____
- Served time in a detention center or jail? _____
- Been convicted of a crime? _____
- Been involved with tobacco products? _____
- Do you drink alcohol? _____
- Are you addicted to any drugs or prescription medications? _____
- Been involved with gang-related activities? _____
- Been involved with the occult? _____
- Been involved in homosexual activities? _____

If you answered “yes” to any of the questions above, please describe how you are involved and/or dealing with these issues now and what impact they have had on your spiritual life. Answering “yes” does not mean that you will not be accepted.

HEALTH:

- Have you ever had fainting spells? _____
- Have you ever had an eating disorder? _____
- Have you ever intentionally inflicted harm to yourself? _____
- Have you ever been treated for physical/mental impairment? _____
- Have you ever been treated for a chronic illness? _____
- Are you allergic to any medication? _____
- Are you on a special diet? (vegan, gluten-free, etc) _____
- Do you have or have had in the past any sleep-walking problems? _____
- Do you get nervous, upset, or anxious easily? _____
- Are you now or have you ever been under psychiatric care? _____
- Are you now or have you ever been treated for depression? _____
- Have you ever attempted suicide? _____
- Do you have any physical disabilities that would keep you from participating in rigorous activities? _____
- Have you ever been treated for a seizure disorder? _____
- Have you ever been treated for breathing problems? _____
- Have you ever been diagnosed with any cardiac issues? _____
- Have you ever been diagnosed with any kidney issues? _____
- Have you ever been diagnosed with diabetes or hypoglycemia? _____

If you answered "yes" to any of the above questions please explain what the issue was and how it was/is being managed below. Answering "yes" does not mean that you will not be accepted.

Are you currently on any prescription medications? Please explain.

Do you have any other medical problems that we need to be aware of?



REFERENCE INFORMATION:

Please list three (3) people that we can contact as references. One must be your pastor or church leader. Others can include employers or a person who has been or is currently in leadership over you. *Please submit with your application the completed reference letter forms attached for each person listed below or have them email directly to volunteer@livinghope.co.za*

Name	Relationship to You	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION COMMITMENT FORM

I, _____, hereby commit myself to serving Living Hope (should my application be accepted) in whichever area I am designated by management. I understand that I am a volunteer and that I will not be receiving any financial reimbursement or any other compensation for the work that I do while at Living Hope. I commit myself to abide by the policies and procedures of Living Hope and to the mission, vision, aims and objectives of the organization.

Name

Signature

Date



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VOLUNTEER AGREEMENT – STATEMENT OF FAITH

I, _____, the undersigned, a volunteer for Living Hope do hereby acknowledge that Living Hope is a Christian faith-based organisation and further acknowledge that the statement of faith detailed below is the basic declaration of the beliefs agreed to and held by this ministry. I agree that I will in no way, whether by word or by deed, do anything contrary to or in opposition to this statement of faith while I am engaged in any activity associated with Living Hope as a volunteer. Any violation of this agreement will result in my immediate disassociation from Living Hope as a volunteer.

Statement of Faith

We believe in the Triune God, the Father, the Son and the Holy Spirit. We believe that the Bible is inspired by the Holy Spirit in all its statements.

Therefore we confess:

- God the Father is creator and preserver of all.
- Jesus Christ, true man and true God, is the Son of God. He is born of the virgin Mary and He has substitutionarily shed His blood on the cross for the sins of the whole world. He is bodily resurrected and has returned into the glory of God. He sits at the right hand of God and will manifestly return.
- God has sent His Holy Spirit into the world, so that He might open the eyes of man in respect of sin, of righteousness, of judgment and that He may reveal the whole divine truth to God's redeemed.
- Human nature is sinful. Only owing to redemption through the blood of Jesus can man be converted, be born again and justified before God.
- The redeemed will rise from the dead in glory to eternal life; those who are not redeemed will pass into everlasting destruction.
- All those who are born-again constitute the Church, the "Body of Christ".
- For the Church missionary command of Jesus is valid and binding: "Go therefore to all nations and make disciples, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit: teaching them to observe all things I have commanded you." (Matthew 28:19-20)

SIGNED _____

DATE _____
dd/mm/yyyy



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VOLUNTEER WORKER INDEMNITY FORM

I, _____, the undersigned, a volunteer for Living Hope do hereby acknowledge and confirm that:

"I, my heirs, executors or assigns indemnify and hold harmless Living Hope, its trustees, officers, employees and partners against injury, illness, harm, loss, consequential loss, damage or damages of whatsoever nature that I may sustain or suffer as a result of my decision to do volunteer work within Living Hope Trust as set out above and arising out of any cause in whatsoever nature, including but not limited to negligence, and howsoever arising.

SIGNED _____

DATE _____
dd/mm/yyyy

If a voluntary worker is under eighteen (18) years of age, this Indemnity is also to be signed by the individual's parent or natural legal guardian.

PARENT/GUARDIAN SIGNED _____

DATE _____



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VOLUNTEER COMPLIANCE DOCUMENT

I, _____, as a responsible volunteer will ensure that the requirements of the Act and Regulation, Disaster Management & Security are complied with. Volunteers have a responsibility to take care to protect their own health and safety and to avoid adversely affecting the health and safety of any other person. Volunteers have a responsibility to:

- Report any incident or hazard at work to their manager or supervisor.
- Carry out their roles and responsibilities as detailed in the relevant health and safety, disaster management and security policies and procedures.
- Obey any reasonable instruction aimed at protecting their health and safety, disaster management and protection of Living Hope's property while at work.
- Assist in the identification of hazards, the assessment of risks and the implementation of risk control measures.
- Consider and provide feedback on matters that may affect their health and safety, disaster management and the protection of the relevant facility.
- Ensure that they are not affected by alcohol or any drug, endangering their own or any other persons' health and safety, impede disaster management or protection of the facility.

I, _____, understand my responsibilities as detailed above and confirm my acceptance of them.

SIGNED _____

DATE _____
dd/mm/yyyy



Bringing Hope, Breaking Despair

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VOLUNTEER REFERENCE FORM

We value you as a reference concerning the applicant's character, experience, and aptitude for volunteering. Serious consideration will be given to your evaluation. Please provide us with as much information about the applicant as possible, so that we can accurately appraise his or her qualifications. Your prompt cooperation is greatly appreciated. Be assured that your responses will be held in strict confidence. Please complete and return to volunteer@livinghope.co.za

This is a recommendation for _____.

Your Name _____

Your Email _____

May we email me if you have follow-up questions? (Yes or No)

How long have you known this person? _____

How well do you know this person? _____

Your relationship to Applicant _____ (e.g. Pastor, Mentor, Employer, etc)

ABOUT THE APPLICANT

Please rate the applicant as *Outstanding, Average, or Could Use Work* in the following areas.

(Underline, Encircle or **Bold** your choice)

Ability to Receive Correction	Outstanding	Average	Could Use Work
Ability to Deal with Interpersonal Conflicts	Outstanding	Average	Could Use Work
Spiritual Influence on Peers	Outstanding	Average	Could Use Work
Ability to Lead	Outstanding	Average	Could Use Work
Social Poise	Outstanding	Average	Could Use Work
Emotional Stability	Outstanding	Average	Could Use Work

Please rate the applicant as *Never, Sometimes, or Often* in the following areas.

Critical	Never	Sometimes	Often
Argumentative	Never	Sometimes	Often
Irritable	Never	Sometimes	Often
Domineering	Never	Sometimes	Often
Depressed	Never	Sometimes	Often
Rebellious	Never	Sometimes	Often

Please select the option that most accurately describes the applicant:
(Underline, Encircle or **Bold** your choice for each.)

Teamwork

Most effective in teamwork
Works well with others
Prefers to work alone
Frequently causes friction

Authority

Very teachable and open; responds very positively
Teachable; open to correction
Takes it in stride but does not apply
Rebellious; negative response

Leadership

Exceptional ability to lead
Has some leadership potential
Tries but lacks ability
Makes no effort to lead

Christian Experience

Profound and contagious
Rich and growing
Genuine but mild
Relatively superficial

Emotional Resilience

Meets challenges constructively
Gets discouraged easily
Gets angry; impulsive

Has the applicant proven on any occasion to be **unreliable, dishonest, rebellious, or questionable in character?**

To your knowledge, has the applicant ever been **arrested for any offense, or is/been involved in drugs, alcohol, tobacco, homosexuality, or the occult?**

Have you ever had to **confront the applicant** on a persisting issue?

Please write a one to two paragraph open letter of recommendation for the applicant, including but not limited to their background as you are familiar with it and their ability to relate to people.

Finally, on the basis of this information, would you recommend this Applicant for volunteer service at Living Hope? (Yes or No)



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