



Bringing Hope, Breaking Despair

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your current occupation and how long have you worked there?

_____	_____	_____	_____
Organization	Position	Years	Months

Briefly describe your career history and tell us how this relates to your ministry.

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

What is your highest level of education completed?

High School Diploma
 Some College
 College Degree
 Masters
 Other Advanced

Please list any post high school institutions attended and degrees obtained.

Institution	Degree(s) Obtained	Began (mo/yr)	Completed (mo/yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPIRITUAL:

How long have you been a Christian? _____

What church do you currently attend and how long have you been there?

_____	_____	
Church Name	Church Address	
_____	_____	_____
Month/Year Began Attending	Church Phone	Name of Senior/Missions Pastor

Describe your involvement in this church.

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