

### **Individual Volunteer Information**

#### **Basic Requirements**

- It is best to consider coming for three months or longer
- Police clearance from your area of residence is required
- Two references (not relatives) are required
- Children under the age of 18 will not be accepted as a volunteer on the campus except through special permission.
- Please read at least two books that talk about living and/or working with other cultures. One that we recommend is *Foreign to Familiar* by Sarah A. Lanier; another: *When Helping Hurts* by Brian Fikkert and Steve Corbett.
- You will be expected to follow the guidelines of the *Homes of Hope Employee Handbook*. A soft copy of the Handbook will be given to you during the orientation process upon your arrival.

# **Personal Overview** Name: Preferred Name: E-Mail Address: **Telephone Numbers:** Mobile Landline Work Nationality: Date of Birth: If under 18 years old: Parents' names Parents' Address(es) **Marital Status:** Spouse's Name/Phone Health:

Please a	nswer:
Do you have any previous mission experience?	
Previous t	rips overseas? If yes, where?
How did yo	ou hear about Homes of Hope?
Do you ha	vo a priminal record? (Diagga note we require a notice record to be cent with your
application	ve a criminal record? (Please note we require a police record to be sent with your
Reference	s
Please incl	ude two references of non-family members who can testify to your work in church or the
communit	y.
_	
	ference #1
	ime
	ganization
	eture of professional relationship
	nail address
Cc	ntact numbers
P.o	eference #2
	nature of professional relationshipnail address
CC	ntact numbers

#### **Curriculum Vitae**

Please attach an up-to-date CV with this application.

Include:

- Qualifications
- Employment history / professional experience
- Awards and memberships

#### **Emergency Health Information**

	First Contact	Second Contact	Third Contact	Others
Name (Given & Surname)				
Relationship				
Day Phone				
Mobile Phone				
Email				
Can we contact them concerning medical issue?				
Can we contact them concerning personal issue?				

#### **Health Insurance**

Do you have health insurance? With whom?	
Will it cover your overseas health care?	
Please list any known allergies	
Please list any known and outstanding physical problems	
Name of the Doctor you most often visit	
Doctor's Phone	

### **Educational History**

How far have you gone in your schooling? (secondary/college/vocational/other) Have had any specific Bible training?	
Do you speak any foreign languages (simply/fluently)?	
Do you have any practical skills (ability to change tires, paint, fix a computer, sew, cabinetry, etc.)	
What other areas do you have plenty of experience that you would be able to share with others?	

## **Church Background**

(Concerning the church in which you currently attend and/or work)

	Name of Church:	
	Denomination:	
Pastor's Name:		
	Please tell us how you are currently	
	relating to your home church?	
	Have you received Jesus as the Savoir	
	and Lord of your life?	
	Briefly explain your present	
	relationship with God:	
	Have you experienced an answer to	
	prayer? Have you seen a miracle? Explain.	
	What mission burns in your heart?	
	What are you passionate about?	
	What are you passionate about?	
	What are you passionate about?	
	what are you passionate about:	

#### **Expectations**

Please tell us why you want to come to Fiji to help at Homes of Hope and your expectations for doing so in a few paragraphs. Some questions to consider are:

- What do you expect to be doing daily?
- Is Fiji part of your life goals or just a "short-term" experience?
- What about the Fijian people or lifestyle do you enjoy? Any negatives?
- What do you personally hope to gain from this experience?
- What do you believe will be the fruit that is left after you have gone?

Please add any comments and/or questions that you feel would be beneficial:		
The above statements are all verifiable, true and dishonesty would jeopardize my travels in Fiji. My guidelines of Homes of Hope while in the nation. relationship.	•	
Signature	Date	

(Upon completion, please return to: hoh@hopefiji.org)