



# HOPE OF AFRICA

## Volunteer Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### 1. Personal Information

Full name \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

### 2. Interests/Skills

Check all that you are interested in and qualified for.

- |  |  |
|--|--|
| <input type="checkbox"/> CPA/Bookkeeper/Financial Expertise      | <input type="checkbox"/> Business or Nonprofit Law               |
| <input type="checkbox"/> Office/Administrative                   | <input type="checkbox"/> Fundraising Development                 |
| <input type="checkbox"/> Graphic Design/Communications/Marketing | <input type="checkbox"/> Ministry Skills/Missiological Expertise |
| <input type="checkbox"/> Prayer Team                             | <input type="checkbox"/> Sales Party Host/Hostess                |
| <input type="checkbox"/> Business Coach/ Entrepreneur            | <input type="checkbox"/> Video Editing                           |
| <input type="checkbox"/> Computer Repair & Technical Assistance  | <input type="checkbox"/> Teaching                                |

Other (Explain) \_\_\_\_\_

### 3. Availability

How many hours a week/month do you estimate you can volunteer?

\_\_\_\_\_

### 4. Christian Faith

Are you an active member of a church? (Circle) Yes No



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Name of church \_\_\_\_\_

Pastor/Mentor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Will the Pastor/Mentor be your reference? (Circle) Yes No