



THE HOPE OF AFRICA

Volunteer Application Form

Date: ____ / ____ / ____
Month Day Year

I. Personal Information

Full name _____
Birth date _____ Birth place _____ Citizenship _____
Month / day / year City / state / province Country
Street Address _____
City / State / Province _____
Country _____ Postal Code _____
Home Phone (____) _____ Work Phone (____) _____
E-mail _____ Passport # _____
If not presently holding a Passport. Have you applied for one? When _____
Criminal Record Check Attached: (circle one) Yes No
How did you hear about short term volunteer teams with *The Hope of Africa*? _____

2. Applicant's Employment Information – Give present or most recent position

Dates	Position	Supervisor	Phone#
Business / Organization	Address		

3. Education Information

What level of education have you completed? High School College / University Bible College Other
Name of school _____ Year Graduated _____
Degrees / Diplomas / Certifications _____

4. Project Information

Project you wish to go on (Check all that you are interested and available for. Star your top choice.)

- Medical/Dental Mission Construction Trip Gardening/Agriculture Trip Business Strategies Training Trip
 Educator Training/Student Tutoring Trip Youth Leadership Retreat Children's Day Camps

5. Is there another applicant you would prefer to share accommodations with?

6. Other gifts and abilities (give details) that you could bring to the team:

Agricultural/Gardening (Specify) _____

Arts & Crafts or sewing (specify) _____

Child Care Programing (specify) _____

Christian Ministry experience

i.e. Bible teacher Pastoral Evangelism Children's Ministry Youth Ministry

Construction (experience)

i.e. Carpentry Plumbing Electrical Janitorial Painting

Drama (specify) _____

Leadership (Give qualifications, experience) _____

Medical (specify specialization/field of expertise, qualifications, etc) _____

Music (specify instruments you play, vocal, specialties. qualifications) _____

Recreation Director (specify sports/games) _____

Teacher (specify degree(s), level, specialization) _____

Other gifts and abilities _____

7. Christian Faith Experience Form Attached? (circle one) Yes No

(On the attached form, please respond to the following questions)

1. What is your experience of Christian conversion/faith?
2. Describe your faith walk, ie. personal prayer and devotional time.

Are you an active member of a church? Yes No

Name of church _____

Pastor _____ Phone # (____) _____

Church address _____

Will the pastor be your pastoral reference? Yes No



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<http://hopeofafricayouth.com>

Personal Reference Form

Date: _____ / _____ / _____
Month Day Year

Name of Applicant: _____

First Name

Middle Name/Initial

Last Name

Volunteer Position applying for with *The Hope of Africa*:

Short Term Team Member in the area of: (circle all that apply)

Youth/Children's Camp Team Construction/Agriculture Team Medical/Dental Team Other _____

APPLICANT: Please fill out the above information and give this form and an envelope to your personal reference. Your personal reference must not be from an immediate family member.

TO PERSONAL REFERENCE: The above Applicant has applied to volunteer with *The Hope of Africa*, working with children or youth in our programs in Africa. Would you please assist us in placing this individual in his/her most effective area of service? Serious consideration is given to this recommendation; therefore, we request that you complete the form carefully and candidly. Because we anticipate straightforward comments, we will handle this recommendation with strictest confidence. **Please return the form to the Applicant in a sealed envelope, to ensure that all documentation remains confidential and arrives to us at the same time. Thank you.**

To be filled in by the person providing your personal reference

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. How well do you know the applicant? (Check all that apply.)

- Just by name and sight.
- Casually. Have had a few personal contacts.
- Fairly well. Have had a number of personal contacts.
- Have had a very close individual relationship.
- Have a professional/business relationship.

4. The applicant is applying to participate in short term projects in conjunction with *The Hope of Africa*, a faith-based program for the education and development of African children. Applicants in most cases will be serving in development projects that work with children and teenagers in our program. Please describe how this person will fit into a faith-based team.

5. What are the main strengths the applicant will bring to the team in Africa? _____

6. What would you foresee might be areas of weakness for the applicant in working with youth and children in needy situations in Africa and being part of a team 24/7? _____

7. In what forms of volunteer service/church ministries has the applicant been regularly active (i.e., Sunday School, Youth clubs, choral, coaching, community service projects, etc.) _____



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Pastoral Reference Form

Date: ____ / ____ / ____

Month Day Year

Name of Applicant (in full) _____

Applicant is applying for a short-term service project with *The Hope of Africa*.

APPLICANT: Please print your name on the line above and give this form and an envelope to your pastor. Your pastoral reference must not be from an immediate family member.

PASTOR: The above Applicant has applied to volunteer with *The Hope of Africa*, working with children or youth in our programs in Africa. Would you please assist us in placing this individual in his/her most effective area of service? Serious consideration is given to this recommendation; therefore, we request that you complete the form carefully and candidly. Because we anticipate straightforward comments, we will handle this recommendation with strictest confidence **Please return the form to the Applicant in a sealed envelope, to ensure that all documentation remains confidential and arrives to us at the same time. Thank You.**

To be filled in by your pastor

1. How long have you known the applicant? _____

How long has he / she attended your church? _____

2. How well do you know the applicant?

- Just by name and sight
- Casually. Have had a few personal contacts
- Fairly well. Have had a number of personal contacts
- Have had a very close pastoral / individual relationship

3. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes No I don't know

Comments:

4. To what extent is the applicant engaged in the activities in your church?

- Irregular in attendance; little interest in activities
- Seldom participates in activities, although regularly attends
- Is cooperative and willing to help in various church activities
- Enthusiastically engages in church activities

5. In what forms of Christian service has the applicant been regularly active (i.e., Sunday School, Youth Groups, Choir, Orchestra, Usher, etc.) _____

6. If the applicant does not participate, do you know why? _____

7. How would you rate this person in the following areas?

A – most outstanding B – superior C – above average D – average E – below average

___ Leadership	___ Responsibility/Commitment
___ Willingness to serve	___ Interpersonal communication
___ Ability to follow through	___ Flexibility in working with others
___ Personal & Spiritual discipline	___ Self-Starter/Hard Working

8. In your opinion, does this individual possess any outstanding abilities? Please describe.

9. In your estimation, this applicant's spiritual influence on other team members will be: (please circle one)

Strengthening Neutral Injurious I Don't Know

10. Please describe areas of concern or background experiences that would assist us in making the applicant's service with *The Hope of Africa* successful.

11. Do you fully approve of the applicant volunteering for *The Hope of Africa*? Yes No

Additional comments:

Your name _____

Signature _____ Date ____ / ____ / ____
(month / day / year)

Church name _____ Phone (____) _____

Address _____

Email Address _____



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Employer or Volunteer Supervisor Reference Form

Date: ____ / ____ / ____

Month Day Year

Name of Applicant (in full) _____

Applicant is applying for a short-term service project with *The Hope of Africa*.

APPLICANT: Please print your name on the line above and give this form and an envelope to your employer/volunteer supervisor. Your employer/volunteer supervisor reference should not be from an immediate family member.

TO WHOM IT MAY CONCERN: The above Applicant has applied to volunteer with *The Hope of Africa*, working with children or youth in our programs in Africa. Would you please assist us in placing this individual in his/her most effective area of service? Serious consideration is given to this recommendation; therefore, we request that you complete the form carefully and candidly. Because we anticipate straightforward comments, we will handle this recommendation with strictest confidence **Please return the form to the Applicant in a sealed envelope, to ensure that all documentation remains confidential and arrives to us at the same time. Thank You.**

To be filled in by the person providing your supervisor reference

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. How well do you know the applicant?

- Just by name and sight
- Casually. Have had a few personal contacts
- Fairly well. Have had a number of personal contacts
- Have had a very close relationship

4. The applicant is applying to serve in a position that involves working with youth and children. Would you describe this person's character as integrating personal values of integrity, ethics, sexual propriety and faith, into their lifestyle?

- Yes No I Don't Know

Comments:

5. What are the main strengths that the applicant will bring to the team?

6. What would you foresee might be areas of weakness for the applicant in a humanitarian/ministry project for children and youth in Africa and/or being in new situations 24/7? _____

7. What forms of volunteer service/church ministries has the applicant been regularly active (i.e., Sunday School, youth activities, church or community choirs or orchestra, camps, community service, etc.) _____

8. How would you rate this person in the following areas?

A – most outstanding B – superior C – above average D – average E – below average

___ Leadership	___ Responsibility/Commitment
___ Willingness to serve	___ Interpersonal communication
___ Ability to follow through	___ Flexibility in working with others
___ Personal discipline	___ Self-Starter/Hard Working

9. In your opinion, does this individual possess any outstanding abilities/skills? Please describe. _____

10. In your estimation, this applicant's influence on other team members will be: (please circle one)

Strengthening Neutral Injurious I Don't Know

11. Have you enjoyed a good working relationship with the applicant? Yes No Explain _____

12. Please, describe areas of concern, or background experiences that would assist us in making the applicant's short term humanitarian experience with *The Hope of Africa* successful _____

13. Do you fully approve of the applicant volunteering with *The Hope of Africa* with children's/youth programs in Africa?

Yes No

Additional Comments _____

Your name (print) _____

Signature _____

Date _____ / _____ / _____
month day year

Phone (_____) _____

Company/Organization name _____

Address _____
Street City State/Prov. Zip/Postal Code