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International Volunteer Application Form

Full Name (including nicknames):	
Date of Birth:	Age:
Email Address:	
Phone Numbers:	
Place of Residence (including country):	

Proposed Length of Stay

(Please tick appropriate box)

- Six Months
- One Year
- Other (Please explain below how long if longer than one year)

Please provide the dates in which you would like to come.



Faith

Tel: +27 (0)11 432 2797
info@doorofhope.co.za

www.doorofhope.co.za
www.hopevillage.co.za



Hope

8 Copelia Avenue, Glenvista
South Africa, 2091



Love

NPO Number: 009-149
PBO (Tax Exemption): 130001409

Education:

Please list places of education, dates to and from, diplomas, degrees and honours received.

Work Experience:

Please list all work experience for at least the past 10 years, including place of employment, dates of employment, type of work done, reason for leaving and reference we can contact by email.

What experience do you have in working with children and what ages do you prefer?

Are you comfortable working with newborns or would you need some training?



Church Life: (please sign attached Doctrine of Faith and send back with application form)

Where do you attend church and describe its basic foundation.

How long have you attended this church?

Do you have financial and prayer backing from your local church?

Salvation Experience:

Please describe briefly your salvation experience and your sense of being called personally. Has your call been substantiated by your church leaders?

Prior Mission Experience:

Please describe any prior mission experience: where, when, what did you do, if you went with a group (which group), how long you served, any cross-cultural experience and what you learned.

How did you find The Door of Hope Children's Mission Ministry?

How did you know you wanted to volunteer with us?

Character:

Describe your character and personality given that we know nothing about you.

Skills, Strengths and Weaknesses:

What skills have you already developed that will be helpful in the work at the Baby House?

What are your greatest strengths?

What are your greatest weaknesses?

Family Life:

Tell us about your family (parents, siblings and yourself including your placements in the order of children)

What are your core beliefs about family life?

What do you believe to be the best discipline for children less than 6 years of age?

How do you handle conflicts?

Have you ever lived away from home? Lived alone? If so, tell us about it.



Have you ever had a history of substance abuse? If so, tell us about it. Remember that this application is kept in strictest confidence. Your honesty counts.

Please complete the attached medical form.

Are you willing to provide (at your expense) reports from a current physical examination by a licensed physician if required to do so?

In addition to the cost of (A) your passport, (B) volunteer visa (if needed), (C) airline tickets, (D) police report and (E) possible medical exam expense, you will have (F) living expenses (G) transportation expenses just the same as you would at home. How will you be funded for your stay here? Will you have support from your church, your own private funds, a sending organization, or other means?

What are your long term goals?

What other information should we know that would help us decide to invite you to work at The Door of Hope?

References:

Please list three references (one should be your pastor) for us to contact. None of your references should be related to you or live in the house with you. Please provide their name, relationship with you and email address. We will contact them directly. Please write legibly (print) so we can read it easily.

1.

2.

3.

Please note a requirement of being approved is that you apply for a police clearance certificate – also known as a criminal background check. You are responsible for getting this to us with your application. Approval cannot occur until this has been received. Please scan this document and send it to volunteering@doorofhope.co.za. Make sure when it's scanned and before it's sent that everything can be read clearly and nothing is cut off on the top and bottom of pages.

For safety and security reasons we recommend that you pay your full rent upfront via electronic funds transfer directly into our bank account. We will understand if you are receiving monthly support and can only pay on a monthly basis once you are here. This is just a request and is not mandatory.

MEDICAL FORM

FULL NAME: _____

Please inform us if your medical details change before the date of the trip.

Name of Doctor:	
Address:	
Telephone Number:	
Fax Number:	

Please give details of the following (Please ensure that ALL items are completed before returning the form).

Are you registered as disabled:			
Medication you are currently taking:			
Reason:			
Medication you are likely to be taking during the trip:			
Reason:			
Will you have health insurance whilst with us at Door of Hope:	YES		NO
If so please supply details:			
Have you had any problems with (please tick where applicable and give details and dates below)			
Arthritis		Bronchitis	
Pneumonia		Asthma	
Jaundice		Depression	
Heart trouble		Lung trouble	
Back/Spine		Kidney trouble	
Hearing defect/difficulties		Other: (please give details)	
Height:		Weight:	

Hair Colour:		Colour of eyes:	
Any distinguishing marks:		Do you smoke?	
Do you drink alcohol?	Never:		
	Occasionally:		
	Regularly:		
Are you willing to take necessary immunisations: <i>(you will need to research and undertake these yourself)</i>	YES		NO
WOMEN: Are you likely to be pregnant during your trip?	YES		NO
Are you taking contraceptive pills? <i>If so why?</i>	YES		NO
Do you have any allergies? <i>(If yes please specify)</i>	YES		NO
Is there any MEDICAL reason that you would not be able to perform night duty shifts? <i>If YES, we require a letter from your doctor stating the reason.</i>	YES		NO

Please sign the following statement or give good reasons for not being able to:

- I declare that the above information is true and correct.
- I will alert Door of Hope should my health situation change in any way.
- There are no reasons why I will not be able to undertake either a full day or night shift at the Door of Hope Childrens' Mission:

Signed: _____ Date: _____

Witness: _____

Please read and sign the doctrine of faith below. If this is not signed or does not have your name typed here we will not be able to process your application

DOCTRINE OF FAITH

Passed in Assembly at Durban in September, 1924

1. We believe in the Scriptures of the Old and new Testaments in their original writing as fully inspired of God and accept them as the supreme and final authority for faith and life.
2. We believe in one God, eternally existing in three person: Father, Son and Holy Spirit.
3. We believe that Jesus Christ was begotten by the Holy Ghost born of the Virgin Mary, and is true God and True man.
4. We believe that God created man in His own image: that man sinned and thereby incurred the penalty of death, physical and spiritual, that all human beings inherit a sinful nature which issues (in case of those who reach moral responsibility) in actual transgression involving persona guilt.
5. We believe that the Lord Jesus Christ died for our sins, a substitutionary sacrifice, according to the Scriptures, and that all who believe in Him are justified on the ground of His shed blood.
6. We believe in the bodily resurrection of the Lord Jesus. His ascension into heaven, and His present life as our High Priest and Advocate.
7. We believe in the personal return of the Lord Jesus Christ.
8. We believe that all who receive the Lord Jesus Christ by faith are born again of the Holy Spirit and thereby become children of God.
9. We believe in the resurrection both of the just and unjust, the eternal blessedness of the redeemed and the eternal banishment of those who have rejected the offer of salvation.
10. We believe that the one true Church is the whole company of those who have been redeemed by Jesus Christ and regenerated by the Holy Spirit, that the local Church on earth should take its character from this conception of the Church spiritual and therefore that the new birth and personal confession of the Christ are essentials of Church membership.
11. We believe that the Lord Jesus Christ appointed two ordinances - Baptism and the Lord's Supper - to be observed as acts of obedience and as perpetual witnesses to the cardinal facts of the Christian faith, that Baptism is the immersion of the believer in water as a confession of identification with Christ in burial and resurrection, and that the Lord's Supper is the partaking of bread and wine as symbolic of the Saviour's broken body and shed blood, in remembrance of His sacrificial death till he comes.

SIGNED: _____

FULL NAME: _____

DATE: _____