

Biographical Details

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| --- | --- | --- | --- |
| Last Name |  | Gender |  |
| First Name |  | Nationality |  |
| Preferred Name |  | Marital Status |  |
| Passport / ID No. |  | Telephone Number |  |
| E-mail address |  | Cell Number |  |
| Postal Address |  | Date of Birth |  |

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| --- |
| Training & Qualifications (please indicate name of institution & dates of completion if applicable) |
|  |

Health  
Are you allergic to any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Dogs |  | Lactose |  |
| Cats |  | Gluten |  |
| Feathers |  | Nuts |  |
| Grass/ Dust |  | Pollen |  |
| Tomatoes |  | Mushrooms |  |
| Do you have any medical condition(s) that might require special attention? | | | |
| If yes, please specify: | | | |

Personal History

|  |  |  |  |
| --- | --- | --- | --- |
| Previous employers | Position Held | Starting Date | Ending Date |
|  |  |  |  |
|  |  |  |  |
| Previous volunteer work | | | |
| Organization | Type of work | Starting Date | Ending Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Do you have a criminal record? | |  | |
| Church affiliation | |  | |
| Name of church | |  | |
| Name of minister | |  | |
| Postal Address of Church: | | | |
| Telephone Number | |  | |
| E-mail address | |  | |
| Home Language | |  | |
| Other Languages | |  | |

|  |  |
| --- | --- |
| Have you been on a trip with us before? |  |
| Have you been overseas on missions before?  If so, where & with what organization? |  |

Driver’s License

|  |  |  |  |
| --- | --- | --- | --- |
| Number |  | Date of Issue |  |
| Place of Issue |  | Limitations |  |

References: (Please do not put family members as references

|  |  |
| --- | --- |
| Name: |  |
| Relationship to Applicant: |  |
| Postal address: |  |
| Telephone Number: |  |
| Email Address: |  |

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| --- | --- |
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| Postal address: |  |
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| Email Address: |  |

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| Postal address: |  |
| Telephone Number: |  |
| Email Address: |  |

Essay Questions:

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| --- |
| The following questions will assist us in understanding you better as we consider your application and placement in the work and lifestyle of our program. |
| 1. Describe your personality   2) What particular talents or strengths do you bring?  3) What are your hobbies or leisure activities?  4) Describe your church involvement.  5) What do you know about South Africa, the country, the people and the culture?  6) Why do you want to serve with this ministry? |

Indemnity

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name of applicant, or parental  guardian, if under 21) hereby absolve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, their  management and staff, of any liability which regard to injury or loss to my person or property,  while on or off the premises of the above mentioned organization and their partner  organization and I confirm that I have read and understood the volunteer handbook/ code of  conduct.  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Once your trip application is complete, please mail it to P.O. Box 5583 Brandon, MS 39047