



*Ministry of Hope*  
Community-based orphan care Malawi, Africa

<b>OFFICE USE ONLY:</b> Date App Rec'd: _____ Sent to MW: _____ Accepted Date: _____ Trip Date: _____
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*Confidential Information*

## Short Term Volunteer Application SECTION I

### Personal Data (Please type or print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (        ) \_\_\_\_\_ Work Phone: (        ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Sex:  Male  Female      Marital Status:  Single  Married  Divorced  Widowed

### Congregation Involvement

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Where do you serve in the church? \_\_\_\_\_  
What are your spiritual gifts? \_\_\_\_\_  
Reference: Name of Church Pastor: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

### Occupation

Please describe your present employment and any pertinent information regarding work experience related to missions (If student, please describe your field of study).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional License (if applicable)? \_\_\_\_\_

## Personality Profile

Describe how OTHERS view your personality \_\_\_\_\_  
\_\_\_\_\_

Describe your STRENGTHS \_\_\_\_\_  
\_\_\_\_\_

Describe your WEAKNESSES \_\_\_\_\_  
\_\_\_\_\_

## Mission Experience

*Outline the mission trips you have taken.*

Trip Name: \_\_\_\_\_

Dates/Year: \_\_\_\_\_ Impact: \_\_\_\_\_  
\_\_\_\_\_

Trip Name: \_\_\_\_\_

Dates/Year: \_\_\_\_\_ Impact: \_\_\_\_\_  
\_\_\_\_\_

## Personal Spiritual Information

Describe your present spiritual journey \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel God is calling you to serve this way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What expectations do you have for this trip? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What cross-cultural experiences have you had other than mission trips?  
*(ministry/business/background/educational)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Service

Desired length of service \_\_\_\_\_ Dates of Proposed Service \_\_\_\_\_

Type of volunteer Work which may interest you:

Administration/Computers/Staff Support \_\_\_\_\_

Construction: \_\_\_\_\_

Evangelism/Discipleship/Bible Teaching: \_\_\_\_\_

Nursery Care: \_\_\_\_\_

Youth or Social Service: \_\_\_\_\_

Photography/Journalism/Website: \_\_\_\_\_

Community Development/Agriculture: \_\_\_\_\_

Education/Tutoring: \_\_\_\_\_

Health Care: \_\_\_\_\_

Teaching (English, preschool, music): \_\_\_\_\_

Vocational Training: \_\_\_\_\_

Other: \_\_\_\_\_

## SECTION II

### Confidential Information for use in Medical Emergencies

Full Name: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Name of your Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_

Please list all the drugs/medications you are presently taking indicating the generic name, exact strengths, and dosage.

\_\_\_\_\_

List medical problems for which you have received medical care in the past 12 months: \_\_\_\_\_

\_\_\_\_\_

List any history of major illness or surgery: \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus immunization \_\_\_\_\_

List any known allergies (**including food allergies**) or chronic life-threatening conditions: \_\_\_\_\_

\_\_\_\_\_

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip: \_\_\_\_\_

\_\_\_\_\_

Describe your **present physical fitness** (e.g., walking, manual labor, heavy lifting, carrying luggage)

\_\_\_\_\_

#### Emergency Authorization

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

#### In Case of Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_