



## Group Volunteer Application

### Basic Information

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

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

Primary Team Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone Number: (    ) \_\_\_\_\_

### Pastoral Contact Information

Senior/Mission Pastor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Church Phone Number: (    ) \_\_\_\_\_

### General Group Information

Desired Length of Trip: \_\_\_\_\_

Trip date preference: \_\_\_\_\_

Alternate dates: \_\_\_\_\_

Expected Size of Team Group: \_\_\_\_\_

Age range of participants: \_\_\_\_\_

# Ministry of Hope Group Application

## Areas of Group Interest

Describe your group's special talents or abilities that could be utilized during their time of mission work:

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Type of volunteer work which may interest your group:

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

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

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

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

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

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

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

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

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

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

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

Are there any concerns with physical labor or walking extended distances?

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Any additional information we might need to help MoH in Malawi coordinate your group's mission?

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Any special accommodations needed? \_\_\_\_\_

Motivation to volunteer for MoH? \_\_\_\_\_

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How did you find out about Ministry of Hope?

(Friend, Internet, Other): \_\_\_\_\_

Once you have completed the form, save it and send it as an email attachment to:

Scott Rodehaver

[srodehaver@ministryofhope.org](mailto:srodehaver@ministryofhope.org)