



## Volunteer Application

### **A. Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male:  Female:   
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  
Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

*→All information is confidential and solely intended for the use of Peace and Hope Frontier Mission staff←*

### **B. Project Application**

What is the reason you would like to volunteer with Peace and Hope Trust?

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

How did you learn of our organization? \_\_\_\_\_

### **C. Cross-Cultural Service**

Have you traveled beyond your home region before? If so, where did you travel and for what length of time?

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

Describe any other experiences you have had with cultural groups that differ from your own:

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

### **D. Present Occupation/Studies**

List your present occupation, including the name of your employer and your job title. If you are a student, please give the name of the college/training center, program and year of study.

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

Describe any vocational training, specific qualifications or previous work experience that might be relevant to your work with Peace and Hope Frontier Mission.

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**E. Skills and Experience** (Please note: these are not essential for selection)

What skills, capabilities, experiences or spiritual gifts do you have that you believe could contribute to the team? (e.g. practical skills like cooking, teaching or woodworking, experience with construction work, personal faith, organizational abilities, background in social services, music, leadership or finance.....)

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Do you speak any foreign languages? If so, which language(s)? \_\_\_\_\_

Do you have First Aid training? \_\_\_\_\_

What are your main personal strengths and weaknesses?

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**F. Medical Information** (please note: very few medical conditions/disabilities will prevent participation in a project)

Please provide details regarding any allergies, illnesses or health-related problems that could affect your performance on a project:

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**G. Personal References**

List name and address of two people who would be prepared to furnish us with a confidential reference about you:

Colleague: \_\_\_\_\_

Friend: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**H. Verification of Statement**

**I declare that all above statements are true and correct.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Guardian if under age 18)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*Please return this form to your Team Leader and email it to rogerd@peaceandhope.org  
peterc@peaceandhope.org**