



Christ's Hope e.V.
Talblick 34

35767 Breitscheid-Erdbach

www.christshope.de
zentrale@christshope.de

Liebe(r) Bewerber(in),

sehr herzlich bedanken wir uns für Dein Interesse am Dienst von Christ's Hope e.V.
Besonders dankbar sind wir für Menschen, die sich bereit erklären eine gewisse Zeit ihres Lebens selbstlos zum Wohl anderer Menschen zu investieren.

Für einen möglichst reibungslosen Ablauf der Bewerbung bitten wir Dich folgendes zu tun:

Folgende Formulare sind vom Bewerber(in) auszufüllen

- **(1) „Volunteer Application“**
- **(2) „Release/Disclaimer of Liability“**
- **(3) „Confidential Medical Information and Emergency Contacts“**

(Alle Formulare sind in englischer Sprache hinterlegt. Bitte die Fragen möglichst auch in Englisch beantworten)

Die Referenzbögen müssen von Personen aus Deinem persönlichen Umfeld ausgefüllt und von ihnen DIREKT AN UNS zurückgeschickt werden.

- **BOGEN NR. (A) ist für Deine(n) Pastor(in)**
- **BOGEN NR. (B) ist für zwei weitere Personen aus Deinem Bekannten- oder Freundeskreis, die Dich gut kennen**

Selbstverständlich werden sämtliche Angaben vertraulich behandelt.

Nachdem wir die Unterlagen erhalten, sorgsam geprüft und ausgewertet haben, laden wir Dich zu einem Vorbereitungstreffen ein.

Weitere Fragen? Wir stehen gern zur Verfügung!

Mit herzlichen Grüßen

Christ's Hope e.V.

(1) VOLUNTEER APPLICATION

APPLICATION TO PARTICIPATE IN THE MINISTRY OF CHRIST'S HOPE INTERNATIONAL

1. GENERAL INFORMATION

Full name: Mr/Mrs/Miss _____

Street Address: _____

Town: _____

email: _____ Tel: _____

Nationality: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Divorced Remarried Widowed

Name of spouse: _____ Date of Marriage: _____

If you have any children (inside or outside of marriage), give name and date of birth of each.

Are you responsible for the child(ren)? _____

What happens to the child(ren) when you come to Namibia? _____

Name of your School (if still at school): _____

Occupation (if employed): _____

Name of employer: _____

Address of employer: _____

2. HEALTH

What is the state of your health? _____

Do you suffer from any disability or allergy? _____

If "YES", please give more details: _____

Do you take part in Sport? If so, which sport/s:

3. EDUCATION/QUALIFICATIONS

What is the highest standard/grade you passed at school? _____

Name the subjects and results for each.

SUBJECTS	RESULT

Other subjects and results: _____

University degree, diploma or college training? _____

Do you have any other specialist training? _____

Which languages are you able to: read, write and/or speak?

Read: _____

Speak: _____

Write: _____

4. CHURCH

What church do you attend? _____

Full address of the local church of which you are a member

How often do you attend services? _____

What active church ministry are you involved in? _____

What leadership position do you hold? (If any) _____

How is your church involved in your decision to apply for a voluntary service?

5. SPIRITUAL EXPERIENCES

Describe your life before you became a Christian. _____

Where, when and how did you give your life to Jesus? _____

In what other spiritual activities of ministry have you taken part or do you take part, other than mentioned in (4) and what position do/did you hold?

What are your personal spiritual habits? _____

Has God taken you through a difficult time spiritually? Give details and say how you overcame it.

When last did you really try to lead someone to the Lord Jesus Christ?

Give details of how the Holy Spirit works in your life.

6. TALENTS/GIFTS

Do you play any musical instrument? _____

Can you sing (solo or parts)? _____

Which parts? _____

Give details of:

Public speaking experience or training: _____

Acting/Drama: _____

Technical skills (e.g. motor mechanic, electrical, and electronic): _____

Any other skills/gifts/talents (e.g. cooking, woodwork, teaching):

7. VOLUNTEER MINISTRY OPPORTUNITIES

- Prevention – Teaching Choose to Wait
- Nurturing – Caring for AIDS Orphans
- Care and Compassion – AIDS In-Home and Hospice Care
- Administrative
- Maintenance

When are you available to serve and for how long? _____

Why are you convinced that the Lord has called you to participate in this ministry?

How will you use the experience after the completion of your voluntary service?

What will you do if you are not accepted as a short term volunteer?

8. INTERPERSONAL RELATIONSHIPS

Give an example of a major disagreement you have had with someone:

How did you react and what were the results?

Give examples and details of when, how and where you have communicated with other culture groups:

What is your opinion of yourself? _____

What do others think of you? _____

What does God think of you? _____

What is your opinion of authority? _____

9. OTHER INFORMATION

Are you willing to submit to and accept the leadership of those who are placed over you?

Do you wholeheartedly subscribe to the CHI statement of faith as it reads:

Yes No

Comments: _____

What is your present financial situation? _____

Do you have any debts that you need to pay? _____

10. CRIMINAL RECORD

Do you have any criminal record? Yes No

Give details if the answer was YES to the previous question.

Are you currently under probation or do you have a court case pending?

Give details. _____

11. REFERENCES

Supply us with the full names, postal / digital addresses and phone numbers of three (3) people who you would like to be your referees. (Preferably in both spiritual and secular areas.)

One Person **HAS to be your Pastor/Minister**, the two others can be an older Christian with whom you have worked, a friend of the same sex who knows you well, one of your teachers or principals.

1. _____ 2. _____ 3. _____

The above information that I have given, is a true reflection of my life.

Signed: _____

Date: _____

Christ's Hope International – Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
II Timothy 3:15-17
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
Matthew 28:19; Ephesians 4:4-6
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His future personal return in power and glory.
John 1:1-4; Matthew 1:23; Philippians 2:5-11; Hebrews 1:1-4 & 4:15; Acts 1:11 & 2:22-24;
I Corinthians 15:3-4
4. We believe that repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation. We are saved by grace through faith, not by works.
Titus 3:4-7; Luke 24:46-47; Ephesians 2:8-9; John 14:6; Acts 4:12
5. We believe in the present ministry of the Holy Spirit whose indwelling enables the Christian to live a godly life.
Galatians 5:16-18; Romans 8:9
6. We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto eternal separation from God.
Revelation 20:11-15; I Corinthians 15:51-57
7. We believe in the spiritual unity of believers in our Lord Jesus Christ and that all believers are members of His body, the Church.
Ephesians 1:22-23; I Corinthians 12:12, 27

(2) RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation in a short-term mission trip to _____ with Christ's Hope International (hereinafter referred to as "Christ's Hope"), do hereby voluntarily release, acquit, and forever discharge Christ's Hope and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation in the trip.

I recognize that the conditions in some of the places to which I travel are not the same standard as the conditions to which I am accustomed (i.e., political environments and judicial systems). I realize further that there are certain health and detainment risks as well as other risks to my property and me, and I enter into participation in this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage, arising out of my participation on this trip.

No provision of this document shall, in any way, limit my right to make claims against persons other than Christ's Hope, its directors, officers, employees, and agents.

Signature: _____ **Date:** _____
If applicant is under age 18, parent or guardian must sign also.

Parent or Guardian: _____ **Date:** _____

Guidelines for Short-Term Missions

Short-term mission trips with Christ's Hope are designed to equip believers while in the process of ministry. Our desire is for individuals to experience the dynamics of the Body of Christ, to expand their vision of the world and to participate in fruitful ministry.

In order to maximize the impact of your experience, each individual is asked to agree to the following:

1. Live under the Lordship of Christ so that his/her lifestyle gives credibility to his/her profession of faith.
2. Be a regular attendee in good standing at a (local) church.
3. Have a daily quiet time.
4. Keep a journal of this journey. Begin with training and continue through the debriefing after returning home.
5. Raise the necessary prayer and financial support for the trip. The individual volunteer must cover any remaining funds, prior to the trip. Christ's Hope is not responsible for covering any expenses.
6. Submit to the direction of the leadership both during training and on the field.
7. Seek to be above reproach in his/her actions and attitudes.
8. Make the necessary lifestyle adjustments in order to adapt to the culture of the host community. This will require refraining from abusive language, drinking alcoholic beverages, taking illegal narcotics, smoking, the use of individual laptop computers, headphone radios and other such technical equipment. This may also include altering eating habits, dress styles, interaction between men and women, etc.
9. Refrain from the expression of political opinions due to political instability and anti-American sentiment in many countries.

Signing this form signifies you have read, understood and agree to comply with these guidelines.

Signature: _____ **Date:** _____

(3)

CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY CONTACTS

Name: _____ Date: _____

In case of emergency, contact one or more of the following individuals:

Name: _____ Phone: _____ Relationship: _____

Street Address _____ City _____

Name: _____ Phone: _____ Relationship: _____

Street Address _____ City _____

Name: _____ Phone: _____ Relationship: _____

Street Address _____ City _____

In the event you become unconscious, incoherent and are in need of medical attention we need to know your medical history in order to assist you in treatment. It is in your best interests to complete this form, being as specific as possible. If you answer yes to any of the following, please describe your answer in detail below. If necessary, attach a separate sheet of paper.

Condition	Circle One		Explanation
	Yes	No	
Asthma	Yes	No	
Diabetes	Yes	No	
Heart Condition	Yes	No	
Allergies	Yes	No	
Physical Limitations	Yes	No	
Chronic Illness	Yes	No	
Seizure Disorders	Yes	No	
Digestive Problems	Yes	No	
Emotional History	Yes	No	
Dietary Condition	Yes	No	
Surgical History	Yes	No	
Medication Requirements	Yes	No	
Other	Yes	No	

It is the responsibility of all individuals to consider medical insurance when traveling outside of Germany. If your personal health insurance policy does not cover expenses due to injury or illness overseas, you must purchase travelers insurance with your travel agent or over the Internet. Proof of medical insurance in the country you are traveling must be submitted with this form.

Signing this form signifies that the information provided is my complete medical history.

Signature: _____ **Date:** _____

If applicant is under age 18, parent or guardian must sign also.

Parent or Guardian: _____ **Date:** _____

**(A) REFERENZBOGEN FÜR
PASTOR(IN)/GEISTLICHE(R) LEITER(IN)**

**Alle Angaben werden absolut vertraulich behandelt
(Bitte ausgefüllt an Christ's Hope e.V. • Talblick 34 • 35767 Breitscheid-Erdbach zurücksenden)**

Name des Bewerbers/Bewerberin: _____

Name des/der Pastors/in: _____

Wie lange kennen Sie den/die Bewerber(in) und in welcher Beziehung stehen Sie ihm/ihr?

Wie würden Sie sein/ihr Interesse und Bemühen in Bezug auf das geistliche Wohl anderer bezeichnen?

Wie schätzen Sie seine/ihre Eigeninitiative, Ausdauer und Treue ein?

Können Sie sagen, inwieweit der/die Bewerber(in) bereit ist, von anderen (Vorgesetzten, Kollegen, Freunden, usw.) Korrektur anzunehmen?

Können Sie beurteilen, inwieweit der/die Bewerber(in) Teamgeist entwickelt und sich gut in einen Mitarbeiterkreis einfügt?

Zeigt er/sie anderen Menschen gegenüber eine freundliche, hilfsbereite und einführende Haltung?

Können Sie etwas über die geistliche Reife des/der Bewerber/Bewerberin aussagen?

Was sind Ihrer Meinung nach die besonderen Stärken des/der Bewerbers/Bewerberin?

Sind Ihnen irgendwelche körperlichen, seelischen oder geistlichen Probleme des/der Bewerbers/Bewerberin bekannt, die seinen/ihren Einsatz bei Christ's Hope sehr beeinträchtigen könnten?

Für zusätzliche Anmerkungen, die uns bei der Beurteilung des/der Bewerbers/Bewerberin hilfreich sein könnten, wären wir dankbar.

Datum: _____

Unterschrift: _____

CHRIST'S HOPE INTERNATIONAL

• www.ChristsHope.org •

(B) REFERENZBOGEN FÜR FREUND(IN), BEKANNT(E)

Alle Angaben werden absolut vertraulich behandelt
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Name des Bewerbers/Bewerberin: _____

Name und Status der **1. Referenzperson**: _____

Bitte kreuzen Sie in der entsprechenden Spalte an, wie Sie die persönlichen Eigenschaften der/des Bewerber(in) einschätzen. Zusätzliche Bemerkungen sind in der rechten Spalte ebenfalls möglich.

A = sehr gut B = gut C = durchschnittlich D = niedrig

Charaktereigenschaften	A	B	C	D	Bemerkungen
Anpassungsfähigkeit in neuen Situationen					
Verhalten unter Spannung					
Fähigkeit zu realistischer Selbsteinschätzung					
Einsatzbereitschaft in der Gemeinde					
Einsatzbereitschaft im öffentlichen Leben					
Hilfsbereitschaft					
Führungs- und Organisationsfähigkeit					
Zuverlässigkeit in der Durchführung übertragener Arbeiten					
Ausdrucks- und Mitteilungsfähigkeit					
Selbstständiges Denken und Handeln in neuen Aufgabenbereichen					
Kontaktfreudigkeit					
Umgang mit anderen					
Umgang mit Kritik					
Korrekturfähigkeit					
Zuverlässigkeit					
Umgang mit Finanzen					

Für zusätzliche Anmerkungen, die uns bei der Beurteilung des/der Bewerbers/Bewerberin hilfreich sein könnten, wären wir dankbar.

Datum: _____

Unterschrift: _____

(B) REFERENZBOGEN FÜR FREUND(IN), BEKANNT(E)

**Alle Angaben werden absolut vertraulich behandelt
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Name des Bewerbers/Bewerberin: _____

Name und Status der **2. Referenzperson**: _____

Bitte kreuzen Sie in der entsprechenden Spalte an, wie Sie die persönlichen Eigenschaften der/des Bewerber(in) einschätzen. Zusätzliche Bemerkungen sind in der rechten Spalte ebenfalls möglich.

A = sehr gut B = gut C = durchschnittlich D = niedrig

Charaktereigenschaften	A	B	C	D	Bemerkungen
Anpassungsfähigkeit in neuen Situationen					
Verhalten unter Spannung					
Fähigkeit zu realistischer Selbsteinschätzung					
Einsatzbereitschaft in der Gemeinde					
Einsatzbereitschaft im öffentlichen Leben					
Hilfsbereitschaft					
Führungs- und Organisationsfähigkeit					
Zuverlässigkeit in der Durchführung übertragener Arbeiten					
Ausdrucks- und Mitteilungsfähigkeit					
Selbstständiges Denken und Handeln in neuen Aufgabenbereichen					
Kontaktfreudigkeit					
Umgang mit anderen					
Umgang mit Kritik					
Korrekturfähigkeit					
Zuverlässigkeit					
Umgang mit Finanzen					

Für zusätzliche Anmerkungen, die uns bei der Beurteilung des/der Bewerbers/Bewerberin hilfreich sein könnten, wären wir dankbar.

Datum: _____

Unterschrift: _____