**VOLUNTEER APPLICATION FORM**

**Personal**

Name (as per passport): ................................................................

Nationality: ................................................................

Date of Birth: ................................................................

Place of Birth: ................................................................

Sex: ................................................................

Marital Status: .............................................................…

Dependent Children: …………………………………………………………….

Current address: ................................................................

Phone: ................................................................

Email address: ................................................................

**Emergency Contact**

Please provide names and phone numbers/email addresses of two contact people in case of emergency while at Kapuna or Kikori:

1. ……………………………………………………………………………………………………………………………………….

2. ……………………………………………………………………………………………………………………………………….

**Voluntarily Work Intentions**

How long are you interested in volunteering with Gulf Christian Services for?.……………………………………..

When are you available to volunteer? …………………………………………………………………………………………………

**General Questions**

1. How did you learn about the possibility of volunteering with Gulf Christian Service?
2. What would you like to achieve as a volunteer? What skills are you hoping to use?
3. Do you have any international experience?

1. Brief describe your educational background:

1. What is your profession or work experience?
2. Are you currently a student? If so, where and what are you studying?
3. Do you have any health issues? If so,
4. Do you speak a foreign language? (List if any)
5. Do you have any criminal record? If yes, explain
6. GCS is a health provider and it is important that all workers give a good example of a healthy lifestyle:
Do you smoke/ drugs regularly/sometimes/never
Do you drink alcohol regularly/sometimes/never
7. GCS is a Christian organization, therefore we live to please God with our actions particularly honoring God with our body as temple of the Holy Spirit. Kapuna/Kikori Hospitals are smoke/alcohol free places. Is that a problem to you? Yes/No If yes explain.
8. Are you affiliated with a Christian Church Yes/No

 If Yes what is your church denomination ………………………………………………………
 Do you attend? regularly/sometimes/never

1. Do you believe in the Bible as God’s Inspired Word? Yes/No
2. If you attend a Christian Church what is your involvement? Do you assist in any way?
3. Have you ever made a commitment to follow Jesus Yes/No
Give details if Yes
4. If you are not a Christian then which of the following would describe your beliefs
Agnostic/Atheist/Humanist/Other religion ………………………………………………………….
5. Please explain your worldview as it is your beliefs that underpin your understanding of right and wrong.

**Referees:**

**Please provide 4 written references, 2 relating to your character, and 2 relating to your work**

1. Character Referee Name: ………………………………………………… email:………………………………………………………………
2. Character Referee Name: ………………………………………………… email:………………………………………………………………
3. Work Referee Name: ………………………………………………… email:………………………………………………………………
4. Work Referee Name:…………………………………………………. email:………………………………………………………………

Please send us your CV if you have not already done so.

*To return this application or for questions: hr.kapunagcs@gmail.com*