



Kleindal plot, Ingogo, 2944

PO Box 3160

Newcastle 2940

Email: admin@hopeinchrist.org.za

Webpage : www.hopeinchrist.org.za

NPO Number : 071-913

Phone : (h) 0872348489 (c) 0845077296 (f) 0867295536

Personal History

Previous Employers	Position Held	From	To

Previous Volunteer Work

Organisation	Type of Work	From	To

Church Background

Church Affiliation	
Name of Church	
Name of Minister	
Involvement at the Church	

Health (Use an X)

Do you smoke?	Yes	No
Do you drink?	Yes	No

Medical Aid

Provider		Type	
Medical Aid Number			
Main Member		Date of Birth	dd/mm/yyyy
Doctors Name		Telephone num.	

Particulars of Next of Kin

Name	
Relationship	
Address	

Telephone Number		Email Address	
------------------	--	---------------	--

Detail of Intended Service

Available From:	dd/mm/yyyy	To:	dd/mm/yyyy
Preferred length of stay:			



Kleindal plot, Ingogo, 2944

PO Box 3160

Newcastle 2940

Email: admin@hopeinchrist.org.za

Webpage : www.hopeinchrist.org.za

NPO Number : 071-913

Phone : (h) 0872348489 (c) 0845077296 (f) 0867295536

Why do you want to get involved with the organistaion?

Views on adoption

Indemnity

I, _____ (full name of applicant ,or parental guardian, if under 21) hereby absolve The Hope in Christ Mission, their management and staff, of any liability with regard to injury or loss to my person or property as a result of:

- Contracting HIV
- Contracting any other disease or illness
- A motor vehicle accident or any unforeseen/unavoidable accident
- Any other cause resulting

Whilst on or off the premises of the abovementioned organisation. This indemnity shall be binding upon my heirs, next of kin, executors and administrators in the event of my death.

I confirm that I have read and understand this indemnity prior to signing it.

Signature :	Date :
(Parent or guardian to sign if applicant is under 21 years of age)	

Witness :	Date :
-----------	--------