



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

Are you allergic to any of the following:

	Yes	No		Yes	No
Dogs			Lactose		
Cats			Gluten		
Feathers			Nuts		
Grass/Dust			Pollen		
Bees			Mushrooms		
Other allergies:					

Do you currently (or have you ever) suffered from any of the following:

	Yes	No		Yes	No
Asthma			Clinical Depression		
Diabetes			Epilepsy		
Low Blood Pressure			High Blood pressure		
Fainting spells			ADD		
Psoriasis			Eczema		
Other conditions:					



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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
Why do you want to get involved with the organistaion?			
Views on adoption			

Indemnity	
<p>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:</p> <ul style="list-style-type: none"> ▪ Contracting HIV ▪ Contracting any other disease or illness ▪ A motor vehicle accident or any unforeseen/unavoidable accident ▪ Any other cause resulting <p>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.</p> <p>I confirm that I have read and understand this indemnity prior to signing it.</p>	
Signature :	Date :
(Parent or guardian to sign if applicant is under 21 years of age)	
Witness :	Date :