



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:			

Why do you want to get involved with the organisation?

**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 :
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