



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

Do you currently (or have you ever) suffered from any of the following:					
Asthma	Yes	No	Clinical Depression	Yes	No
Diabetes	Yes	No	Epilepsy	Yes	No
Low Blood Pressure	Yes	No	High Blood pressure	Yes	No
Fainting spells	Yes	No	ADD	Yes	No
Psoriasis	Yes	No	Eczema	Yes	No
Other conditions:					

<b>Medical Aid</b>			
Provider		Type	
Medical Aid Number			
Main Member		Date of Birth	dd/mm/yyyy
Doctors Name		Telephone num.	
<b>Particulars of Next of Kin</b>			
Name			
Relationship			
Address			
Telephone Number		Email Address	
<b>Detail of Intended Service</b>			
Available From:	dd/mm/yyyy	To:	dd/mm/yyyy
<b>Why do you want to get involved with the organistaion?</b>			
<b>Views on adoption</b>			

<b>Indemnity</b>	
<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"> <li>▪ Contracting HIV</li> <li>▪ Contracting any other disease or illness</li> <li>▪ A motor vehicle accident or any unforeseen/unavoidable accident</li> <li>▪ Any other cause resulting</li> </ul> <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 :