

Living Hope Association IVP Application Form

PERSONAL DATA

First Name:

Last Name:

Marital Status:

Date of Birth: Age:

Contact Number:

Email Address:

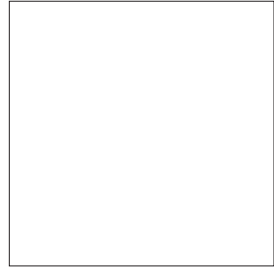
Current Address:

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City: Country/State:

Zip / Post Code:



PASSPORT DETAILS

Full name as per the Passport:

Passport Issuing Date: Passport Number:

Passport Expiry Date:

Education, Experience and Skills

1. Educational Background - list all schools/colleges/universities attended

Establishment	City/Country	Dates	Qualifications

2. Occupational Background - please list most recent employment

Employer	City/Country	Dates	Nature of Work

3. Do you have any language skills?

Language	Ability	Background *

* Please indicate to what level (A Level for example)

4. Do you, or will you, have any professional qualifications (e.g. nursing, teaching etc)?

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5. Do you have any technical skills? If so, please list.

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6. Please indicate any past volunteer experiences.

Organization	City/Country	Dates	Nature of Work

7. Please indicate any church activities with which you have been involved.

Group	Dates	Nature of Activity

8. Do you have any sports, music, or arts ability or interest?

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Interests and Motivation

1. Why do you want to have a Volunteer experience?

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2. Are you a Christian? Yes/ No. If Yes, please specify your denomination.

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3. Have you ever worked with children? In what capacity?

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4. What do you like most about working with them?

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5. Is there anything you don't like about working with them?

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6. Have you ever had to deal with a young person who needed discipline? How did you deal with him or her?

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7. What do you feel you might contribute as a LHCH International Volunteer?

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8. What type of service are you looking for?

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9. What are your highest priorities?

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10. How does this international Volunteer experience fit into your career goals and aspirations for the future?

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11. How did you find out about LHCH?

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Health Declaration

1. Are you currently attending a doctor's surgery or hospital?

If 'yes' please provide details why;

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2. Are you currently taking any medication or having any other treatment from a doctor, hospital or other medical practitioner? If 'yes' please provide details.

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3. Do you suffer from any medical conditions which significantly affects your

SIGHT? Yes / No

HEARING? Yes / No

WALKING? Yes / No

ABILITY TO CLIMB STAIRS? Yes / No

ABILITY TO BEND? Yes / No

ABILITY TO LIFT? Yes / No

STAMINA? Yes / No

*please note a 'yes' answer does not necessarily debar you from being a Volunteer. If you have answered 'yes' to any of these, then please give details,

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4. In the past FIVE (5) years have you had ANY hospital admissions or inpatient treatment? If 'yes' please provide details and dates

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5. Have you ever suffered from any of the following?

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| Depression, anxiety, stress related illness or other mental health problems, including self-harm and eating disorders? | Yes / No |
| Blackouts, fits, epilepsy or faints? | Yes / No |
| Heart problems? | Yes / No |
| Diabetes? | Yes / No |
| Breathing difficulties such as asthma? | Yes / No |
| Back, neck or other problems with arms, legs and joints? | Yes / No |
| Alcohol or drug dependency or misuse? | Yes / No |

If 'yes' please provide details of the time you had off sick and the date(s) you received treatment;

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6. Have you ever been in contact with a significant infectious disease, such as tuberculosis, hepatitis?

If 'yes' please add dates and details.

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7. What is your current weight and height?

Weight:

Height:

I declare that to the best of my knowledge, the answers given to the questions in this section are full and correct.

If you have any further questions regarding the application procedure or about the volunteer programme please write to us at livinghope1000@gmail.com

Thank you for taking the time to complete your application form. Please review your application one last time to make sure that you are happy with your information. When you are, please submit the form along with the following requirements.

Please return your:

1. COMPLETED APPLICATION FORM
2. ONE PAGE PERSONAL STATEMENT
3. LATEST RESUME
4. TWO RECENT PASSPORT PHOTOS
5. TWO REFERENCE WITH NAME & ADDRESSES

To the following address:

Dhiraj John

Living Hope Children's Home

INDIA - Co-ordinator

#30, S.1, 2nd floor, 3rd Cross

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Sultan Palia, R.T.Nagar,

Mobile No: 9900758915

Bangalore, P.O. Box – 560032

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