

International

D evelopment

O rphanages

V ocational

E ducation

Association Inc.



Working with Orphaned
& Abandoned Children in
Sierra Leone, West Africa

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Volunteer Application Form

INSTRUCTIONS: Please fill in the following information to the best of your ability. If not enough space has been provided please use a separate sheet of paper. Along with your completed application, please send 2 recent photos. All information will be kept confidential; our privacy policy is available upon request.

Name _____ Marital Status _____ Birth date _____

Number of children _____ Ages of children _____

Nationality _____ Address _____

Phone/Fax Number _____ Email Address _____

Occupation _____

Which volunteer program are you applying for?

- Work team (2-3 weeks)
- Short term (2 weeks up to 1 year) Please specify _____
- Student (i.e. Case work for college program you enrolled in, etc)
- Teacher

What is your preferred length of stay & time of year you are available:

For Students & Teams: Please outline & describe your project:

All Other Volunteers: What area of work would you like to work in?

A. Personal History

1. Education

2. Work Experience

3. Volunteer Experience

4. Ministry Experience

5. Personal Interests

6. Have you ever been accused, arrested, charged, or convicted of any crime?

7. Are there any charges pending?

8. Have you been convicted of any offense for which a pardon has been granted?

B. Personal Information

1. What kind of skills could you contribute? (Please specify in what capacity)

- General laborer/painter _____
- Computer/office work _____
- Gardener/groundskeeper _____
- Sunday school/Vacation Bible school teacher _____
- Mechanical _____
- General housekeeping _____
- Carpentry _____
- Plumbing _____
- Electrician _____
- Health care/dental _____
- Fine arts _____
- Sewing _____
- Cooking _____
- Bible study/DVBS programs _____
- Crafts _____
- Other (i.e.: hair dresser for mission staff) _____

2. Why did you decide to become involved with DOVE's volunteer program?

3. What are you expecting to gain from your volunteer experience with International DOVE?

4. Have you ever traveled internationally?

- Yes
- No

If so, please list countries, dates, length of stay, & reason for travel.

5. Do you have a valid passport?

- Yes
- No

If so, what is the number and when is the expiration date?

6. Do you have a valid driver's license?

- Yes
- No

7. Can you operate a standard transmission vehicle?

- Yes
- No

8. How would you describe your work habits?

9. Please list your strengths

10. Please list your weaknesses

***The Accuracy of the following Information is Crucial to your continued Health while in Sierra Leone. Please be very specific as medical care is limited.
All medicines brought to the field must be registered with our medical director upon arrival. ***

11. Do you have, or have you had any of the following medical conditions, which may be a hindrance to your work with international DOVE? Please consider factors such as change in climate, humidity, elevation, pollution, increased physical activity, diet, etc, which will likely affect any health conditions.

- Heart condition/stroke
- Blood clots
- Diabetes
- Cancer (specify)
- Asthma/respiratory
- Epilepsy
- Fibromyalgia
- Arthritis
- Pregnancy
- Allergies (specify)
- Depression
- Special dietary requirements
- Other

12. Are there any medicines you are unable to take? Please explain.

13. Please list any medicines you currently take & any that you plan to be bringing for your trip.

14. Do you have any food allergies or restrictions? Please list and explain.

15. Have you ever had an allergic (or bad) reaction to anything? Please describe what happened.

16. Do you like children?

17. Are there times you prefer not to be around children? Please explain.

18. Have you worked with children before? Please list your experience and capacities. Be very specific.

19. If not, why not?

20. Has anyone ever told you that you have or do not have a gift for working with children?

21. How do you feel about working under male leadership compared to working under female leadership?

22. Please list 2 emergency contacts:

C. Personal Beliefs

Please answer the following questions on a separate sheet of paper if you need more space:

1. What do you believe about God & why?

2. Are you a Christian? If so, please describe the time and circumstances surrounding your decision to become a Christian. Please be specific.

A. How is the Lord currently working in your life?

B. Is there a portion of the Bible that has been especially meaningful to you recently? How?

3. What do you feel are the most important characteristics of a family?

4. What would you do if one of the children you will be working with tries to initiate inappropriate contact? (i.e. Physical)

5. What would you do if you do not like the host family you stay with, or have a falling out with a member of that family during your stay?

6. What would be your response to living with a host family, which has small, lively children?

7. What would you do in the following scenario?

You are downtown with a member of DOVE staff & a man with only stumps for his hands bangs on the window of the vehicle you are in. You cannot tell what he is saying but he is becoming more persistent in his knocking and looks agitated. The DOVE staff has asked you not to allow non-DOVE people into the vehicle at any time. The DOVE staff member has disappeared up the street buying bread at the moment and the street is busy & noisy enough that he/she probably cannot see the man.

D. Character References

Please give one Character Reference Form to your pastor or someone who knows you well and one to your employer or co-worker. These should be returned to International DOVE Association by the referee.

Do you have any questions for us?