

# INDIVIDUAL VOLUNTEER & VISITOR APPLICATION

Department: _____
Liaison: _____



PLEASE PRINT OR TYPE. COMPLETE ALL SECTIONS.

## Contact Information

Last Name		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name	Middle Name
Street Address					
City			State/Province	Postal Code	
Country	I prefer contact by: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		Contact Phone ( )	Fax Number ( )	
E-mail Address					
In case of emergency:	Name	Relation		Phone Number	
Occupation	Employer		Highest Level of Education Completed		
Itinerary:					

## Getting to Know You Information

How did you hear about Asian Hope?
Please briefly summarize your previous volunteer experience.
Please describe any previous overseas missionary service, international studies or work experiences.
Please comment on why you would like to visit or volunteer in the ministry of Asian Hope?

Please describe your experiences working with children in the past.

Do you attend church? If so, what is the complete name and contact information of your church?

Please give a description of your personal faith experiences and practices.

List 3 references and provide contact information including address, phone and email:

**Additional Information**

Date of birth	Nationality	Marital Status
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Do you have any relevant limitations related to your health? Please elaborate.

I understand that I will be required to provide a Police Clearance check according to the Asian Hope Child Protection guidelines.  
 YES       NO      Initial: \_\_\_\_\_

I certify that the statements made in this Volunteer & Visitor Application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with proper interest, and I release this Agency from any liability whatsoever for supplying such information. I agree to abide by the Asian Hope Child Protection Policy and Volunteer Personnel Policies and Procedures of Asian Hope. I also certify that I have never been convicted, charged, accused or complicit in the abuse of children (including but not limited to mental, emotional, spiritual, physical or sexual abuses).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**P.O. Box 16031    Denver, CO 80216 USA    Phone: (720) 379-3042**  
**P.O. Box 1534; #12, Street 592; Toul Kork    Phnom Penh, Cambodia    Phone: (+855) 23 885 170**