



A.B.N 70 108 750 232

VOLUNTEER INFORMATION :

A. PERSONAL INFORMATION :

Name	Family Name	First Given Name	Preferred Name

Contact Details	Mailing Address	Phone Numbers	E-mail Address
		Home:	
		Work:	
		Mobile:	Drivers License
Fax:	Yes/ No Class:		

Next of Kin	Mailing Address	Phone Numbers
Name:		Home:
		Work:
Relationship:		Mobile:

Personal Details	Age	Date of Birth	Citizenship
	Sex	Previous experiences i.e. Ministry	Vocational
	M <input type="checkbox"/> F <input type="checkbox"/>		

Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
	Length of Time:				

Have you ever being convicted of a criminal offence? List details below	Y <input type="checkbox"/> N <input type="checkbox"/>

B. PERSONAL HISTORY

- 1) Have you ever been involved in any of the following addictions?
 Drugs Alcohol Tobacco Eating Disorders Sexual Other

2) Have any of your family members had any of the following addictions?
 Drugs Alcohol Tobacco Eating Disorders Sexual Other

3) If yes to Q 1 or 2, what, if any resolutions have been reached?

C. CHARACTER

Rate yourself according to the following statements (1 = never; 2 = sometimes; 3 = most times; 4 = always)

	1	2	3	4
I take initiative in problem solving and in other situations.				
I take the lead in group situations.				
I am able to make appropriate decisions when necessary.				
I am able to find healthy ways of dealing with stressful situations.				
I am a hard worker.				
I can be relied upon to take care of what is given to me to do.				
I am punctual.				
I relate comfortably to people of different backgrounds and social groups.				
I enjoy working in a team.				
I am flexible in thinking and doing.				
I am able to follow a leader.				
I am able to deal with and help resolve conflict situations.				
I am concerned about the needs of others.				
I am emotionally stable.				

D. SPIRITUAL

Church/Fellowship Name		How Long:
Pastor/Leader's Name		
Denominational Affiliation		
Address		
Phone, Fax, E-mail Address		

3) How and when did you meet Jesus?

a. Have you been baptized by immersion in water? Y N If so, when?
 b. Briefly describe your understanding & practise of the supernatural work of the Holy Spirit today.

E. OTHER :

1) Are you taking any medication at the moment? Do you have any medical conditions?
Please explain.

Signature _____ Date _____