



Volunteer Leader Application Form His Healing Hands

Basic Personal Information				Date
Last Name	First Name	Middle Init.	Gender	
Address			Unit #	
City		State	Zip Code	
Phone	Fax	Cell	E-Mail	
DOB	Birthplace		Citizenship	
Passport #	Date Issued	Date Expires		Marital Stat
Employment Information				
Employer Name				
Address			Unit #	
City		State	Zip Code	
Contact Name				
Phone	Fax	Cell	E-Mail	
Educational Background				
Name of College or University				
Address				
City		State	Zip Code	
Courses Studied				
Degrees Earned			Dates	



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Special Training or Skills		
<p>Do you have any previous medical training or experience?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Describe</p>
<p>Do you have any previous mission or cross cultural experience?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Describe</p>
<p>Do you speak a second language?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Which Ones?</p>
<p>Do you have any special skills talents or hobbies?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Describe</p>
<p>What do you consider your strong personality traits?</p>	<p>Describe</p>	
<p>What do you consider to be you weak points?</p>	<p>Describe</p>	
<p>What interests you most about working with His Healing Hands?</p>	<p>Describe</p>	
<p>How do you see yourself applying your special training, skills and personality on a project with His Healing Hands?</p>	<p>Describe</p>	



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Christian Experience and Spiritual Growth			
<p>As a matter of His Healing Hands Policy, all Team leaders and others who will be officially representing HHH must be devoted Christians as evidenced by their service in a local church or recognized missionary agency. All applicants will be required to be in general agreement with our Statement of Faith and in specific agreement with our stated Project Code of Behavior standards (Attach additional sheets if necessary)</p>			
<p>Have you read and are you in general agreement with our Statement of Faith and Code of Behavior Standards?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Explain Any Differences</p>	
<p>Do you know Jesus Christ as your personal Savior?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	<p>Provide Brief Testimony</p>	
<p>Would you characterize yourself as displaying aspects of mature Christianity?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	<p>Please Explain</p>	
<p>Please list any areas of previous Christian service and give dates.</p>		<p>1. 2. 3.</p>	
Church Relationship			
<p>Are you a member of a local church?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Denomination</p>	
<p>How often do you attend?</p>		<p>How long have you been attending?</p>	
<p>Name of Church</p>		<p>Address</p>	
<p>City</p>		<p>State</p>	<p>Zip Code</p>
<p>Pastor's Name</p>			
<p>Phone</p>	<p>Fax</p>	<p>Cell</p>	<p>E-Mail</p>



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Personal References			
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail

Do you agree to abide by the leadership of His Healing Hands Board or assigned leaders?	<input type="checkbox"/> Yes, I agree <input type="checkbox"/> No, I do not agree
Signed	Date
Approved by HHH Board	Date

**Thank you for your willingness to serve God with us. May He bless you.
 Mail or Fax to: His Healing Hands, 3750A La Cruz Way, Paso Robles, CA
 93446 – 805-434-1098**