**Please do not leave any blanks**

We are glad you feel led to volunteer at Orphanage Emmanuel in Guaimaca, Honduras. In order to consider your request, we require the following documents:

1. The completed application form
2. **Two** reference forms, non family, preferably one from a teacher/employer and one from your pastor or someone who knows you from Christian work
3. An individual **photo**
4. A copy of a police/criminal background check
5. Signed Liability Waiver

Your application will not be processed until we have received all the above-mentioned papers.

Please email the papers to [volunteeremmanuel@gmail.com](mailto:volunteeremmanuel@gmail.com).

Please ensure this application is 100% complete before sending it to us, including the Signature section on the last page.

**Volunteer Application**

*A Ministry of*

*Amor Cristiano Internacional*

[www.orphanageemmanuel.com](http://www.orphanageemmanuel.com)

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| **Personal Information** | |
| Name: | Sex: Male/Female |
| Date of Birth (MM-DD-YY): | Drivers License: Yes/No |
| Permanent Address: | |
| Telephone: | Email: |
| Cell Phone: |  |

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| **Next of Kin (Emergency Contact)** | |
| Name: | Relationship to You: |
| Address: | |
| Telephone: | Email: |
| Telephone 2: | Email 2: |

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| **Education, Employment, and Relevant Qualifications**  *(fill in below or send in your resume along with this application)* |
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| **Languages** *(please enter “none, basic, working, or fluent”)* | |
| English: | Spanish: |

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| **Criminal Record** |
| Have you ever been charged with or convicted of any crime relating to child abuse? If so, please explain. |
| Have you ever been charged with or convicted of any other crime? If so, please explain: |

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| **Health** |
| Blood Type (if known): |
| Please list any allergies or other health problems that we need to be aware of or that could cause you difficulty: |
| Is there any reason you might be unable to perform or should limit any duties or activities: |
| History of mental illness or depression:(if yes, please explain) |
| History of eating disorders:(if yes, please explain) |

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| **Church or Christian Involvement**  Please describe any church activities you are involved with or have been involved with in the past. |
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| **Statement of Faith** |

We Believe:

* that the Bible is the written word in 66 books comprising the Old and New Testaments, inspired by the Holy Spirit, the only infallible and authoritative Word of God, and the supreme and final authority in all matters on which it speaks.
* that Jesus is the only begotten Son of God, and that He is the Living Word.
* in the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, His miracles, His voluntary, vicarious death atoning for the sins of men, His bodily resurrection and in His visible, personal and bodily return to this earth in power and glory in the future, consummating the earth’s history and the eternal plan of God.
* that the only means of being cleansed from sin and gaining eternal salvation is through sincere repentance and absolute faith in the substitutional sacrifice of the Son of God and the precious blood He shed on Calvary’s cross, which satisfied divine justice through this act of love and mercy.
* that regeneration by the Holy Spirit is absolutely essential for personal salvation, which is a gift of God’s free grace.
* in the sanctifying power of the Holy Spirit by whose indwelling at salvation the Christian is enabled to live a holy life, not fulfilling the lust of the flesh, but bearing fruit to the glory of God.
* that Jesus Christ is the head of the church, which is the intended bride of Christ, His body which is composed of all people, living and dead, who have been joined to Him through saving faith.
* in the resurrection of both the saved and the lost, the one to everlasting life in blessing and glory, and the other to judgment and everlasting condemnation and damnation.

We have no conflict with any other doctrine embraced by others, provided they do not nullify or replace those outlined above. Being interdenominational, we seek fellowship with all who love our Lord Jesus Christ (Eph. 6:24) and to love all who love Him. (John 15:12, 1 John 4:20-21)

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| **Statement of Faith** |
| I have read and understand Emmanuel operates under the above Statement of Faith: (Yes/No) |

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| **Beliefs** | |
| Please enter “Y” next to the phrases that you feel describe your religious beliefs | |
|  | I have accepted Jesus Christ into my heart as my personal savior |
|  | I read the Bible regularly and try to live accordingly |
|  | I believe in the power of prayer |
|  | I go to church regularly |
|  | I go to church sometimes (*if you marked “Y” to the question above you may ignore this one*) |
|  | I believe there is a God but it is not something that affects my everyday life |
|  | I am an atheist |
| If you are not a Christian, are you willing to submit under Biblical rules and lifestyle during your stay at Emmanuel? (Yes/No): | |

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| **Previous Volunteer Experiences**  Please list and describe any previous volunteer experiences not listed above |
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| **Intercultural Experiences**  . |
| Have you ever been a volunteer in another country? Where and for how long? |
| Please describe any experiences you have had interacting or serving in the context of cultures other than your own. In other people groups or countries: |

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| **Motivation**  At Emmanuel, you will be working with underprivileged children in a setting that lives and works by Christian principles. Please explain why you want to work on such a project. |
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| **Goals**  Please indicate your goals for yourself while volunteering at Emmanuel |
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| **Expectations**  Please list what you expect to be doing while at Emmanuel or in Honduras (Day to day activities such as I hope to work on the farm, or with the toddlers all day): |
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| **Personal Questions:** |
| What is your strongest quality? |
| What is the quality you would most like to improve about yourself: |

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| **How did you first hear of Orphanage Emmanuel?** |
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| **What dates are you available? (one month minimum requirement)** |
| From: MM-DD-YY  Until: MM-DD-YY |

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| **What are some things you are willing and capable to do?** | | |
| Area of need | I can do that  (*Enter Yes, No, Maybe*) | My qualifications/experience  (*Give details*) |
| Construction work |  |  |
| Maintenance & Repairs |  |  |
| Woodwork |  |  |
| Mechanics |  |  |
| Animal care/husbandry |  |  |
| Farming and gardening |  |  |
| Toddlers and babies |  |  |
| Special needs children |  |  |
| Working with pre-school and kindergarten children |  |  |
| Teaching in the primary school (grades 1-6) |  |  |
| Teaching in the high school (grades 7-9) |  |  |
| Sewing, Arts, Crafts, Painting |  |  |
| Fitness & Sports (which ones) |  |  |
| Music, worship, choir |  |  |
| Medical clinic |  |  |
| Translating letters (Spanish/English) |  |  |
| Bakery & cooking |  |  |
| Salesperson in the public concessions store |  |  |
| Simple office work |  |  |
| Computer maintenance |  |  |
| Audio/visual technology |  |  |
| Other Areas: |  |  |

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| **Volunteer’s Handbook and Guidelines** |
| Have you read and understood the Volunteer’s Handbook and Guidelines for volunteers at Emmanuel? (Yes/No): |

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| **Signature** | |
| Today’s Date: MM-DD-YY | Signature: |
| By typing my name in the signature field above,   1. I declare all the information provided in this application to be truthful and accurate 2. I accept full responsibility for my decision to volunteer at Emmanuel and do so in my own free will 3. I have read, understand and agree with the Volunteer´s Handbook and Guidelines for volunteers at Emmanuel. 4. I understand and agree that finances and insurances are entirely my own responsibility during my stay at Orphanage Emmanuel 5. I agree to hold harmless David and Lydia Martinez, the Emmanuel staff and Board of Directors for any and all losses, whether financial, bodily, or otherwise | |