

Vision for Israel & The Joseph Storehouse

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APPLICATION FORM - VOLUNTEER STAFF

This information is for internal reference only and will remain confidential and must be completed by applicant only!

(You must be fluent in English)

Attach recent photo

Your application should include:

- a) 2 reference/recommendation letters: One from your pastor/congregational leader on letterhead and one other mature leader
- b) A recent photograph
- c) Provide a CV (Resume) with application

Please Type or Print Clearly!

Please complete the questions and return questionnaire as soon as possible

Dates you are able to serve at Vision for Israel & The Joseph Storehouse

From: _____ To: _____

Name: _____

Address: _____ City: _____

State/County: _____ Post Code _____

Country _____

Telephone Number (Day): _____ (Evenings) _____

Fax Number (if available): _____ Mobile Number: _____

Passport Number _____ Exp. Date: _____ (Must be valid for 1 years)

E-mail address : _____ Nationality: _____

Male Female Age: _____ Birthday: (D/M/Y) _____

Marital Status: _____ Medical Insurance Pol.# _____

Number of Children: _____ Their Ages: _____

Home Congregation/Church: _____

Present Employment: _____

Have you visited Israel before? Yes/ NO / Purpose of visit(s) _____

Please give details of your Christian journey which has led you to this point and why are you applying to Vision for Israel to work in a volunteer capacity:

If you need more space for your answer, you can attach extra pages) _____

Do you speak any languages other than English? (You must be able to speak and understand English): _____

Do you have any typing and computer ability? _____

Other skills, Forklift operator, warehouse experience _____

Do you have a current driver's license? _____ License Number: _____

Health Condition: Do you suffer from any chronic illness or physical handicaps? _____

Please be sure to bring a sufficient supply of any medications you might need.

Please provide us with your medical insurance information – We do require that you have updated medical insurance in your country of residence which will cover you overseas.

Working at JSH may require you to lift boxes, please comment if you have any restrictions. _____

Person to contact in case of emergency - name, relationship, address and phone: _____

Are your parents/spouse in agreement with your commitment? _____

What financial arrangement have you made for your financial support while you are serving with us? _____

Statement of Agreement

As a volunteer, you will be asked to support yourself including accommodations, meals, and transportation. We suggest your congregation can help support you.

I understand, as a volunteer with VFI, I may be confronted with many situations that are challenging, both physically and spiritually. It is clear that during my stay I will be required to work long hours and that I have come to serve.

I also realize that it is my responsibility to pay for my expenses including any transportation costs incurred during my stay in Israel. It is understood by me that I must arrive in Jerusalem on or before the date of my commitment.

Signed: _____

Date: _____

For office use only: Approved Not Approved _____

Date: _____