

# Abundant Hope International Volunteer Application Form

Date \_\_\_\_\_

## 1. Personal Information (please attach personal photo and copy of passport)

Name \_\_\_\_\_  
First Middle Initial Last

Home address \_\_\_\_\_

City State/Province Postal Code Country

Passport No. \_\_\_\_\_ Expires \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Dates available: \_\_\_\_\_ Length of commitment: \_\_\_\_\_ (maximum stay 3 months)

[One aspect of acceptance for service is based on availability first and dates of proposed service second]

How did you hear about AHI? \_\_\_\_\_

Have you ever worked at any other mission or humanitarian aid organization? If so, please provide the name of the **ORGANIZATION, LOCATION, DATES, AND POSITION HELD.**

\_\_\_\_\_  
\_\_\_\_\_

## 2. MARITAL STATUS

What is your marital status? Single \_\_\_\_\_ Married \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Is your spouse in agreement with your decision to serve with Abundant Hope International? Yes / No

Is your spouse planning to serve? Yes / No

Do you have children? Yes / No (grown or at home?) \_\_\_\_\_

Will anyone else be coming with you? \_\_\_\_\_

## 3. Employment History

Current Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

Duties Performed \_\_\_\_\_

If retired, please state your previous occupation \_\_\_\_\_

## 4. Temple/Congregation/Church Affiliation

Do you belong to a temple, congregation or church? Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Pastor/Rabbi: \_\_\_\_\_

Any other comments or information: \_\_\_\_\_

## 6. Purpose

Why are you interested in working with the Holocaust Survivors of Israel? \_\_\_\_\_

To work to the best of your ability, do you find it easier to work alone or with others? \_\_\_\_\_

Have you had past experience with cultures outside of your own? Yes / No If Yes, please elaborate: \_\_\_\_\_

Do you have any fears about visiting and working in Israel? \_\_\_\_\_

What is your understanding of teamwork? \_\_\_\_\_

Do you consider yourself to be a leader or a servant? Explain why \_\_\_\_\_

What kind of qualities do you feel are necessary to serve as a volunteer assisting Holocaust Survivors? \_\_\_\_\_

Give an example when you needed to adapt to a new situation and the result of your actions: \_\_\_\_\_

How do you personally feel this volunteer experience could benefit you? \_\_\_\_\_

## 7. Your Creative, Artistic and/or Abilities:

Do you have any specific skills you could see yourself contributing to the outreach of AHI? If you play a musical instrument, please include if you are interested.

Are you willing to help out, when necessary, in areas other than your designated volunteer position? Yes/No

### **Talent Inventory**

Listed below are various areas of experience useful to Abundant Hope International. Read through the list and check off areas of experience. A blank indicates no experience at all in a particular area; fill in where needed.

**A. SUPPORT SERVICES:**

- \_\_\_\_\_ Carpentry
- \_\_\_\_\_ Construction/Masonry
- \_\_\_\_\_ Electrical (Israel \_\_\_ or USA \_\_\_)
- \_\_\_\_\_ Gardening
- \_\_\_\_\_ General Maintenance
- \_\_\_\_\_ General Cleaning
- \_\_\_\_\_ Painting

\_\_\_\_\_ Plumbing  
Other: \_\_\_\_\_

**B. COMPUTER/DATA**

- \_\_\_\_\_ Computer use / internet
  - \_\_\_\_\_ Filing
  - \_\_\_\_\_ Data Entry
  - \_\_\_\_\_ Computer programs \_\_\_\_\_
  - \_\_\_\_\_ Photography
- Other: \_\_\_\_\_

Languages

Spoken / Written / Read (circle)

\_\_\_\_\_ S / W / R  
\_\_\_\_\_ S / W / R  
\_\_\_\_\_ S / W / R

**C. COMMUNICATION**

\_\_\_\_\_ Graphics/Art

**D. ARTS AND CRAFTS**

- \_\_\_\_\_ Sewing/Needlework
  - \_\_\_\_\_ Knit & Crochet
  - \_\_\_\_\_ Painting
- Other: \_\_\_\_\_

**Describe your strengths/weaknesses in the following areas (circle / indicate one):**

- a. Common sense / initiative POOR / FAIR / GOOD / EXCELLENT
- b. Relating to others POOR / FAIR / GOOD / EXCELLENT
- c. Integrity/honesty POOR / FAIR / GOOD / EXCELLENT
- d. Teamwork POOR / FAIR / GOOD / EXCELLENT
- e. Self-discipline POOR / FAIR / GOOD / EXCELLENT
- f. Following instructions POOR / FAIR / GOOD / EXCELLENT
- g. Adaptability POOR / FAIR / GOOD / EXCELLENT
- h. Unselfishness POOR / FAIR / GOOD / EXCELLENT
- i. Willingness to go the extra mile POOR / FAIR / GOOD / EXCELLENT

## **8. References**

Name: (Pastor or Spiritual leader) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ How long have you known them: \_\_\_\_\_ E mail: \_\_\_\_\_

Name: (Friend) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ How long have you known them: \_\_\_\_\_ E mail: \_\_\_\_\_

## 9. Health

Is your general health - Excellent / Good / Fair / Poor? \_\_\_\_\_ Blood Type \_\_\_\_\_

Do you have any disease, disability or physical handicap that would prevent fulfillment of your work? Yes / No

If yes, please relate briefly: \_\_\_\_\_

Have you ever suffered from any form of mental or emotional illness? Yes / No (If yes, please give details)

Are you allergic to any medication or foods? Yes / No (If yes, please give details) \_\_\_\_\_

Are you currently on prescription medicine? Yes/No If so, please list medications \_\_\_\_\_

Do you have a criminal record (convicted of a federal crime)? Yes / No

If Yes, please explain: \_\_\_\_\_

## 10. Health Insurance

Are you covered by medical insurance: Yes / No If yes, please supply the name and address of the Insurance Company:

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Abundant Hope International does not provide any medical coverage for Volunteers at this time.

## 11. Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E mail: \_\_\_\_\_

## 12. Rules and Regulations

I understand that:

- Volunteer Staff must pay their own round trip transportation and all personal/travel expenses while in Israel. Abundant Hope International will provide shared housing in one of AHI's Volunteer lodging accommodations; a small donation to cover utilities would be appreciated while accomplishing work for AHI. AHI will cover public transportation costs while traveling for AHI business. Keeping track of basic travel expenses is highly encouraged.
- Volunteer first-time assignments can be seven days up to a maximum of three months. All assignments must be arranged prior to arrival.

"I acknowledge my responsibility to provide my round-trip transportation as well as all personal/travel expenses while serving with AHI. I hereby certify that I have verified all information given above is true and correct. Should I be accepted, and placed as Volunteer in Israel, I agree to place myself under the authority of the board of AHI during my term of service and all AHI staff placed as my authority and abide by accepted standards of conduct of AHI. Should I act otherwise, I will be requested to vacate the position."

"If I am accepted as a Volunteer I am willing and able to raise my own support for trips and I agree to abide by the AHI mission statement, AHI's policies and standards required of any Volunteer for Abundant Hope International and within the Volunteer Guidelines.

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Applicant Signature

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Date

Keep in mind our application review process takes a **minimum** of six weeks beginning with the date it is received in our office.

Please email completed application to [volunteer@ahisurvivors.org](mailto:volunteer@ahisurvivors.org) or send by post to:

AHI, P.O. Box 760183, San Antonio, TX 78245 attn: Volunteer

**Please write your life statement / relevant personal history  
on the reverse side of this paper or attach a separate page.**