

Blessings Of Joy Volunteer Application

Thank you for your interest in volunteering with Blessings Of Joy. Please complete this application form to let us know why you wish to volunteer with us and help us understand your expectations. Please contact us with any questions at info@blessingsofjoy.com.

Personal Information

Full Name:

Permanent Address:

Email Address:

Date of Birth

Phone Number:

Age:

Gender: Male or Female. (Please circle one)

Marital Status: Single, married, boy/girlfriend. Please circle one.

When and how long are you available to volunteer?

Emergency Contact Information

Full Name

Address

Email Address

Home phone

Cellphone

Relationship:

References

Please give names of two references that have known you for more than six months. One of the references must be your Pastor or Christian leader. Please no name of friend or relative.

Pastor/Christian Leader

Name of first referral

Phone Number

Email

Relationship for example Employer, Teacher etc.

Name of second referral

Phone number

Email

Personal Skills

What are your personal skills?

How would you use your personal skills to benefit the ministry?

How do you see yourself contributing to the ministry?

What are your hobbies or interests?

Beliefs and Church Involvement

Do you attend any church or any Christian association?

If yes, what activities/responsibilities have you been involved in?

Briefly explain your religious/Christian beliefs:

Blessings Of Joy is a ministry operating on Christian principles. Will you be willing to submit to the Christian moral values and lifestyle during your stay with us?

Employment History

Please list any work/employment for the last five years beginning with the most recent.

Cultural Information/Skills

Have you ever travelled/lived abroad for more than 3 months in another country?

If yes, where and for how long?

What are your language skills?

Are you fluent in English?

Financing

How do you plan to finance your trip?

What is your fundraising plan?

Please Note: Each volunteer is expected to fund there expenses including flights, vaccinations, insurance, living costs, visas, etc.

Why Blessings Of Joy?

Would you please tell us about your motivation to volunteer and reason why you chose Blessings Of Joy?

Medical Information

Blessings Of Joy does not discriminate due to medical health: however we need to know in order to give you the best experience possible.

Please circle the response that applies to you. If you answer yes to any of the questions please explain in detail.

Do you have any physical disabilities? YES NO

If yes please explain:

Do you suffer from any serious, long-term or significant health condition? YES

NO

If yes, please explain:

Have you had any allergies to any food/drugs etc.? YES

NO

If yes, please explain:

Have you had any serious illness during the last 3 years? YES

NO

If yes, please explain:

Have you suffered from any emotional disturbance, anxiety, depression, or any other mental health problems? YES

NO

If yes, please explain:

I declare that all the above information is accurate and true YES NO

Signature of volunteer

Date signed

Terms and Conditions

The following terms and conditions of volunteers at Blessings Of Joy are meant to be our guide in helping both the volunteer and the ministry of Blessings Of Joy in helping the children we serve. Blessings Of Joy reserves the right to change these terms and conditions at any time without prior consultation from the volunteer.

- I will follow the rules, regulations, and policies of Blessings Of Joy.
- It is my responsibility to take a full dose of malaria shots as advised by my personal doctor and on the State Department website prior to travelling to Uganda.
- As a volunteer of Blessings Of Joy, I do hereby, discharge all rights and claims for injury or illness including health whether physically or emotional, or property damage or loss of any nature, which I may have or which hereafter accrue to me against Blessings Of Joy, for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with and/or

arising out of my travelling to, participating with, and returning from any of the work, activities and services of Blessings Of Joy.

-I understand that during my stay abroad or time as a volunteer, I am not allowed to become boyfriend/girlfriend with any of the project Youth or Staff; or in any way engage in sexual relationship with anyone (outside marriage) during my stay in Uganda.

- I understand that all finances and all insurances are entirely my own responsibility during my stay abroad or time as a volunteer, and that Blessings Of Joy, where I will volunteer, cannot be held responsible for any loss in this matter. I understand that I will work as an unpaid volunteer and I will cover all expenses myself.

- I understand that during my time as volunteer, I am not allowed to use any prescribed medication including narcotics unless by doctor's written permission.

- I understand that during my time as volunteer at Blessings Of Joy, I am not allowed to drink alcoholic beverages or smoke.

I agree to the terms and conditions

Signature

Date signed

Servant Leadership

- I understand that I go as a servant disciple of Jesus Christ and adopt that attitude when dealing with the team members and the people I meet during the trip. Act as a servant-disciple of the local pastor or missionary. Respect the advice I am given concerning attire, eating, and drinking, and other such traditions that will help me to assimilate into the local community.
- I accept and submit to the leadership role and authority of the Director, Staff or Team Leader(s) and promise to abide by his or her decisions as they concern this mission trip.
- I will abstain from making derogatory comments or getting involved in arguments regarding people, politics, sports, religion, race, or traditions. Refrain from meddling, complaining, and using obscene language or material or insensitive humor.
- I will make sure the director the Director knows where I am at all times.
One should never wander off alone while on the mission field.

I agree to the above guidelines

Signature

Date signed

Communications Policy.

I stand and agree to abide by the following Volunteer-Staff/Local person(s)

Communications policy.

- Volunteers at Blessings Of Joy are not permitted to give out any personal information such as mailing address, phone numbers, email addresses to anyone.
- If volunteers wish to communicate with staff members after departure, this correspondence is to be done through the Directors, who will forward and retrieve the messages for the volunteers.
- If volunteers are asked for personal information, they are required to tell the people that they can be contacted through the Director of Blessings Of Joy.
- If volunteers become close friends with some of the staff members or children/youth of Blessings Of Joy, the volunteers should not make promises to support them with further education, provide them with money directly, or bring them sometime to the U.S or elsewhere in the world without first having spoken to the Directors. Any such wishes of volunteers to assist people need to be discussed with the Directors. If promises are made and then cannot be kept, the hopes of the people left behind will be gone.

This communication policy is in place at Blessings Of Joy and it is availed so that misunderstandings due to cultural differences or unforeseen circumstances are avoided.

Signature

Date signed