

For those interested in serving @ Hôpital Evangélique « Le Pionnier » in Republic of Congo, Africa, the following information will help determine the suitability of you coming to volunteer @ HELP at the time you desire. Each individual, including members of a family or team, should complete and email a copy of this form to: JHarvey@HealthServiceCorps.org

Full Name (Exactly as it appears in your passport):						Place Photo	
Maiden Name:							
Date of Birth: Pa		Passport #	Passport #:			Here	
Date of Issue:	Place of Is	sue:	Expir	ation Date:			
E-mail:			Mailing Address:				
Phone:							
Marital Status:			Spouse Name:				
Children (Names / Ages):							
Father's First and Last Name:			Mother's First and Maiden Name:				
Emergency Contact (Na	me / Relations	ship / Contact	Informa	tion):			
Desired Travel Dates (D	eparture / Ro	uting / Return	, to the	best of your knowle	edge):		
Health Issues / Routine		ns:					
Allergies /Special Dieta	ry Needs:						

(Use additional pages if necessary)

Education (Schools attended / Degrees / Certificates / Coursework):
Employment Experience:
Missions Experience:
Building Construction/Maintenance Skills:
Equipment Repair/Mechanic Skills:
Special Abilities (Including Music, Drama, Sports, Hobbies, etc.):
Languages Spoken and Proficiency (Basic, Conversational, Fluent, or Bilingual/native speaker):
Religious Affiliation:
Do you worship regularly? If so, where?
Are you an active member in good standing?
Is your house of worship supportive of your trip to Congo?
How did you find out about HELP?
What factors led to your considering coming to Congo versus somewhere else?
What are your expectations and desired ministry roles while here?
Have you surrendered your life to Jesus Christ? If so, when & how?
What is your understanding of the basis of salvation?
Where do you stand with Jesus Christ now?

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(Use additional pages if necessary)

Additional comments?
Responsibility Agreement If accepted for service, I agree to abide by the rules and recommendations of Hôpital Evangélique « Le Pionnier » and its representatives. I agree to abide by the Statement of Faith and Code of Conduct of Hôpital Evangélique « Le Pionnier » during my term of service, including during my travel to and from Republic of Congo. I understand that the Republic of Congo is a developing country and can be unstable at times. I freely and voluntarily assume any risks and hazard inherent in traveling to & from, living in Republic of Congo, and volunteering at Hôpital Evangélique « Le Pionnier ». My participation shall be entirely at my own risk. I waive any claim I or others may have on my behalf against Hôpital Evangélique « Le Pionnier », its leadership or representatives, for any problems or untoward events that may arise, including any accident, injury, illness, harm, hurt, exposure, disability or loss that I may suffer as a result of my volunteer service at Hôpital Evangélique « Le Pionnier ».

Note: Please DO NOT purchase airline tickets to Congo until after you receive confirmation <u>from Impfondo</u> that your proposed itinerary will work with our team calendar.

Signature

Date

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