

PERSONAL INFORMATION

Have you received the baptism of the Holy Ghost by speaking with other tongues?

YES NO

Have you been baptized in the name of Jesus Christ for the remission of sins?

YES NO

Do you feel a call to the ministry?

YES NO

Are you submissive to authority?

YES NO

Do you have good communication skills?

YES NO

Do you speak a second language?

YES NO

Language:

Give a brief description of yourself

Please state why you want to participate in Hope Corps

1. Have you ever used drugs or alcohol?

 Yes No

If yes, explain: _____

2. Do you have a history of medical issues?

 Yes No

If yes, what are they? _____

3. Do you currently or have you had an issue with mental or behavioural problems?

 Yes No

If yes, explain _____

4. Do you have strength and stamina?

 Yes No

If no, explain _____

YOUR CHURCH INVOLVEMENT AND FAITHFULNESS

	Always	Mostly	Seldom	Never
Faithful to church?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithful in tithing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active in volunteering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CHARACTER

	Outstanding	Good	Fair	Not acceptable
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and Follow Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF INVOLVEMENT

1. What area(s) are you involved with in your local church? (Please circle)

Bible Studies Preaching Teaching Outreach Sunday School Altar Work

Singing Musical Instrument: _____ Building/Construction

Other: _____

2. What area(s) would you like to be involved with in Hope Corps? (Please circle)

Bible Studies Preaching Teaching Outreach Sunday School Altar Work

Singing Musical Instrument: _____ Building/Construction

Other: _____

DISCLAIMER AND SIGNATURE

I acknowledge that, by signing below, WPF may not be held responsible in the event of any accident and/or injuries that may occur during Hope Corps training and/or service. Additionally, I hereby give my consent for the administration of First Aid, medical care, emergency treatment, and/or transportation to/from an emergency facility in the event of any accident and/or injury, or in the event that I am unable to make a conscious decision on my own behalf. I also authorize a representative of WPF Hope Corps to provide the hospital and/or doctor any necessary information to treat me.

Applicant Signature:		Date
Pastor Signature:		Date

Note: This is for legal and safety purposes only.

Please enclose a copy of a current **POLICE CHECK**. Many police stations will give free to volunteers.

You must have a **VALID PASSPORT**. If you do not already have one you should apply asap. Most countries require that your passport be valid for at least six months beyond the completion of your trip.

When this form is completed please *give to your Pastor to mail* along with his Pastor's Questionnaire.

**Please find enclosed my \$40.00 (US Funds) application fee for Hope Corps.
I understand this amount is NON REFUNDABLE.**

Full Name		
Mailing Address		Apartment/Unit #
City	State/Prov	Zip/Postal Code
PAYMENT INFORMATION		
If paying by check or money order make payable to: Hope Corps	Check #	Date
If paying by credit card please fill out the following information. Please note that a 3% processing fee will be added to any registration or tuition fees paid.		
Name as it appears on credit card		
Credit Card Number:	Expiry Date:	Security Code:
Type of credit card: <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
I hereby authorize Hope Corps WPF to charge my credit card a onetime registration fee \$40.00 and \$165.00 for any courses taken 1 week prior to class start. These funds will be charged in US FUNDS. I understand that there will be a 3% processing fee for paying by credit card.		
Signed: _____		Date: _____

If using credit card, for security purposes this page may be faxed to Hope Corp Sacramento at:
1-916-681-2768

REMINDER:

Don't forget to obtain passport and police check prior to camp phase!