

LOVE'S DOOR 4 ALL NATIONS

Intern and Volunteer Application Form

Guide to Completing Application

Instructions:

1. All information given in this application is confidential and will only be read by staff and those directly involved in the interview process.
2. Your answers to sensitive areas of your past do not necessarily disqualify you from an internship or from volunteering. Our interest is to see that progress is being made in all areas of your life and that you are ready to enter this next step in your development. If there are any questions on the personal history, medical history and/or moral areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application.
3. Please answer all questions completely and legibly. Use the application form and attach additional sheets as necessary to the end of the application.
4. All applications should be emailed to allnationszam@gmail.com.
5. This application form is not complete without one reference form from your pastor and two reference forms from a mentor/leader directly over you, and someone who has worked with you in ministry with whom you have been open and vulnerable. Please ask them to email these forms to allnationszam@gmail.org
6. Please attach a passport-size photo to your application (it doesn't have to be an actual passport photo. You may also cut a larger picture to that size, as long as it clearly shows your face).
7. Please include proof of payment in the amount of \$35 made out to Love's Door, a non-refundable application fee. Mail the payment to: Love's Door, PO Box 1185, Philomath, OR 97370

Internship and Volunteer - application

Date of application: ____/____/____ Application fee enclosed: \$ _____

Dates desiring to come:

Personal Information

Full legal name: _____

Attach

Preferred name: _____

Picture

Current address: _____

City/State/Zip: _____

Email: _____

Phone: (home) _____ (work) _____

Place of Employment: _____

Birth date:

Gender: _____

Social Security/ID Number:

Family Information

Marital Status: (complete all that apply)

Single: Are you currently dating anyone? _____ If so, whom? _____

Engaged: Fiancés name: _____ Birth Date: ____/____/____

Date of wedding: ____/____/____

Married: Spouse's name: _____ Birth Date: ____/____/____

Divorced: Number of divorce(s) and date(s) of divorce:

Widow(er): Date of spouse's death:

Child(ren)'s names: _____ Birth date:

____/____/____

_____ Birth date: ____/____/____

_____ Birth date: ____/____/____

_____ Birth date: ____/____/____

If you are expecting a child, please give the due date:

Passport Information

Country of Citizenship: _____ Passport #: _____

Name as listed on Passport: _____ City/Country of Issue:

Expiration date: ____/____/____. Have you ever been refused a visa? _____ If so, give the nation and describe the circumstances under which you were refused.

Education Information

Highest level of formal education (please check only one)

- Have not finished high school
- High school diploma or Grade 12
- Some college Classification? _____
- Technical school degree What major? _____
- Bachelor's degree What major? _____
- Master's degree What major? _____
- Ph.D. or professional degree What major or degree? _____

Languages

Languages spoken, in decreasing order of fluency:

1) _____ 2) _____ 3) _____

English proficiency: Elementary speaking; Limited word proficiency; Minimum professional;
 Native speaking proficiency;

Financial Information

Are you able to meet all your financial needs? Yes No

If no, from what source will they come?

Do you have any outstanding debts? Yes No

If yes, how will you cover them during your absence?

Skills

Present Occupation: _____ Time Period: _____

Work Experience: _____ Time Period: _____

Work Experience: _____ Time Period: _____

Work Experience: _____ Time Period: _____

How would you describe your relationship with your family? How do they feel about your involvement with Love's Door?

Emergency Information

In case of emergency, contact _____

Relationship: _____

Address: _____

Home phone: _____

Work phone: _____

Email address: _____

Consent for Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature: _____

Date: ____/____/____

Signature of Parent or Guardian (if applicant is under 18): _____

Relationship: _____

Date: ____/____/____

Release of Liability

I/We do hereby release Love's Door, its staff, agents and volunteer assistants from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person(s) during the course of their involvement with Love's Door.

Applicant's Signature: _____ Date: ____/____/____

Signature of Parent or Guardian (if applicant is under 18): _____

Relationship: _____ Date: ____/____/____

Work Skills, Ministry Abilities, Other Skills

Carpentry/Construction Children's Programs _____

Computers Dance/ Drama _____

Child Care Micro Business _____

Homesteading knowledge Evangelism _____

Gardening Health Care _____

Handyman Music (vocal) _____

Hospitality/Kitchen Music (list instrument) _____

Housekeeping Farming/ Gardening _____

Engineering Skills Simple Church _____

Vehicle/Building Maintenance Teaching- Bible or English

Desktop Publishing/Graphic Design Bible Studies _____

Other: _____

Detailed Skills Experience

Do you have experience in any form of counseling/personal ministry/exorcism/healing? _____

Describe your abilities and knowledge, including ways you have used them. _____

Do you have experience in administrative/office/computer/web work? _____

Describe your abilities and knowledge, including ways you have used them. _____

Do you have any experience in evangelism/church planting/disciplship? _____ If so, please explain: _____

Describe your experience with children's ministry/child care/adoption/orphan work. _____

Do you have any experience in building construction and maintenance? If so, please explain:

Do you have experience in cross-cultural ministry? _____

List the countries you have been to, including the dates, the organization(s) you traveled with, the types of ministry you were involved in, and any leadership positions you held.

Church Details

What is your home church name? _____ Phone: _____

Address: _____

Senior Pastor: _____ How long have you attended?

Church email address: _____ Is it ok that we contact them? _____

Do you feel specifically called to Zambia? Explain:

Where do you want to be in five years? What is your personal vision for your life and ministry?

Explain how and why you feel God is calling you to be a part of Love's Door. What area/s of ministry would you specifically like to get involved in, and how do you see yourself fitting in?

Have you been baptized? _____ Date: ____/____/____

What are your views and understanding of the power and the gifts of the Holy Spirit?

Confidential Personal History

Your answers to sensitive areas of your past do not necessarily disqualify you from being involved with All Nations. Our interest is to see that progress is being made in all areas of your life, and that you are ready to enter this next step in your spiritual walk. If there are any questions on the personal or health history areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application.

Height: _____ Weight: _____

How many days were you absent from work (or school) due to illness last year?

Are you at the moment covered by medical insurance? _____

Have you used any narcotics, hallucinogens or drugs not prescribed by a physician in the past five years? If so, what kind and when? Please also include the last date of usage. _____

Do you presently drink alcoholic beverages? If so, how frequently?

Have you been treated for a drug or alcohol problem in the last five years? If yes, please explain. _____

How often do you tend to experience strong anxiety? Please explain: _____

Have you had any prolonged problems with depression or mood swings in the past five years?

_____ If yes, please explain:

Have you ever been involved in the occult, new age practices, ancestral worship or a cult (Mormons, Jehovah's Witness, etc.): _____

Have you struggled with an eating disorder (anorexia, bulimia, or overeating) in the past five years? If so, please explain the nature of your problem, extent, when you began having difficulty, and any other specifics that may help us to understand your particular situation. _____

Have you seen a professional counselor, psychiatrist or psychologist in the past five years for any reason other than career or premarital counseling? If yes, when and for what purpose? Was it helpful?

Have you ever been physically or sexually abused or raped? If so, when? _____
Have you seen a professional counselor about these events? _____ If so, how was it helpful? _____

Have you ever been convicted of a crime or felony? If yes, please explain.

Personal Health History

Please answer all questions. Comment on all positive answers on a separate piece of paper.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Skin conditions	<input type="checkbox"/>	<input type="checkbox"/> Heart trouble	<input type="checkbox"/>	<input type="checkbox"/> Kidney disease
<input type="checkbox"/>	<input type="checkbox"/> Eye trouble	<input type="checkbox"/>	<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/> Anemia
<input type="checkbox"/>	<input type="checkbox"/> Ear trouble	<input type="checkbox"/>	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/> Cancer _____
<input type="checkbox"/>	<input type="checkbox"/> Head injury	<input type="checkbox"/>	<input type="checkbox"/> Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/> Eating disorder _____
<input type="checkbox"/>	<input type="checkbox"/> Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/> Back problems	<input type="checkbox"/>	<input type="checkbox"/> Allergies _____
<input type="checkbox"/>	<input type="checkbox"/> Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/> Diabetes
<input type="checkbox"/>	<input type="checkbox"/> Fainting spells	<input type="checkbox"/>	<input type="checkbox"/> Broken bones	<input type="checkbox"/>	<input type="checkbox"/> Special diet _____
<input type="checkbox"/>	<input type="checkbox"/> Mental/Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/> Ulcer (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> STD(s) _____
<input type="checkbox"/>	<input type="checkbox"/> Weakness	<input type="checkbox"/>	<input type="checkbox"/> Gall bladder problems	Females only	
<input type="checkbox"/>	<input type="checkbox"/> Paralysis	<input type="checkbox"/>	<input type="checkbox"/> Surgery (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> Irregular periods
<input type="checkbox"/>	<input type="checkbox"/> Insomnia	<input type="checkbox"/>	<input type="checkbox"/> Jaundice	<input type="checkbox"/>	<input type="checkbox"/> Severe cramps
<input type="checkbox"/>	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis	<input type="checkbox"/>	<input type="checkbox"/> Excessive flow
<input type="checkbox"/>	<input type="checkbox"/> Hay fever, asthma	<input type="checkbox"/>	<input type="checkbox"/> Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/> Are you pregnant?

Other illness or conditions:

Are you presently under a doctor's care for any reason? If yes, specify:

Are you taking any medication at this time? If yes, specify:

Are you allergic to any drugs? If yes, specify:

Do you have any other allergies? If yes, specify:

Do you have any chronic illness (es)? If yes, specify:

Do you have a history of emotional instability or psychiatric treatment? If yes, specify:

Do you now or have you ever received any compensation for disability from any source? If yes, specify:

Do you have any physical impairments, handicaps or health conditions which require special attention?
If yes, specify (your answer will not affect admission consideration): _____

Communicable Diseases: Have you ever had any of the following?

Chicken Pox Measles (specify) Other: _____

Scarlet Fever Tuberculosis

Mumps Other: _____

Confidential Morals Information

The Bible makes it clear that we should avoid sexual immorality (1 Thes. 4:3-6). Though God's forgiveness is full and complete, there is a distinction between forgiveness for past sins and necessary, biblical suitability for spiritual leadership. 1 Timothy 3 outlines qualifications necessary for those who desire to be spiritual leaders. Those qualifications include being above reproach and having a good reputation. In light of this, All Nations is highly concerned about the area of moral purity for volunteers and interns. It is critical that those working with All Nations exhibit strong convictions and a lifestyle consistent with biblical standards. A past problem in this area doesn't necessarily disqualify you, provided: 1) it can be determined that convictions are strong and consistent with Scripture, and 2) a

sufficient time tested track record of victory has been established. The information that you share with us will be treated confidentially and will be seen only by those directly involved with your application decision. If there are any questions on the personal history, health history and/or moral areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application.

1. What are your convictions regarding premarital and extra-marital physical involvement? (E.g., petting and sexual involvement) unholy and not health for a Christian.

2. Have you set guidelines for yourself in the physical area to ensure minimal temptation? If so, what are they?

3. Have you had a relationship in the past five years with a member of the opposite sex which would not be considered above reproach? (i.e., petting, sexual intercourse, extra-marital involvement, etc.) _____
If so, when was the last occurrence of involvement in this kind of relationship? (Month/year)

What was the extent of physical involvement? (please be specific)

a. Singles: Have you dated other men/women since the last occurrence? _____ If so, what has your physical relationship been with them?

b. Married: How has this affected your relationship with your spouse?

4. Are you currently having any struggles in this area? (i.e., temptation, fantasy, pornography, difficulty applying your guidelines/convictions, etc.)

5. a. Female: Have you ever had an unmarried pregnancy or abortion: _____
b. Male: Have you ever been responsible for a girlfriend's unmarried pregnancy or abortion?

If so, when? Explain the circumstances:

6. Have you had any type of homosexual relationship in the last five years? _____ If so, when was the last occurrence of involvement in this kind of relationship? (Month/year)

What was the extent of physical involvement? (Please be specific)

How does this affect your current relationships with the same sex?

Do you have any additional comments or clarification about anything on this questionnaire?

Intern / Volunteer Commitment

I, _____ have completed all portions of this application accurately for admission to Love's Door. I understand that completion of this application form does not guarantee I will be accepted as an intern/volunteer, but that this application will be prayerfully considered by the Love's Door team. I understand that as an intern/volunteer I will not be receiving any financial reimbursement for the work that I do while at Love's Door.

Applicant's Signature: _____

Date: ____/____/____

Love's Door

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