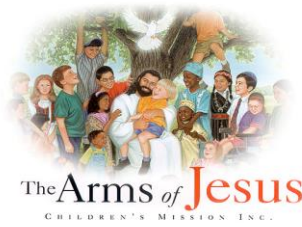


Office Use Only
Date Received: _____

Available length of service: _____

Country Placement: _____



*Please
Attach a photo
of yourself here!*

**Short term volunteer
Application form**

Please Print

This application is for people interested in short term opportunities from 1 month- 1 year

1. Personal Information

Full name _____

Address _____ City, Province/State _____ Postal code/Zip _____
(____) _____ (____) _____

Home Phone _____ Work/Cell phone _____ E-mail address _____

Birth date (D/M/Y) _____ Birth Country _____ Citizenship _____ Current country of residence _____

Social insurance No. _____ Gender: Male / Female

Marital Status Single Married Engaged Widowed Separated Divorced

Are you applying with another applicant(s)? Yes No
If yes who? _____

2. Dependent Information *(if coming with you)* Spouses must fill out their own application

Dependent's Name _____ Gender _____ Birth date _____

3. Passport Information

If not presently holding a passport have you applied for one? Yes No
When? _____

**A copy of your passport must be submitted to the AOJ office before departure*

Your full name (as it appears in your passport): _____

Passport #: _____ Issue date: _____

Nationality: _____ Place of Issue: _____

Place of birth (city & country): _____ Expiry date: _____

4. Emergency Information *(who we may contact in case of an emergency while you are overseas)*

Name: _____ Relationship to you: _____

Address: _____

City: _____ Province: _____ Postal code: _____
Phone: _____ E-mail: _____

5. Criminal Record Check

Do you have a criminal record check? Yes No

**If no you must have a criminal record check completed and submitted to the AOJ office*

6. Where did you first hear about AOJ?

Website Newspaper Friend Church Other: _____

7. Applicant's Employment History (most recent)

1. _____
 Dates Business/Organization Location Position

Supervisor _____ Contact Info _____

2. _____
 Dates Business/Organization Location Position

Supervisor _____ Contact Info _____

8. Driving: Are you a licensed driver? Yes No

9. Applicant Education

What level of education have you completed?

High school College/University Bible College Other

School _____ Location _____ year graduated _____

Degrees/Diplomas/Certificates: _____

10. Previous Missions/Ministry Experience

Have you been involved in missions work previously? Yes No

If yes:

1. Where: _____ When: _____ How long: _____

With whom: _____

Please describe the nature of your work: _____

2. Where: _____ When: _____ How long: _____

With whom: _____

Please describe the nature of your work: _____

11. Applicant Health Excellent Very Good Good Limitations

Do you have anything in your medical history that we should be aware of? (disabilities, surgery, allergies, prescription medication, diabetes, heart condition...) No Yes (if yes please explain:)

Physician _____ Phone(_____)_____ Address:_____

Are you taking any prescription drugs? No Yes (please describe)

Do you have any health problems that the AOJ should be aware of?

Required medical document information

Health card number: _____ version code: _____

Proof of current vaccinations (to be submitted after acceptance)

12. Special skills, gifts, experience and abilities

What types of experiences/skills/abilities do you bring? (check all that apply)

- Biblical teaching Arts & crafts Sports Construction
 Science Drama Music TESL
 Pastoral leadership Teacher training Health/medical/dental Recreation
 Other: _____

Please expand on your experiences/skills:

Can you speak any other languages? _____

13. Personal faith

Are you an active member of a church? Yes No

Church name _____ Address _____

Pastor _____ Contact info (phone or e-mail) _____

Please share with us about your personal walk in faith:
(what you believe, how you have grown, what you are learning...)

Briefly describe your devotional life:

In your own words what is missions? How is your volunteer interest a reflection of how God has spoken in your life?

Please list any prior ministry involvement:

Do you believe your home church will support your volunteer service? Yes No

When and for how long are you available to volunteer? _____
Date Duration

14. Finances

Do you understand the concept of 'raising support/faith missions'? Yes No

If no please explain _____

Are you free of debt? Yes No

If not please describe: Type of outstanding debt: _____ Amount: _____
debt: _____ Amount: _____
debt: _____ Amount: _____

Have you had to raise your own support before? Yes No

For both please explain what you have found to work or what you believe would be important/helpful: _____

15. Would you like to share anything else with us?

16. References

Upon acceptance from the AOJ each reference will be required to complete a reference letter

Personal Reference:

Name	Address	Phone/e-mail
------	---------	--------------

Pastoral Reference:

Name	Address	Phone/e-mail
------	---------	--------------

Employer/Supervisor Reference:

Name	Address	Phone/e-mail
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17. Resume

Please attach a copy of your resume so we can review your skills and meet with you about our needs that your abilities and gifting can specifically meet.

I agree that in signing this application all the information provided is truthful to the best of my knowledge. I have read the Arms of Jesus Mission statement, Doctrinal Statement, and the purpose and vision of the Arms of Jesus Children's Mission and I fully subscribe to it.

Signature	Name printed	Date
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Return to: AOJ Children's Mission P.O Box 10 Pickering, ON, CANADA, L1V 2R2

Questions? Call the AOJ office: (905) 492-5007

or e-mail aojchildmis@rogers.com

THE ARMS OF JESUS CHILDREN'S MISSION



"AND HE TOOK THE CHILDREN IN HIS ARMS, PUT HIS HANDS ON THEM AND BLESSED THEM." MARK 10:16