

Beautiful Kidz Namibia

Ministry to Children in Need

STAFF / VOLUNTEER APPLICATION FORM

◆ PERSONAL INFORMATION

Mr. / Mrs. / Miss.:			
Current address:			
Phone:			
Fax:			
E-mail:			
Permanent address:			
Phone:			
Fax:			
E-mail:			
Nationality:	Date of birth:	Sex:	
I.D. / passport no.:	Date of expiry:		

◆ MARITAL STATUS

Single Engaged Married Separated Divorced Remarried Widowed

Spouse's Name:

Date of birth: Age: Is your spouse accompanying?

Date of marriage:

◆ DEPENDENTS

Please give the names, dates of birth and gender of children accompanying you

Surname	First name	Birthday	Male	Female



◆ EMERGENCY INFORMATION

In case of an emergency, contact:

Name: Relationship:

Address:

Phone: Fax: E-mail:

◆ CHURCH INFORMATION

Can you give us information about your church?

Name of the Church:

Church affiliation: Length of membership:

Address:

Phone: Fax: E-mail:

Pastor's name:

◆ INVOLVED

When do you attend to become involved? (Earliest date:)
What will be the length of your commitment?

Why would you like to be involved in Beautiful Gate Ministry?

What preference do you have when it comes to working with:

Child care - Street children:
Child care – AIDS children:

Give a short explanation why:

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Supportive staf		Admin.		Household		Kitchen		Maintenance	
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◆ LANGUAGES

Please identify and indicate your proficiency in the languages that you speak:

English	

- 1 – elementary speaking
- 2 – limited word proficiency
- 3 – minimum professional proficiency
- 4 – full professional proficiency
- 5 – native speaking proficiency
- 6 – mother tongue

◆ EDUCATION AND EXPERIENCE

Summarise your school, post school and Christian education history:

Name of Institution

Period of attendance

Date of graduation

Standard / Diploma

<i>Name of Institution</i>	<i>Period of attendance</i>	<i>Date of graduation</i>	<i>Standard / Diploma</i>