

VOLUNTEER APPLICATION

SAVE THIS DOCUMENT TO YOUR COMPUTER FIRST BEFORE EDITING

	Photo
First Name:	
Last Name:	
Address:	
Phone number:	
Email:	(please click on
Date of birth: (yyyy-mm-dd)	the grey region above to digitally
Nationality:	add a photo)
Contact in case of emergency - please list: name, relationship to you, and contact phone number	er(s):
Please indicate the area you are interested in below: Kitchen Hospitality Program/Adventure Maintenance Other	
Desired dates of service at Holsby:	
From (yyyy-mm-dd) to	(yyyy-mm-dd)
PERSONAL BACKGROUND Please answer the following questions on a separate sheet of paper: • When and how did you become a Christian? • What you are doing now to grow in your relationship with Jesus Christ? • Why you are interested in serving at Holsby? • What do you expect of your time at Holsby, and what do feel you can add to the team? • Describe any previous ministry experience you have had. • Describe any group/team or community living experiences you have had. • Give an honest and open evaluation of your abilities and tendencies as a group participant. Colleadership abilities, cooperation, how well you receive instructions, etc. • For program team only: Describe your outdoor experience in the following areas: ropes course building and "initiatives" experience, first-aid, rock climbing and/or canoeing.	
EDUCATION I have completed: High School Apprenticeship College/University	7
Education or school you are currently enrolled in:	
Please list any degrees, certifications, or special training you have:	
Please rate your English language ability: Basic Proficient Fluent	

Have you been a student at one of the Torchbearer Centers? $\ \square$ Yes $\ \square$ No				
If so, which one:				
Dates of attendance:				
PAST WORK EXPERIENCE				
Employer	Position/Description		Length o	of employment
1.				
Contact:	Phone:			
2.				
Contact:	Phone:			
3.				
Contact:	Phone:			
ADDITIONAL INFORMATION How did you hear about Holsby?				
D 1 1'''' 1'' 2			N	3 7
Do you have a driver's license? Do you play a musical instrument?			□ No □ No	□ Yes, since: □ Yes
If yes, which one(s)?			21.0	2 100
Are you capable/willing to lead wo Other skills and hobbies:	rship in a group setting?		□ No	□ Yes
MEDICAL BACKGROUND INFO	RMATION			
Have you had a nervous or mental	2		\square No	□ Yes
Have you suffered from, and had treatment for anorexia nervosa or bulimia?			□ No	□ Yes
Do you have diabetes, epilepsy, blackouts or other medical problems?			□ No	□ Yes
Do you require a special diet for medical reasons? Do you require a vegetarian diet?			□ No □ No	□ Yes □ Yes
Have you used narcotics (including	z marijuana) in the last vear	?	□ No	□ Yes
Have you ever had treatment for alcoholism or drug addiction?			□ No	□ Yes
Have you had anything in your pas	t that could have an influen	ce		
on your time at Holsby (e.g. criminal record, sexual conduct with a minor, etc.)			\square No	□ Yes

EXPERIENCE IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE GIVE AN EXPLANATION BELOW:

Name and address of the church you attend:				
Denomination:	Length of attendance:			
Pastor's name:	Phone/e-mail:			
Church involvement, attendance, service, et	tc.:			
things. WE BELIEVE that the Lord Jesus Christ be was without sin. WE BELIEVE that the Lord Jesus Christ, the of this fallen world, and the only mediator to forgiveness of sins. WE BELIEVE the Lord Jesus Christ rose agon the day of Pentecost He came in the personal thereby established His Church, the Bohead. WE BELIEVE in God the Holy Spirit, co-equation that the personal through faith have received the Lord Jesus the father of them that believe.				
AGREEMENT: I have read the Torchbearers Statement of Faith and have no reservations about volunteering at Holsby. I agree to abide by the policies of Holsby and submit to those in authority, and understand that failure to do so will automatically make me subject to dismissal. I also agree that everything on this form is accurate to the best of my knowledge.				
I agree to my personal data being stored for (https://www.holsby.org/privacy-policy)	r the purpose of this reference, in accordance with Holsby's Privacy Policy			
Signature:	Date:			
other from a previous employer, teacher, or you will be performing. Each reference show Holsbybrunn; Sweden or e-mailed to serve	d with your application. One should be from your pastor/youth pastor and the radult friend who knows you well. Indicate to the referees the type of work uld be mailed separately to: Fackelbärarna; Brunnsvägen 31; S-574 53 @holsby.org. mber and email addresses of your references:			

CHURCH BACKGROUND

1.

2.

Please mail or email pages 1-3 of this application, a recent picture of yourself, and your answers to the questions on the separate sheet of paper to: serve@holsby.org