



Partners In Hope Recovery Society

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House Co-ordinator Application

Name _____

Address _____ Phone Number _____

Date of Birth _____ Social Insurance Number _____

Gender _____ Marital Status _____

Children: (How many? What ages?) _____

Highest Level of Education Attained: _____

List and Bible, Theology type courses/training: (Where and when) _____

Current Employment Status: Where are you working? How long have you worked there?

Criminal Record: (Yes/No) List types of charges: _____

Date of Last Charge/Conviction _____

Addiction History: (Yes/No) Drug of Choice _____

How Long Are You Currently Clean and Sober? _____

Latest Treatment Program Completed (if applicable) : (Where and When?)

Do you have any physical disabilities or specific health problems?(Yes/No) Please explain:

Sending church _____

Pastor's name and contact information

Have you discussed with your pastor your interest in serving as a missionary? (Yes/No) If so, what was his response?

How and when did you come to know Jesus Christ as your personal Savior, and what does that mean to you today?

Please list reasons why you feel you'll make a good candidate

Relate briefly your past experience and present activity in practical Christian service.

Experience:

Knowing your past ministry experience is vital. Please put a check mark beside each area of service where you have experience:

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> House Co-ordinator | <input type="checkbox"/> Athletics Medical Work |
| <input type="checkbox"/> Life Skills Coach | <input type="checkbox"/> Hospital Visitation |
| <input type="checkbox"/> Evangelism Discipleship | <input type="checkbox"/> Camp Ministry |
| <input type="checkbox"/> Preaching or Teaching | <input type="checkbox"/> Literature Distribution |
| <input type="checkbox"/> Giving Testimony | <input type="checkbox"/> Teaching English |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Music |
| <input type="checkbox"/> Youth Ministry | |

Comments:

Ministry Interests

For what period of time are you considering this missionary service?

When will you be ready to begin?

What languages other than English do you speak?

Are you willing to work under the direction of others in an on-going mentoring relationship?

Have you served with or applied to any other mission organization? (Yes/No) If so, who/when?

Is it clearly understood that, if accepted, the expense of your support will be your responsibility to raise (with the exception of room and board for house co-ordinator) (Yes/No)

How will you finance your time of service?

What is the extent of your financial indebtedness?

Please list 3 references with complete addresses to include: pastor, someone in a mentoring type relationship with you)

1. Name: _____ Relationship: _____
Contact Information:

2. Name: _____ Relationship: _____
Contact Information:

3. Name: _____ Relationship: _____
Contact Information:

Please add any other information that you believe would be helpful to us.

Have you read the Partners in Hope Statement of Faith and Christian practices? (Yes/No)

Are you in agreement without mental reservation? Yes/No

Are you willing to uphold these statements with your life and teaching? Yes/No

Related Documents:

Statement of Faith

House Policies

Co-ordinator Job Description

Character Reference Forms