*Please fill in* ***all*** *fields as requested. Once your information is complete and accurate, please sign in the space provided below.*

1. Personal Identification
Title: : *Select Title*

First Name: *First Name*

Last Name: *Last Name*

Gender: *Select*

E-mail ID: *Email ID*

Phone number - Office: *+Country Code – Phone number*

Phone number – Mobile: *+Country Code – Phone number*

Phone number – Home: *+Country Code – Phone number*

 Skype ID: *Skype ID*

Home Address: *Address line 1*

 *Address line 2*

City: *City*

Postal Code: *Postal Code*

Province/State: *Province/State*

Country: *Country*

1. Web and Social Media links
Current Headshot Image: *Image File Name* (attach file with email)

Linked In Profile ID: *Link ID*

FaceBook Profile ID: *Link ID*

Instagram Profile ID: *Link ID*
Twitter Profile ID: *Link ID*

1. Emergency Contact
First Name: *First Name*

Last Name: *Last Name*

Relationship: *Relationship to Applicant*

Phone number – Home: *+Country Code – Phone number*

Phone number – Mobile: *+Country Code – Phone number*

E-mail ID: *Email ID*

1. Date of Birth
Year-Month-Day (YYMMMDD): *YYMMMDD*
2. Legal History
Do you have a criminal record?: Select

Are you presently involved in any litigation?: Select

If yes to litigation, please provide full details: *Long Description*

1. Passport
Number: *Passport No.*

Last Name: *Last Name*
Given Name(s): *Given Names*
Place of Issue: *Issue City*

Expiry Date: *Click here to enter a date*

1. Employment
Current Employer: *Employer*
Current Role Title: *Role Title*

Number of years in current role: *Years in Role*

Primary Professional Skill Group: Choose Primary Profession

Secondary Professional skill(s): *List Secondary Professional Skills*
Primary Technical Skill Group: Choose Primary Technical Skill Group

Secondary Technical skill(s): *List Secondary Techncial Skills*
Current CV: *CV File Name* (attach file with email)

1. Education and Certifications
Degree/Diploma & Year *Degree, Year*

Other Opportunity-related Certifications *Certifications*

1. Faith Journey
Consider yourself a Christian?: select

Attend Church Regularly?: select
Home Church Name: *Home Church*
What most inspires you to help people in need?: *Inspired – help people in need*

Share your brief spiritual journey: *Long Description*

1. References
> Professional: Full Name: *Full Name*
 E-mail: *Email ID*
 Phone Number: *+Country Code – Phone number*
 Relationship: *Relationship to Applicant*
> Personal: Full Name: *Full Name*
 E-mail: *Email ID*
 Phone Number: *+Country Code – Phone number*
 Relationship: *Relationship to Applicant*
2. Personal Health
Are you medically fit (\*): select
\* - *Definition: Are you physically fit and free of medical conditions or disabilities, including chronic anxiety & depression that could limit your activities and/or prevent you from performing the volunteer services for which you are applying?*

Provincial Health Care Number: *Provincial Health Care No.*

Doctor’s Name (first last): *Dr. Full Name*

Doctor’s Phone Number: *+Country Code – Phone number*

Do you Smoke: select
Any Allergies: select
 - if yes, please list allergies: *List of Allergies*
Dietary Restrictions: select
 - if yes, please list restrictions: *List of Dietary Restrictions*

Taking Medications at this time: select
 - if yes, please list medications: *List of Medications*

Been Hospitalized in last 3 months: select
Medical History specifics: (select all that apply) multi-select

1. Overseas Experience
Previous Missions or International experience: select

Traveled Internationally before: select

Describe briefly locations travelled & missions served: *Locations and Missions Served*

1. HFI Opportunity
Opportunity ID Applying for: *Opportunity ID*
Have you applied to HFI Before: select
How did you hear about HFI: select

No. weeks notice needed to confirm travel: *Notice Weeks*

Why do you want to go and serve on this opportunity:
 *Long Description*

1. Family Accompaniment
Do you intend for any family members to
accompany you on this volunteer posting: select
2. Language Skills
Your Language Preference: select

Other Language Proficiency: *other language*
Level of Proficiency of Other language: select level

[ ]  **I have reviewed the above submitted information and hereby confirm it is true and complete in every respect and I now release it to Hands and Feet International for the sole purposes of applying for consideration as a Posted Volunteer as indicated above.**

 **Print Name:**

 **Signature: Date:**

*Note: Once all applicable fields have been completed, please print this form, sign and date, scan and email the attached scanned copy to:* info@hf-i.ca *with Subject:”New Partner Application”. Please remember to attach all e-copies of files as requested above.

Thank you!*