*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. 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. Employment & Skills to Offer
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. 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?*
Do you Smoke: select
2. Overseas Experience
Previous Missions or International experience: select

Traveled Internationally before: select

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

1. HFI Relationship
How did you hear about HFI: select
Have you applied to HFI Before: select
2. Language Preference
Your Working Language Preference: select
3. Where to Serve
Preferred Region: *Select Region*

Preferred Country: *Country*

Preferred City: *City*

Preferred Delivery Organization: *Delivery Organziation*

1. Whom to Serve and How
Beneficiary/Impact Groups (check all that apply):

[ ]  Children

[ ]  Youth

[ ]  Women

[ ]  Men

[ ]  Elderly

Service Delivery Preference – Primary: *Services Type*

Service Delivery Preference – Secondary: *Services Type*

1. Readiness and Duration of Service
No. weeks notice needed to confirm travel: *Notice Weeks*
Maximum duration of service posting (weeks): *Max No. Weeks*

[ ]  **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 requesting matching assistance to be posted to a future HFI Volunteer Service Opportunity.**

 **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!*