*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](mailto:info@hf-i.ca) *with Subject:”New Partner Application”. Please remember to attach all e-copies of files as requested above. Thank you!*