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

1. Organization Identification:
Name: *Full Legal Name*

Office Address: *Address line 1*

 *Address line 2*

City: *City*

Postal Code: *Postal Code*

Province: *Province*

Country: *Country*

Region: *Select Region*

In Operation Since: *Click here to enter a date*

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

Website URL: *URL*

Linked In Profile ID: *Link ID*

FaceBook Profile ID: *Link ID*

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

1. Operations:
Who We Are: *Short Description*
Registered Non-profit: [ ]  (check if yes)

Non-profit Registration No.: *Registration Number*

Primary Services Delivered: *Srvc 1, Srvc 2, Srvce 3*

Primary Programs Operated: *Prog 1, Prog 2, Prog 3*

In-country Accreditations: *Credit 1, Credit 2, Credit 3*

Number Full-time Staff: *Number* (on payroll)
Number Full-time Volunteers: *Number*

Beneficiary/Impact Groups (check all that apply):

[ ]  Children

[ ]  Youth

[ ]  Women

[ ]  Men

[ ]  Elderly

Operating Language : *Select Language*

Other Local Language(s): *Language 1, Language 2*

Services, Programs & Beneficiary Detail: *Long Description*

1. Faith Basis:

Consider a Christian Organization: [ ]  (check if yes)

Statement of Faith (if checked above): *Link ID* (or attach copy of document)

Affiliation with Local Church Denomination: [ ]  (check if yes)

* Provide Denomination (if checked above): *Denomination*
1. HFI Relationship – Primary Contact

Title : *Select Title*

First Name: *First Name*

Last Name: *Last Name*

Gender: *Select*

Job Level: *Select Level*

Job Title: *Job Title*

E-mail ID: *Email ID*

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

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

[ ]  **I have reviewed the above submitted information and hereby approve and release it to Hands and Feet International for the sole purposes of applying for consideration as a Hosting Delivery Partner.**

**Authorized Organization Representative:

 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”. Thank you!*