

# Helping Hands Healing Hearts Ministries - APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS

Place one photo here (Please enclose a second photo)

Date of Application: M \_\_\_ D \_\_\_ Y \_\_\_

## Section A

### PERSONAL INFORMATION

Name: (Mr., Mrs., Miss.) \_\_\_\_\_

Telephone numbers:

Home# \_\_\_\_\_ Work# \_\_\_\_\_

Fax# \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Address:

\_\_\_\_\_

Permanent Address:

\_\_\_\_\_

(Please print as it would appear on a mailing label for your country)

### Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I am applying for:

Missions Exposure  2 to 3 weeks \_\_\_\_\_

Short Term Missions Trip  1 to 3 months \_\_\_\_\_

Medium to Long Term Missions Trip  3 months to 1 year \_\_\_\_\_

How did you hear about Helping Hands  Friend  Advertisement  Webpage

Other \_\_\_\_\_

## Section A

### PERSONAL INFORMATION

#### Family Details

Birth date: M \_\_\_ D \_\_\_ Y \_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female

Status:  Single  Engaged  Married

Remarried  Divorced

Separated  Widowed

(on a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed or are engaged)

Spouse's name: \_\_\_\_\_

Birth date: M \_\_\_ D \_\_\_ Y \_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Birth place: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ (prospective date if engaged)

Names and ages of your children:

\_\_\_\_\_

#### Passport information

Name on passport \_\_\_\_\_

Citizenship \_\_\_\_\_

City or Country where Passport was issued

Passport number \_\_\_\_\_ Date of issue M \_\_\_ D \_\_\_ Y \_\_\_

Expiry Date \_\_\_\_\_

Nationality \_\_\_\_\_ Birth place \_\_\_\_\_

Do you have a criminal record?  Yes  No

(This question is for immigration purposes only)

**Section A**  
**HEALTH FORM**

Name \_\_\_\_\_

**PERSONAL HISTORY**

**Please answer all the following questions.**

Have you ever had, or do you have, any of the following? If yes, please give the details on a separate sheet. Please tick as Yes in the following slots.

- Skin condition  Heart trouble  Jaundice
- Eye trouble  Hepatitis  HIV
- High blood pressure  Head injury  Low blood pressure
- Intestinal problems  Arthritis  Recurrent diarrhea
- Recurrent headache  Back problems  Diabetes
- Epilepsy  Kidney disease  Fainting spells
- Dislocation of joints  Broken bones  Mental / nervous disorder
- Anemia  Venereal disease  Stomach / duodenal ulcer
- Weakness  Tumor /cancer  Gall bladder problems
- Paralysis  Surgery  Insomnia
- Appendectomy  Tonsillectomy  Shortness of breath
- Hay fever  Asthma  Hernia repair
- Ear Trouble  Allergies, including food allergies  Other

Are you at present under the care of a doctor for any condition?

If Yes, please specify:  Yes  No

Are you taking any medication at this time?  Yes  No

If Yes, please specify:

Are you allergic to any medications?  Yes  No

If Yes, please specify:

Do you have a history of emotional instability or psychiatric treatment?

If Yes, please specify:  Yes  No

Do you now, or have you ever, received compensation for disability from any source?

Yes  No

If Yes, please specify:

Do you have any physical impairments, handicaps or health conditions which require special attention, including food allergies?  Yes  No

If Yes, please describe:

What is your blood type? \_\_\_\_\_

Are you under weight?  Yes  No

Are you over weight?  Yes  No If so, by how much? \_\_\_\_\_

How would you rate your health?

Excellent  Good  Fair  Poor

**COMMUNICABLE DISEASES / FAMILY HISTORY**

Have you ever had any of the following?

- Measles (Rubella)  Measles (German)  Chicken pox
- Mumps  Pertussis (whooping cough)
- Scarlet fever  Tuberculosis  Hypertension
- Epilepsy  Convulsions

\*Please note that all your immunization shots need to be up to date, including Hepatitis A and B\* and Typhoid. Rabies, Japanese Encephalitis shots and Malaria medication are all optional.

## RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: \_\_\_\_\_

**If applicant is under 18 years of age, a Parent or a Guardian must sign all portions of this form. Type written/online applicants please note, a typed name in the box is assumed as a signature for all intents and purposes.**

Parent or Guardians Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Parent / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Release of Liability**

I/We do hereby release Helping Hands Healing Hearts Ministries Philippines Inc, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Ministry.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

### **Consent for Treatment**

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Helping Hands Healing Hearts Ministries Philippines Inc

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

### **Financial Responsibility.**

I / We understand that all volunteers must be financially capable of providing for themselves for the whole duration of the trip.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

### **Agreement to abide by Ministry Guidelines & Structure.**

If I am accepted I \_\_\_\_\_ will abide by the

rules, commitments and schedules of the ministry including:

1. Being an ambassador for Christ whether on duty or off.
2. Arriving at all Ministry opportunities and commitments on time.
3. Practical help around the ministry and local church.
4. Being respected and active member of the team and putting others needs ahead of my own.
6. Being active in all ministry & outreach opportunities I am required to participate in.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I certify that all the information in this application is complete and accurate.***

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

## Section B

### LIFE HISTORY

**Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.**

#### **Spiritual growth**

- a. Outline your conversion and the events and steps leading up to that time.
  - b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
  - c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family.
- Are you meeting your expectations for personal spiritual growth?

#### **Relationships and experience**

- d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- e. Please take one half to full page each to describe your relationship with your mother and your father.
- f. Briefly describe your relationship with the rest of your family.
- g. How does your family feel about your intentions to come to the Philippines and serve under Helping Hands Healing Hearts Ministries Philippines?
- h. What languages do you speak and how proficiently?

**Goals and expectations**

- i. Comment briefly on the circumstances that led up to your decision to apply for this ministry.
- j. What are your reasons for wanting to be involved in this ministry? Please include spiritual and ministry goals, missionary and church service goals, which you hope HHM will help you fulfill.
- k. Briefly, what are your plans following this mission trip?

**God's work**

- l. How do you know that the Holy Spirit is working in your life?
- m. Have you ever experienced a miracle in your life? Please describe it.
- n. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the Ministry. If you have difficulty communicating your answer in writing, Claire or Pastor David Goudy (HHM Director and Trustee) can talk with you personally.**

*Please answer in detail. One sentence is not sufficient*

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

- a. alcoholic beverages,
- b. tobacco,
- c. "soft drugs" (e.g. marijuana)
- d. "hard drugs" (cocaine, heroin, chemicals).

1. Have you ever had psychiatric treatment?

If so, please describe the treatment received, dates, any lingering difficulties.

2. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

- a. the occult;
  - b. a cult or sect, (new age, eastern mysticism, naturalistic philosophies Mormonism, Jehovah's Witnesses, etc.)
  - c. heterosexual sin, including pornography and promiscuity;
  - d. homosexual activity;
  - e. compulsive behaviours, (shopping, eating, washing, scratching, etc.);
3. Do you have a history of abuse? Either verbal, physical, emotional or sexual.

**WORK HISTORY and EXPERIENCE**

- a. Please include a resume or history of your work experience.
- b. Please include your involvement in special interest courses, musical abilities, artistic talents and hobbies.
- c. Please include an official Police Check (normally available at a nominal fee from your local police station). NB. A police record will **NOT** automatically disqualify you from volunteering for HHM. The ministries visited during outreach sometimes require police checks.

**Educational History**

a. High School Name/Location: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

b. List all other educational institutions attended beyond High School, if applicable. (e.g. college, university, nursing, business schools):

**Name/Location**

**Dates Attended**

**Degree/ Credit earned**

**Grad Year**

## Section D – Area Of Interest

Please indicate areas of specific interest to you by marking them with a check and please mark with an x the areas you feel you would rather not be involved in.

### Hospital Ministry

Evangelism\_\_\_\_  
Practical helps e.g. Running for medications or minding sick patients\_\_\_\_  
Arts and crafts\_\_\_\_  
Speaking at Doctors bible study group \_\_\_\_  
Emergency nighttime call out team \_\_\_\_

### Children's Recovery Unit Ministry (CRU) Olongapo/Baguio

Working with the children in a houseparent/care giving role \_\_  
Cooking \_\_  
Cleaning \_\_  
Maintenance \_\_\_\_  
Working with the patients in a medical role as qualified \_\_\_\_  
Helping with Play Therapy \_\_\_\_  
Speaking at staff devotions \_\_\_\_  
Creative arts\_\_\_\_

### Community Projects

Being involved in children's bible studies \_\_\_\_  
Being involved in evangelistic crusades \_\_\_\_  
Being involved in medical missions \_\_\_\_  
Being involved in home visitation \_\_\_\_

## Section C

### REFERENCE FORMS

#### We require

1 x Friend / Co-Worker reference  
1 x Pastors reference  
1x Employers reference

*Your application will NOT be processed until we receive all your reference forms. Please ensure that all your referees complete and send them into our office as soon as possible.*

*If your parents are your pastors we ask that you have a youth pastor or cell group leader complete your pastoral reference. Please contact us if you need clarification.*

### References - Friend / Co-worker

Please list the people to whom you gave your reference forms.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

### Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Is your Pastor in agreement with your plans?  Yes  No

How long have you attended this church? \_\_\_\_\_

What size is the church? \_\_\_\_\_

How would you describe your relationship with your pastor?

\_\_\_\_\_

**FRIEND / CO-WORKER Reference Form**  
**(Confidential! Please do not show completed form to the applicant.)**

**Name of Applicant** \_\_\_\_\_

The above applicant has applied to Helping Hands Healing Hearts Ministries Philippines Inc as a volunteer Missionary to work with sick and dying children and their families. (Please see [www.helpinghandsministries.com](http://www.helpinghandsministries.com) for a full overview of the ministry)

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for the volunteer program.

**Your name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

1) What is your relationship to the applicant, (leader, friend)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

5) How do you think missions' exposure at Helping Hands Healing Hearts Ministries Philippines Inc will aid the applicant's development?

6) What ministry or spiritual gifts have you observed in operation in the applicant?

7) Have you any reservations about the applicant volunteering to work with sick and vulnerable children or in applying in general to be a missionary?

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity?  
If so, please explain, including how it was resolved.

9) Please rate the applicant's ability to get along with his or her peers:

Outstanding  Excellent  Good  Fair  Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding  Excellent  Good  Fair  Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding  Excellent  Good  Fair  Poor

12) Please rate the applicant's leadership skills:

Outstanding  Excellent  Good  Fair  Poor

13) Please rate the applicant's ability to overcome adversity:

Outstanding  Excellent  Good  Fair  Poor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct all forms to : **Fax: (+63) 47 223 3601** or

**Email to: [contact@helpinghandsministries.com](mailto:contact@helpinghandsministries.com)**

**Post to: Claire Henderson, Helping Hands Healing Hearts Ministries,  
6 Harris Street, East Bajac Bajac, Olongapo City, Philippines 2200**

**Employers Reference Form**  
**(Confidential! Please do not show the completed form to the applicant.)**

**Name of Applicant** \_\_\_\_\_

The above applicant has applied to Helping Hands Healing Hearts Ministries Philippines Inc as a volunteer Missionary to work with sick and dying children and their families. (Please see [www.helpinghandsministries.com](http://www.helpinghandsministries.com) for a full overview of the ministry)

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for the volunteer program. Please be honest in your recommendation as we want the best for both our children and the applicant.

**Your name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

1) What is your relationship to the applicant?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

5) How do you think Helping Hands will aid the applicant's development?

6) How would you describe the applicants work ethic?

7) Have you any reservations about the applicant volunteering as a missionary abroad or in relation to the applicant working with vulnerable children and their families?

8) Do you know of any incidents or examples in which the applicant compromised his or her integrity?

If so, please explain, including how it was resolved.

9) Please rate the applicant's ability to get along with his or her peers:

Outstanding  Excellent  Good  Fair  Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding  Excellent  Good  Fair  Poor

11) Please rate the applicant's ability to relate to the general public:

Outstanding  Excellent  Good  Fair  Poor

12) Please rate the applicant's leadership skills:

Outstanding  Excellent  Good  Fair  Poor

13) Please rate the applicant's ability to overcome adversity:

Outstanding  Excellent  Good  Fair  Poor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct all forms to :

**Fax: (+63) 47 223 3601 or**

**Email to: [contact@helpinghandsministries.com](mailto:contact@helpinghandsministries.com)**

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6 Harris Street, East Bajac Bajac, Olongapo City, Philippines 2200**

## LETTER TO PASTOR

Dear Pastor

Greetings from Helping Hands Healing Hearts Ministries Philippines Inc. You have been given this form, by somebody whom you have pastoral oversight for, who wishes to volunteer at our mission for sick and dying children and their families in the Philippines. (Please see [www.helpinghandshealingheartsministires.com](http://www.helpinghandshealingheartsministires.com) for a full overview of the mission)

Helping Hands Healing Hearts Volunteer Missionary Program is designed for people who are already attaining, or heading toward a level of maturity and Godly character and have a specific call to Missions. It is our vision to see people released to minister with a pure heart, knowing how to sense and flow with the Holy Spirit, and having the tools to practically minister.

Many volunteers do attain a measure of healing in their personal lives as they come to serve God but please bear in mind that this healing is a by-product of their obedience to God and willingness to serve, but it is not, and cannot be, their primary reason for applying to come. They should be coming to help others heal rather than be ministered too directly. Please keep this in mind as you recommend the applicant as they are coming out as a representative of your church. Attitude of the heart and character are major factors in our decision to accept this person.

We would be grateful if you could complete the attached reference form so we can assess if this ministry is right for the applicant.

All information on this form is confidential.

In Grace,

Claire Henderson  
Founder and Director

**PASTOR'S Reference Form (Confidential)**

**Name of Applicant** \_\_\_\_\_

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name \_\_\_\_\_

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

1) How long have you known the applicant? \_\_\_\_  Month(s)  Year(s)

What is your position in the church?

Pastor  Elder  Other \_\_\_\_\_

3) How well do you know the applicant?

Very well  Well  Casually

4) Were you aware of the applicant's intention to volunteer with us prior to receiving this form?

Yes  No (comments) \_\_\_\_\_

5) Are you happy with his/her intentions?

6) In what activities has the applicant participated since attending your church?

7) Has he/she shown effectiveness in these activities?

8) Does the applicant tithe regularly to the church?

Yes  No  Unsure

9) Upon your observation, do you see the applicant as financially responsible?

Yes  No  Unsure

10) In your association with the applicant, what has been the level of commitment you have seen?

Faithful  Inconsistent  Other (comments:)

11) This is an evaluation of the applicant's overall characteristics.

*Please tick one for each category.*

**Responsiveness to others Leadership Ability**

- slow to sense how others feel  leads naturally
- unusually sensitive and understanding  tries but lacks ability
- reasonably responsive  has some leadership promise
- understanding and thoughtful  makes no effort to lead

**Physical Condition Willingness to serve**

- excellent health  eager to serve as needed
- average health  co-operative when asked
- frequently ill  reluctant to serve

**Intelligence Teamwork**

- excellent intellectual capacity  works well with others
- average mental ability  reasonably cooperative
- learns and thinks slowly  insists on having own way

**Relationships Achievement**

- sought out by others  takes initiative
- liked by others  meets average expectation
- tolerated by others  starts but does not finish

**Christian experience Ability to follow**

- mild but genuine  appropriately submissive
- relatively superficial  follows blindly
- rich and growing  cooperative
- over emotional  resistant to direction

**How does the applicant usually react to trying situations?**

- withdraws  gets discouraged  gets angry
- meets constructively  accepts patiently  other (explain).....

**Evaluation of applicant's emotional maturity.**

- Outstandingly mature. Has a proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

*Additional Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12)** Please comment on areas of weakness you might be aware of.

\_\_\_\_\_  
\_\_\_\_\_

**13)** To your knowledge, has the applicant ever been arrested for any offense?

- Yes  No *If yes, please explain:*

**14)** Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes  No *If yes, please explain:*

**15)** To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviors.

- Yes  No *(If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)*  
 **Please check here (If, you feel that you cannot answer this question in writing, we would be happy to speak with you personally. All answers are confidential.)**

**16)** Please comment on the family background.

**17)** Overall, what do you consider to be the applicant's strong points? (include special abilities)

**18)** What could Helping Hands Healing Hearts do to aid the applicant's development?

**19)** Do you wholeheartedly recommend this person as a missionary to Helping Hands and representative of your church?

\_\_\_\_\_  
To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and help with this application.

Please direct all forms to:

**Fax: (+63) 47 223 3601 or**

**Email to: [contact@helpinghandsministries.com](mailto:contact@helpinghandsministries.com)**

**Post to: Claire Henderson, Helping Hands Healing Hearts Ministries,  
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