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 **JOINT RELIEF SOCIETY VOLUNTEER APPLICATION FORM**

First Name: ……………………………………………………………………………………..,……………………………..

Surname: …………………………………………………………………………………………………………………………..

Postal Address: …………………………………………………………………………………………………………………..

Tel: ..........................................................................................

Town: ……………………………………………………………………………………………………………

Email: ……………………………………………………………………………………………………………………..

Date of Birth: ……………………………………………………………………………………………………………….

Age: …………………………………………………………………………………………………………………………..

Marital Status: ………………………………………………………………………………………

**TELL US ABOUT YOUR FAITH (Give details on a separate sheet)**

What church do you go to? ................................................................................

Church Leader/Pastor: …………………………………………………………………………………..

Postal Address: ……………………………………………………………………………………………..

Email: …………………………………………………………………………………………………………….

How did you know about JRS? ...............................................................................

Do you have any experience in leadership (Tick where applicable)

YY YES

 NO

Do you have any skills (e.g. Art and crafts, Music, dance and drama, IT skill building etc?)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Would you be able to raise your transport to JRS office for missions?

 YES

 NO

Do you have any medical condition or allergy?

 YES

 NO

Do you require special diet?

 YES

 NO

In case of any emergency during your time with JRS please provide details of a suitable contact (N.B should be someone who is not on team with you.)

…………………………………………………………………………………………………………………………………………………………………………………………………..

Name: …………………………………………………………………………………………

Address: ……………………………………………………………………………………….

Relationship: ………………………………………………………………………………….

Tell No: …………………………………………………………………………………………….

When are you available to help?

 Morning

 Afternoon

 Whole Day

**WHO IS YOUR REFERENCE?**

Before accepting you on team you must have one suitable referee. Please give the name and address of the person you have agreed to contact as your referee (Must be a church leader)

**REFERENCE 1: Church Leader**

Name: ……………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………

Tel No: ………………………………………………………………………………………………………………

Email: ……………………………………………………………………………………………………………..

Have passed the forms to your referees

 YES

 NO

**REFEREE FORM:**

Name of applicant: ………………………………………………………………………………………………

Name of referee: …………………………………………………………………………………………………….

Tell No: ……………………………………………………………………………………………………………………….

How long have you known the candidate and in what context:

………………………………………………………………………………………………………………………………………………………………..

Please give details of any similar work in which the applicant has been engaged in recent years and your impressions.

………………………………………………………………………………………………………………………………………………………………………………………………

In your own view what are the applicant’s qualities (e.g. temperate, reliability, response to pressure, etc.)

Strengths: ……………………………………………………………………………………………………………………………………………………………………

Weaknesses: …………………………………………………………………………………………………………………………………………………………………………..

Please comment on the applicant’s spiritual life?

…………………………………………………………………………………………………………………………………………………………………………………………………………..

Are you able to give him/her any support (Please tick where applicable)

 Financial

 Prayer Support

Signed……………………………………………………… Date: ………………………………………………

OFFICIAL USE ONLY

Approved by: ……………………………………………………..

Initials: ………………………………………………………………………………………………………

Date: ………………………………………………………………………………..

 **RULES AND PROCEDURES**

**Office Rules**

1. Office hours: Monday-Friday 8:00am – 4:00pm. Devotion begins at 8:00am every morning. Please come prepared to work. Employees are expected to work Monday-Friday 9:00-4:00pm. Please items must be dealt with after 4:00pm. Office doors will be locked promptly at 6:00pm, unless an employee or Volunteer is still completing the day’s work.
2. Compuetr and printer limited to the Administrator only. You must seek permission from the Adminstrator for use of the computer and printer for JRS. If you are doing any other work or printing non-JRS ink will be deducted from salary or Transport.