



# Christian Friends of Israel-Jerusalem

## Volunteer Application Form

(For Long and Short-Term Applications)

Full bodied  
photo please  
(DO NOT SEND  
APPLICATION  
WITH OUT  
PHOTO)

### 1. Personal Information

Name \_\_\_\_\_  
Last First Middle Initial

Home address \_\_\_\_\_

City State Zip/Postal Code Country

Passport No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ Country of Origin \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Cell/Mobile Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Social Networking Site (ministry only – not personal) i.e. Facebook, Twitter, Linked-In \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current Profession/Occupation \_\_\_\_\_

If retired, when? \_\_\_\_\_ Previous Occupation \_\_\_\_\_

I am applying for work at ( ) CFI Headquarters Building ( ) CFI Distribution Center ( ) Either Location

I am applying for \_\_\_\_\_  
(State specific position that would be most fulfilling for you that you are qualified for.)

Date available to serve \_\_\_\_\_

Length of commitment \_\_\_\_\_

How did you hear about CFI? \_\_\_\_\_

Are you eligible under the Law of Return to live in Israel? Yes \_\_\_\_ No \_\_\_\_

Are your grandparents Jewish? Yes \_\_\_\_ No \_\_\_\_

Do you intend to make aliyah? Yes \_\_\_\_ No \_\_\_\_

## 2. Previous Application

Have you previously **submitted** a volunteer application to Christian Friends of Israel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you previously **volunteered** with Christian Friends of Israel – Jerusalem Office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where \_\_\_\_\_

Length of Volunteer Service? \_\_\_\_\_ Long-Term \_\_\_ Short-Term \_\_\_ Temporary (while on tour) \_\_\_\_\_

Have you ever worked or volunteered at any other Christian organization in Israel? Yes \_\_\_ No \_\_\_ If yes,

Organization Name \_\_\_\_\_ Work \_\_\_ Volunteer \_\_\_\_\_

Dates of Service \_\_\_\_\_ Where \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

## 3. MARITAL STATUS

What is your marital status? Single \_\_\_\_\_ Widowed \_\_\_\_\_ Married \_\_\_\_\_  
(Check one) Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Date of Event \_\_\_\_\_

CFI does not encourage partners in marriage to leave their spouse for short or long-term service for ministry in Israel. Marriage partners must both feel the call to serve the Lord in Israel. Where one spouse is called to this ministry and the other to another ministry in Jerusalem, for whatever reasons, please give details:

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

Name of Spouse \_\_\_\_\_

Is your spouse in agreement with your decision to serve with Christian Friends of Israel? Yes \_\_\_ No \_\_\_

Is your spouse willing to serve? Yes \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_

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

Do you have children? Yes \_\_\_ No \_\_\_ If yes, give details \_\_\_\_\_

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

Do you have any special family responsibilities (i.e. to elderly parents?) Yes \_\_\_ No \_\_\_ If yes, please explain

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

If you have a home, will it be properly looked after while you are away? Yes \_\_\_ No \_\_\_ Please explain

\_\_\_\_\_

## 4. Education/Profession

Beginning at High School, list all educational institutions attended.  
School and Education

	Time Period:	
	From Mo/Yr	To Mo/Yr

**OCCUPATION** \_\_\_\_\_

**Present Employer** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Duties Performed \_\_\_\_\_

**If you are unemployed, please explain why.** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Duties performed \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Duties performed \_\_\_\_\_

## 5. Church Affiliation

Name of church you regularly attend? \_\_\_\_\_

Are you a member? Yes \_\_\_\_ No \_\_\_\_ If a member, how long? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Name of Denomination \_\_\_\_\_

Pastor \_\_\_\_\_

Would your church be interested in finding out more about CFI's work in this country and abroad? Yes \_ No\_

Any other comments or information:

---

---

---

## 6. Christian Background

Were you raised in a Christian Home? Yes \_\_\_\_ No \_\_\_\_ Please give details \_\_\_\_\_

---

---

Date you were Born Again \_\_\_\_\_ Please write your personal testimony on the page provided at end of application.

Have you been baptized? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details \_\_\_\_\_

---

---

Do you believe in all the gifts of the Holy Spirit? Yes \_\_\_ No \_\_\_ Which gifts do you function in?

---

---

How and to what extent do you study the Bible?

---

---

What place does prayer have in your life?

---

---

Would you have difficulty working and worshipping with Christians from Pentecostal, Charismatic or Non-Denominational churches? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Name two books, other than the Bible, which have had a significant impact on your life:

---

---

Do you hold current ordination or ministerial certification as a pastor or functioning member of the clergy?

Yes \_\_\_ No \_\_\_ If yes, please attach a copy of your ordination papers or ministerial certification(s).

Comments: \_\_\_\_\_  
\_\_\_\_\_

## 7. Your View Of The Bible

I believe the Bible ... (Check One)

\_\_\_ is the infallible Word of God, and the standard for the Christian life and faith

\_\_\_ contains the Word of God, but is not infallible

\_\_\_ is an interesting spiritual document, but has to be re-interpreted for people and the needs of our time.

## 8. Your View On Israel

Why do you think God is calling you to Israel?

---

---

---

What is your understanding of Israel and the Jews?

---

---

---

---

What are your feelings towards the Arab peoples? Do you feel "called" to the Arabs?

---

---

## 9. Your Ministry

Do you have a definite call of God on your life to enter into full time ministry in Jerusalem? Yes \_\_\_ No \_\_\_  
How do you recognize this call?

---

---

### Your Ministry/Creative and Artistic Abilities:

Do you have any specific skills you could see yourself contributing to the Ministry?

---

Do you speak any languages other than English? If so, which ones?

---

---

Are you using your gifts on a regular basis to glorify the Lord? If so, in what way?

---

---

Do you play a musical instrument? Yes \_\_\_ No \_\_\_ If yes, please indicate which instrument(s)

---

Would you be willing to use your gift of music during our corporate times of worship? Yes \_\_\_ No \_\_\_

---

Are you willing to help out when necessary in areas other than your designated responsibility, and do tasks that may be dull, hard, or dirty as unto the LORD?

---

What do you believe to be the basic element of teamwork?

---

What difficulties, if any, do you find relating to your own sex or to the opposite sex?

---

---

Do you or have you ever had any problem with accountability or being submitted to leadership authority?

---

---

## Talent Inventory

Listed below are various areas of experience useful to Christian Friends of Israel. Read through the list below and check off areas of experience. A blank indicates no experience at all in a particular area.

### **A. SUPPORT SERVICES:**

- Carpentry
- Agriculture
- Architecture
- Construction
- Cook
- Electrical
- Gardening
- General Maintenance
- Janitorial & General Cleaning
- Masonry
- Mechanic
- Painting
- Plumbing
- Transportation
- Other: \_\_\_\_\_

### **B. BUSINESS/DATA PROCESSING**

- Accounting
- Administration
- Bookkeeping
- Computer
- Filing
- Law
- Library
- Reception/Telephone
- Typing/Secretarial
- Word Processing
- Other: \_\_\_\_\_

### **C. TRANSLATION/LINGUISTICS**

- Literacy
- Translation
- Language \_\_\_\_\_
- Teaching English as second language
- Interpreting (i.e. English to Spanish)
- Language \_\_\_\_\_
- Other: \_\_\_\_\_

### **D. COMMUNICATION**

- Radio/TV Programming
- Radio/TV Recording Engineering
- Printing
- Graphics/Art
- Computer Layout & Design
- Programs: \_\_\_\_\_
- Drama
- Photography
- Other: \_\_\_\_\_

### **E. ARTS AND CRAFTS**

- Sewing
- Needlework
- Painting
- Sculpture
- Basketry
- Other: \_\_\_\_\_

Using a scale of POOR / FAIR / GOOD / EXCELLENT, how would you describe your strengths/weaknesses in the following areas:

- a. Common sense/initiative \_\_\_\_\_
- b. Relating to others \_\_\_\_\_
- c. Integrity/honesty \_\_\_\_\_
- d. Teamwork \_\_\_\_\_
- e. Self-discipline \_\_\_\_\_
- f. Following instructions \_\_\_\_\_
- g. Adaptability \_\_\_\_\_
- h. Unselfishness \_\_\_\_\_
- i. Willingness to go the extra mile \_\_\_\_\_

## 10. Health

Is your general health - Excellent / Good / Fair / Poor? \_\_\_\_\_

Do you have any disease, disability or physical handicap that would have an effect on your work in any way? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please relate briefly: \_\_\_\_\_

Have you been in the hospital for illness or surgery during the last five years? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details: \_\_\_\_\_

Have you ever suffered from any form of mental or emotional illness? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details: \_\_\_\_\_

In the past two years, have you used any type of sedative or tranquillizer? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details): \_\_\_\_\_

Are you allergic to any medication or foods? Yes / No If yes, please give details: \_\_\_\_\_

Are you currently on prescription medicine? \_\_\_\_\_

Have you ever used tobacco?	Yes / No	If yes, last time: _____
Used alcohol?	Yes / No	If yes, last time: _____
Used illegal or habit forming drugs?	Yes / No	If yes, last time: _____
Been involved in homosexuality?	Yes / No	If yes, last time: _____
Been involved in occult practices?	Yes / No	If yes, last time: _____
Been involved in other religions or sects?	Yes / No	If yes, last time: _____

Year / Month

Comments: \_\_\_\_\_

Have you suffered any chronic illness during the past two/three years? Yes / No

Do you have a criminal record? Yes / No If so, please explain: \_\_\_\_\_



## 11. Nearest Relative

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_  
Cell/Mobile Telephone No. \_\_\_\_\_  
E-mail \_\_\_\_\_

## 12. References

Name (*Pastor*) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home or Cell/Mobile Telephone No. \_\_\_\_\_ How long have you known them \_\_\_\_\_  
E mail \_\_\_\_\_

Name (*Current or most recent employer*) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home or Cell/Mobile Telephone No. \_\_\_\_\_ How long have you known them \_\_\_\_\_  
E mail \_\_\_\_\_

Name (*Friend*) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home or Cell/Mobile Telephone No. \_\_\_\_\_ How long have you known them \_\_\_\_\_  
E mail \_\_\_\_\_

**\*\*Name (*Friend*)** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home or Cell/Mobile Telephone No. \_\_\_\_\_ How long have you known them \_\_\_\_\_  
E mail \_\_\_\_\_

**\*\*NOTE:** If you have volunteered or worked in Israel, please provide that information instead of the second friend reference.

## 13. Income

How do you plan to sustain your expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you covered by medical insurance? Yes / No If yes, please supply the name and address of the Insurance Company:

Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

If you do not have medical insurance, the ministry will provide basic minimal coverage after 90 days. You are required to cover the insurance expense for the first 90 days.

## 14. Rules and Regulations

I understand that:

- **Long-Term Support Staff** (a commitment of two years or more) must pay for their own round trip transportation, visas, and personal and utility expenses while in Israel. Christian Friends of Israel will provide shared housing, one meal a day, monthly bus passes and basic insurance after 90 days of service.
- **Short-Term Support Staff** (a commitment of more than two weeks) must pay for their own round trip transportation, visas, insurance, and all personal accommodation expenses while in Israel. Christian Friends of Israel will provide one meal a day and monthly bus passes.
- **Long-Term Support Staff** annual leave can only be taken after the completion of one-year of service. All long-term support staff receive time off for all CFI approved holidays.
- **Short-Term Support Staff** receive time off for all CFI approved holidays.

***"I acknowledge my responsibility to provide my own round-trip transportation to and from Israel, bear requisite costs for visas required for travel and volunteer service while in Israel, insurance for the first 90 days of service, as well as all personal and utility expenses while serving with CFI. I hereby certify that I have verified that all information given above is true and correct. I further acknowledge that any false statements or information given to CFI in connection with this application, for volunteer service, could be grounds for severance of volunteer ties with CFI. Should I be accepted and placed as Support Staff in Israel, I agree to place myself under the authority of CFI during my term of service and abide by accepted standard of conduct of CFI and Israeli law. Should I act otherwise, I understand that I will be requested to leave CFI and any CFI housing that has been provided. I further understand that there is a 3-month probation period".***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

