



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)

Date _____

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.
- **All Staff (short- and long-term)** agree for their image to be used in photographs and in videos which potentially will be viewed by people all over the world through the use of all forms of media (including but not exclusive to print, internet outlets and television networks).

"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

