



P.O. Box 9293 | Alta Loma, CA | 91701
office@hopemattersintl.org
(909) 907-9725

Dear Friend,

Thank you for your interest in volunteering with Hope Matters International! We are a faith-based, non-profit currently operating in Kenya with our main office being located in California. Our mission is to minister the love of Jesus Christ in a tangible way by physically and spiritually reaching out to serve impoverished African families and individuals through community advancement, healthcare, and development programs. We would appreciate if you would please fill out in entirety the attached volunteer application and return it either by e-mail to office@hopemattersintl.org or by mail to Hope Matters International, P.O. Box 9293, Alta Loma, CA 91701. Also attach a recent photo of yourself.

We ask that all volunteers assume the responsibility of either fundraising for, or personally paying for your travel and ministry expenses. You will also need to pay an administrative fee of \$100 to our office. We will provide information about fundraising methods. As we are a registered 501(c)(3), all funds donated for your trip expenses will be tax-deductible in the United States.

If you are interested in coming with a team, we will need a completed application from each team member. We prefer that teams consist of 2 – 8 individuals and serve for up to 10 days on-site. Individual volunteers typically serve for anywhere from a few days to a few weeks. Individuals interested in serving for longer durations should specify their interest in detail in their applications.

Please fill out the application as thoroughly as possible. If you need additional space, please feel free to use the last page of the application or attach additional pages. We request that applications be submitted a minimum of three months prior to desired service. Once your application is received, we may schedule a phone interview. If accepted, we will ask that you agree to go through a preparation process prior to coming to Africa. If you have any questions please do not hesitate to contact me.

Sincerely,

Michelle Kiprop, RN MSN FNP
Executive Director
www.hopemattersintl.org
michelle@hopemattersintl.org
+254.711.174.720



Hope Matters International Volunteer Application

Thank you for your interest in volunteering with us! Once you have completed the application below, you can send it to us by email (office@hopemattersintl.org) or by mail (Hope Matters International, P.O. Box 9293, Alta Loma, CA, 91701). If you have a CV or Resume, please feel free to send it along with the application.

SECTION 1. DEMOGRAPHICS

FULL NAME		EMAIL ADDRESS		TODAY'S DATE
MAILING ADDRESS			PHONE NUMBER	
BIRTHDAY	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		MARITAL STATUS
NAMES & AGES OF CHILDREN				

If you are currently employed, please complete the following section:

EMPLOYER	JOB TITLE
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If you are currently a student, please complete the following section:

UNIVERSITY/COLLEGE NAME	COURSE OF STUDY	ANTICIPATED GRAD DATE
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SECTION 2. EMERGENCY CONTACT

FULL NAME		EMAIL ADDRESS		RELATIONSHIP
MAILING ADDRESS			HOME PHONE	CELL PHONE

SECTION 3. MEDICAL INFORMATION

Please list any allergies, including medications.	
Please list all medications you are currently taking.	
Do you currently have any health problems or concerns?	
Are you currently seeing a therapist or counselor?	

SECTION 4. GENERAL INFORMATION

Please take your time answering these questions. Feel free to attach additional pages if you need more space.

How did you hear about Hope Matters International?	
Why are you interested in volunteering with Hope Matters?	
Do you have a personal faith or religious affiliation? Describe your beliefs.	
If you currently attend a church, what church? Describe your level of involvement.	
What capacity do you hope to volunteer in? <small>If applicable, please describe the specific opportunity you're applying for (i.e. team project, church group, internship, position, etc)</small>	
Describe your education, work experience, and skills. How do you foresee these skills being useful in your volunteer service?	
Please share a few of your strengths.	
Please share a few of your weaknesses.	

SECTION 5. REFERENCES

Please provide us with two references who know you well that we can contact.

Reference 1:

FULL NAME	RELATIONSHIP
EMAIL ADDRESS	PHONE NUMBER

Reference 2:

FULL NAME	RELATIONSHIP
EMAIL ADDRESS	PHONE NUMBER

SECTIONS 6, 7, AND 8 ARE ONLY REQUIRED FOR THOSE APPLYING TO VOLUNTEER IN AFRICA

SECTION 6. TRAVEL INFORMATION

EXACT NAME AS IT APPEARS ON YOUR PASSPORT	PASSPORT NUMBER	EXPIRATION DATE
Are you comfortable receiving recommended immunizations and taking medications to prevent malaria?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. FINANCIAL INFORMATION

How do you plan to pay for your travel and volunteer expenses?	<input type="checkbox"/> Raising Support <input type="checkbox"/> Personal Funds <input type="checkbox"/> Other (please explain below)
Have you raised support before? If so, please explain.	

SECTION 8. FURTHER INFORMATION

Please answer the questions below. Feel free to attach additional pages if you need more space.

How long would you like to volunteer for?	
What dates are you interested in?	
What is your second choice of dates?	
Where have you traveled in the past? Please list locations, how long you were there, and the purpose of your travel.	
Why are you interested in volunteering in Africa?	
What do you picture yourself doing in Africa?	

ADDITIONAL SPACE (IF NEEDED)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide additional information or details if needed.