



FAITH INTO PRACTICE

Canaan Volunteer Application Form

Please note:

Those wishing to participate in our Canaan Volunteers-Program are asked to submit personal information about themselves and their families with their applications. This information will be treated confidentially and not disclosed to anyone outside the Sisterhood. Information provided during personal talks will also be treated confidentially and not disclosed to anyone, unless you specifically request us to do so.

1. BACK GROUND DETAILS

Given Name		Family Name	
Age		Date of Birth	
Gender		Place of Birth	
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Remarried	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Address			
Country			
Home Phone		Mobile Phone	
E-mail Address			
Occupation			
Work Experience	<i>Employer</i>	<i>How long?</i>	

2. CHRISTIAN LIFE

Church attended		Denomination	
How long have you been a Christian?			

3. Next of Kin

Name		Contact No:	
Address			
E-mail Address			

4. LANGUAGE - *what languages do you speak? (Include your first language)*

Language	Fluently	Moderate	Limited
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. RECREATIONAL ACTIVITIES

Hobbies	What are your interests, hobbies, and activities?
Musical experience	Do you play any instrument/s? If yes, which instruments/s? Did you study music? If yes, at which level?
Other experience	Have you engaged in drama, dance or art? – <i>Please elaborate.</i>

6. PERSONALITY - *please check any of the following that you feel may apply to you.*

<input type="checkbox"/>	Extrovert	<input type="checkbox"/>	Quiet and fairly shy	<input type="checkbox"/>	Readily adaptable
<input type="checkbox"/>	Easygoing	<input type="checkbox"/>	Energetic	<input type="checkbox"/>	A person who takes the lead
<input type="checkbox"/>	A person who enjoys a challenge		<input type="checkbox"/>	A person who has a good sense of humour	
<input type="checkbox"/>	A person who has problems in coping with authority				
<input type="checkbox"/>	Accustomed to holding responsibility (school, work, family)				
<i>* You can check more than one whatever you feel close to you.</i>					

7. MEDICAL HISTORY - *If yes, please specify*

- You need to take out your own travel health insurance. – Required!!!

Do you have (or have had) any medical illness?(asthma, allergies, depression etc)

Do you have any special dietary needs due to medical problem?

Do you smoke? If yes, how long have you smoke? How many cigarettes a day?

✓ Please check all questions.

YES

NO

If yes, Please specify

Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Back problem	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hay fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Allergic to penicillin or medicine	<input type="checkbox"/>	<input type="checkbox"/>	
Are you at present under the doctor's care for any condition? If yes, please specify			
Are you taking medication at this time? if yes, please specify			
Do you / or have you ever had a mental Health condition? if yes, please specify			

9. PLAN FOR CANAN	
How long and what time did you have in mind to be a Canaan volunteer?	
• Time	
• How long	
• Plans	

10. PUROSE FOR CANAAN

Which situation are you in now? – *Please check the statement which best describes you.*

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Looking for a 'time out' place - wanting to be away from present circumstances. |
| <input type="checkbox"/> | Parents, family member or Pastor recommend that I undertake Canaan experience. |
| <input type="checkbox"/> | Hearing from friends about Canaan and wanting this experience... |
| <input type="checkbox"/> | Wanting to be serious about a relationship with Jesus. |
| <input type="checkbox"/> | Wanting to improve English and experience Australia. |

** You can check more than one whatever you feel close to you.*

Why do you want to come to Canaan and what are your expectations?

- We ask you to apply for our Canaan Volunteers **ONLY if this IS your own decision.**
- We have had experience that people who came here by other people's suggestion or recommendation, had a problem settling into Canaan. Please consider our advice and please apply **only if you yourself want to come!!!**

How did you get to know about the Evangelical Sisterhood of Mary?

If you heard about Canaan from other people, please tell us who did you hear from?

I declare that the information I have given in on this form is correct and complete.

Name (Print):

Date:

Signature: