NEW DAY VOLUNTEER APPLICATION

GENERAL VOLUNTEER

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Consideration for acceptance is not based solely on vocational qualifications or educational achievements.  An applicant’s calling is strongly considered in the decision-making process.  All applicants are given very thoughtful and prayerful consideration by the New Day Volunteer Services leadership.*  ***Please do not use this application for the Summer Staff Program.*** | | | | | | | | | | |
| Please type responses into cells highlighted in yellow and save your document frequently.  File name should be **lastname.firstname.2016**. | | | | | | | | | | |
| **Date:** | |  | |  | | | | | | |
| **Application Type:** | | Short Term  *(One month or less)* | | Extended Term  *(More than one month to six months)* | | Long Term  *(More than six months)* |  | |  | |
| Check one: | |  | |  | |  |  | |  | |
| **Dates you wish to volunteer at New Day:** | |  | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | | | | | | | |
| **Full Name:** | |  | | | |  | | | | |
| **Personal Details:** | | **Date of Birth (mm/dd/yy):** | | **Age:** | | **Gender:** | **Nationality:** | |  | |
|  | |  | |  |  | |
| **Address:** | | Street Address | | City | | State/Province | Zip/Postal Code | | Country | |
|  | |  | |  |  | |  | |
| **Telephone Numbers:** | | Cell/Mobile | | Home | | Work |  | | | |
|  | |  | |  |
| **Email Address:** | |  | | | |  | | | | |
| **Marital Status:** | | Single | |  | | Married |  | | | |
|  | | | | | | Spouse's Name: |  | | | |
| Is your spouse planning to volunteer at New Day also? | | |  | |
| **Dependents:** | Number | |  | Ages | |  | | | |
| Will any children under 18 be accompanying you on this trip? | |  |  | | --- | --- | | YES | NO | | | | If yes, please list names and ages: | |  | | | |
|  | | | | | | | | | |
| **EDUCATION** | School Name | | | Dates | | Major | | Degree | |
| High School |  | | |  | | -- | | -- | |
| Vocational School |  | | |  | |  | |  | |
| University |  | | |  | |  | |  | |
| University |  | | |  | |  | |  | |
|  | | | | | | | | | |
| **EMPLOYMENT HISTORY** | Company Name | | | Dates of employment | Title/Position | | Job description | | | | |
| Employer (Current or most recent) |  | | |  |  | |  | | | | |
| Previous Employer |  | | |  |  | |  | | | | |
| Previous Employer |  | | |  |  | |  | | | | |
| Previous Employer |  | | |  |  | |  | | | | |

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| **VOLUNTEER EXPERIENCE** | Organization | | Dates | | Title/Position/Role | | | Job description/ activities performed |
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| **PERSONAL STATEMENT** |  | | | | | | | |
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| **ADDITIONAL QUESTIONS** | | | | | | | | |
| 1. How did you hear of New Day? |  | | | | | | | |
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| 2. Please describe why you are interested in coming to serve with New Day. |  | | | | | | | |
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| 3. What do you believe are your strengths in interpersonal relationships? Weaknesses? |  | | | | | | | |
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| 4. Have you discussed your interest in New Day with your mentors? If so, please describe their response. |  | | | | | | | |
| 5. If you come to work at New Day, are you willing to serve wherever you are most needed? | | | | | | | |  |  | | --- | --- | | YES | NO | | |
|  | | | | | | | | |
| 6. Are you willing to submit to the authority of the New Day Creations Board and those in leadership positions? | | | | | | | |  |  | | --- | --- | | YES | NO | | |
|  | | | | | | | | |
| 7. Are you willing to work with people who belong to other denominations and to love them in line with I Corinthians 13 and I John 4? | | | | | | | |  |  | | --- | --- | | YES | NO | | |
|  | | | | | | | | |
| 8. Have you ever been to China before? | | |  |  | | --- | --- | | YES | NO | | | 9. If so, how long was your visit? | |  | | |
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| Additional information that you feel would be helpful as we consider your application: | |  | | | | | | |

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| **SERVICE AREAS: Please indicate which of the following service areas you feel would best fit your experience and abilities. Put an X in the box across from all areas that you would like to be considered for.** | | | | | | | | | | | | | | | |
| **Foster Home Roles** | | | | **Outreach and Volunteer Support Roles** | | | | | | | | | | | |
| Medical/Therapy (requires medical training and experience) | |  | | Home school tutor (indicate subject areas) | | | | | |  | |  | | | |
| Baby | |  | | Art/music/PE/drama/ dance (indicate which areas) | | | | | |  | |  | | | |
| Toddlers | |  | | English tutor/Language partner | | | | | |  | |  | | | |
| Curriculum development | |  | | Graphic design | | | | | |  | |
| Sign language training | |  | | Hospitality | | | | | |  | |
| Photography/Video editing | |  | | Landscaping | | | | | |  | |
| Computer: data entry/database/social media | |  | | Maintenance | | | | | |  | |
| Office administration | |  | |  | | | | | | | | | | | |
| Pre School (indicate teacher or assistant) | |  | |  | | | | | | | | | | | |
| **Do you speak Mandarin?** | |  | Beginner | |  | Intermediate | | |  | | Advanced | | |  | Fluent/  Native Speaker |
| **OTHER SKILLS AND ABILITIES** | |  | | | | | | | | | | | | | |
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| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | |
| Are you allergic to any medications? If so, please specify: |  | | | | | | | | | | | | | | |
| Do you have any food allergies or special dietary needs? If so, please specify: |  | | | | | | | | | | | | | | |
| Do you have any pre-existing medical conditions or physical limitations? If so, please specify: |  | | | | | | | | | | | | | | |
| New Day requires all volunteers to have health insurance that covers international travel. Is this something you have currently or are willing to obtain? |  | | | | | | | | | | | | | | |
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| **Emergency Contact:** | Name | | | Relationship | | | Phone number | | | | | | Email address | | |
| Primary: |  | | |  | | |  | | | | | |  | | |
| Secondary: |  | | |  | | |  | | | | | |  | | |
| **New Day requires all volunteers to have a living will (or advance directives) prior to coming to serve in China. Is this something you have currently or are willing to obtain?** | | | | | | | |  | | | | | | | |
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| **STATEMENT OF AUTHENTICATION** | | | | | | | | | | | | | | | |
| **I certify that to the best of my knowledge, all the information I have given is both truthful and accurate. I permit verification of all given information. (Type name below)** | | | | | | | | | | | | | | | |
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After completing this application and saving it, please email it as an attachment to [erik.gomez@newdaycreations.com](mailto:erik.gomez@newdaycreations.com). At least one completed reference is required to process your application. Applications will be reviewed by our team, and you will be contacted about next steps as soon as possible. Please keep in mind that submitting an application does not guarantee acceptance as a volunteer and no plane reservations should be made prior to receiving confirmation from New Day. Please see the Volunteer Services website for more information on the application process.