

Staff/ Volunteer Application

Checklist:

1. APPLICATION FORM This application form is for application as a long-term staff or volunteer with Unstoppable Love International. All questions must be answered. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives must complete separate application forms. 2. PHOTO Please attach a recent photo of yourself (together with spouse and children, if applicable) 3. PERSONAL REFERENCES The contact information for 3 references must be given. We will email the forms to them and the forms must be submitted. 4. MEDICAL REQUIREMENTS Please complete all questions regarding your personal health history. If the leadership have any specific concerns they may ask you to also have a supplementary reference form completed by your doctor. 5. ADDITIONAL QUESTIONS Please submit complete answers to the questions regarding your Christian life and call, and if needed use a separate piece of paper or as a supplementary document attachment. 6. RELEASES All five legal releases must be signed before your application can be processed. 7. PASSPORTS All foreign volunteers must have a valid passport with an expiration date of at least 6 months after arrival in Indonesia, though we recommend it be valid at least 12 months. Please include a copy of the photo-page of your passport with this application. Note RE: VISAS Please do NOT apply for a visa until you receive confirmation of acceptance from Unstoppable Love and the appropriate papers. If you have a current Indonesian visa, please tell us what type of visa you have and when the visa expires. 8. HEALTH INSURANCE Please attach a copy of your health insurance card or letter of coverage. ALL FORMS ARE TO BE EMAILED TO: info@unstoppableloveinternational.org

Please Note: After we receive your application, members of the Leadership Team will process it and pray over it and they will let you know as soon as possible if you are accepted.

Application for Staff & Volunteers:

You will need a pastoral reference and two other references. (Friends, Mentors, or leaders) If you need more room to answer the following questions please attach an extra sheet of paper.

Full Name:	
Email Address:	
Phone Number:	
Address:	
City:	
State:	Zip/Postal Code:
Country:	Preferred Language:
Gender: Male / Female	Other Languages Spoken:
What hobbies do you have: _	
How did you hear about us:	
Are you applying for: Long-te	rm STAFF / VOLUNTEER
IF Volunteer, How long do yo	u hope to stay?
	3 months do you agree to meeting regularly, one on ray, be open, and accountable? Y
	ounselor if recommended by our leadership team This type of ministry can be hard and all of us need to
If No please explain why:	

If you are from outside Indonesia: Is this your first time to Indonesia? Y N If- NO please explain:
Will this be your first time living in another culture? Please explain:
IF YOU CAN SPEAK INDONESIAN, Please rate your ability to understand spoken Bahasa Indonesia in a lecture-type setting. I need assistance understanding.
□ I can understand simple concepts if they speak slowly
□ I generally understand most Indonesian at a conversational level
□I can understand perfectly
Please rate your ability to speak Bahasa Indonesia.
□ I have trouble communicating in it
□ With effort on my part and the speaker, I can usually be understood
□ I can easily hold a conversation
□ I speak fluently
Education & Skills
Have you graduated from High School? Yes No Graduation Date Have you attended College/University? Yes No Please give details (including area of study, years attended & graduation date if applicable)

Have you attended any ministry schools or programs? Yes No If yes, please explain
What is your highest level of education? What was your main field of study?
What industry area do you have the most experience in?
How many years experience do you have in this area? Do you have any other special skills, talents, or experience you would like to tell us about?
Employment Are you currently employed? Yes No Occupation
Current Employer
Can we contact your employer? Yes No
Finances: How do you plan to pay for your living expenses?
Are you currently behind or late on any payments? (Credit cards, loans, monthly bills, other debts) Yes No
If yes, please Explain

Family

Currer	nt Marital Status
	Married
	Single
	Divorced
	Widowed
What i	s your spouse's name?
Is you Yes	r spouse in full agreement with your decision to work with this ministry? No
Please	e explain:
	re not married, are you in a relationship? Yes No please explain.
Have (ever been separated and/or divorced? Yes No
	e provide an explanation of each marriage and separation and/or divorce.
	u have children? Yes No s & Birthdates of children

Health

Do you have any illnesses? Yes Please list and describe them.	No
Have you received treatment for any conditions in the last 5 years? YES Please list them.	diagnosed physical, emotional or mental NO
Please list any medications used for last used.	the above conditions and when they were
Have you experienced depression/or What treatment/help did you seek? \	
struggle? Please explain	
Do you have any physical, emotional Please list them.	or mental limitations you might experience?

Believer Lifestyle

"A revivalist is a believer who is focused and passionate, willing to pay any price to live in community, purity and power."

We are asking you to "pay the price" of transparency and trust as you answer the following very personal questions. We understand some of these are sensitive questions and may be difficult to answer. In order for you and us to help other women, we too must be able to work through things that have been done to us. In other areas we don't mean to highlight sin, as we know believers are forgiven and are new creations in Christ, but it is helpful for you to seriously consider our expectations in order to know if you will thrive here.

The freedom of the environment demands a high level of self-control and it works best when this sort of self-management is already being demonstrated before you come as we are not a recovery or a discipleship school, and instead will be helping women in their recovery and discipleship. If you are still trying to figure out your commitment to Christ or to personal holiness and wholeness, we are not the organization for you. If this is the case, God has a different assignment for you at this stage of your life.

NOTE: Answering YES to the following questions will NOT automatically disqualify the applicant from acceptance.

Do you have a history of being sexually molested and or raped? Y
How have you received healing in this area?

Have you used tobacco within the last 12 months? Y N Please explain.

Have you consumed alcoholic beverages within the last 12 months? **Y** Please explain.

Have you exhibited any self-destructive behavior or habitual problems with the last 5 years? (i.e. eating disorder, masturbation, cutting, compulsive lying, etc.)

Y N Please explain.

Have you ever been arrested? Y N If yes, please provide a brief explanation of when and why.
Have you ever been involved in the occult, witchcraft, or cults? Y N Please explain:
Have you ever been delivered from demons? Y N If so, when and please explain.
Spiritual History
When did you accept Christ as your personal Savior?
Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4?
How would you describe your daily walk/relationship with God?

Do you have a home church? Y N Are you a member? Y N
Are you directly connected to your pastor at your home church? Y Do you attend church regularly? Y N
How long have you been regularly attending there?
In what capacity are you currently serving your local church?
Have you recently left another church? Y N Was it a good parting or are there unresolved issues?
Please give a brief description of any Christian service you've done (i.e. ministry experience, volunteer work, etc.)
Home Church
Pastor's Name (for Reference)
Pastor's Email address
Pastor's Phone number (with country code)
Church Address
Church Phone Number
Church City
Church Country State
(county/province)

How did you hope to see yourself serving with us?
Briefly explain why you want to be a part of our ministry.
What are you passionate about?
What is your greatest strength?
Please list your other two reference's _լ դames, phone and email addresses:
First Reference:
Name:
Phone Number (with country code)
Email address:

Second Reference:
Name
Phone Number (with country code)
Email address
AFFIRMATIONS & LEGAL RELEASES DECLARATION
Please type your name in the signature lines if you agree. Upon arrival we will ask you to sign the forms in person.
I declare that all information disclosed in this application form and its attachments to be true and correct. I have not withheld any relevant information. I agree to the use of the information (including the disclosure) by the staff of Unstoppable Love for any purpose pertaining to my training, service, or well-being. I understand that I am coming to join the overall vision and ministry of Unstoppable Love and that my first priority will be to serve the whole vision. If accepted, I will abide by the spirit, values, policies and schedule of the Organization. Applicant's Signature
Date
RELEASE OF LIABILITY
I do hereby release Unstoppable Love, its agent, employees and volunteer assistants from
any liability whatsoever arising out of any injury, damage or loss of life which may be
sustained by me during the course of involvement with Unstoppable Love.
Applicant's Signature
Data

CONSENT FOR TREATMENT
I do hereby agree to the performance of medical treatment, anaesthetic and operation as
the attending physician/surgeon deems necessary.
Applicant's Signature
Date

CONSENT FOR BURIAL

In the case of accidental death, the law of the country may require that the body be buried or cremated. Although every attempt will be made to fulfill the family's wishes concerning the disposition of the deceased, this may not be possible.

I, the undersigned, hereby grant consent for the burial/cremation of my body in accordance with the law in that location, in the eventuality of my death while in the service of Unstoppable Love.

Applicant's Signature		 	
	Date		

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I confirm that I understand payment of the required fees must be made upon arrival, unless otherwise arranged with leadership, and I agree to do so. I am also fully aware of my financial responsibilities to the Lord and to Unstoppable Love. I therefore accept all responsibility for my fees and personal expenses incurred during my involvement as a staff/volunteer with Unstoppable Love.

Applicant's Signature ______

Once application is fully filled out please email to info@unstoppableloveinternational.org

Date _____

Add any additional info or comment that you may not h	ave had room to
write above:	