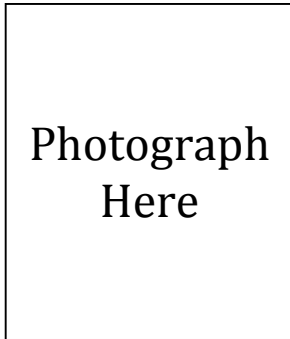


# King of Kings Ministries Jerusalem Volunteer Application



Name:

\_\_\_\_\_

First Middle Last

Date you would be available to volunteer: \_\_\_\_\_ Length: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

-

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Sex:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_

Webpage/Blog: \_\_\_\_\_

Marital Status:  Single  In a relationship  Married \_\_\_\_ Years  
 Separated \_\_\_\_ Years  Divorced  Widowed

If you are married, is your spouse/family in agreement with your decision to volunteer with King of Kings Ministries? \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are married, will your spouse/family be traveling with you? \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

**Your passport needs to be valid for at least 9 months beyond the time of your arrival.**

# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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Do you have stamps in your passport from Muslim countries?     Yes     No

If yes, which country(ies)? \_\_\_\_\_

Have you ever been to Israel before?     Yes     No    If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered/worked with another ministry in Israel?     Yes     No

If yes, which one and for how long? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact information:

Name	Relationship	Phone Number & Email
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Name	Relationship	Phone Number & Email
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## Education/Occupation Background:

Do you have a high school diploma/GED?     Yes     No

University/College:     None     Less than 2 years     2 year degree     BA     MA

Name of Institution(s) and date(s) of graduation: \_\_\_\_\_

\_\_\_\_\_

Current Profession/Employment: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation History for the past 3 years:

Employer	City, State	Dates	Type of work

# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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If retired, what was your previous profession/employment? \_\_\_\_\_

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Have you ever worked/ministered outside of your country before?  Yes  No

If yes, briefly describe, including duration:

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What languages are you **fluent** in? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_ If yes, briefly explain \_\_\_\_\_

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Areas of Experience (please evaluate on a 0-5 rating with 0 being none to 5 being a lot):

___ Carpentry	___ Architecture	___ Construction	___ Cooking	___ Electrical
___ Gardening	___ Maintenance	___ Custodial	___ Video	___ Mechanic
___ Painting	___ Accounting	___ Plumbing	___ Law	___ Web Design
___ Bookkeeping	___ Computers	___ Administration	___ IT	___ Engineering
___ Secretarial	___ Art	___ Radio/TV	___ Graphics	___ Photography
___ Translation	___ Teaching	___ Interpreting	___ Drama	___ Printing

Other areas of Experience (4-5 rating) not mentioned here: \_\_\_\_\_

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Please list other talents, abilities, hobbies, and interests not covered above that you would like us to know about: \_\_\_\_\_

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# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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## Personal Health:

Evaluate your current health:     Excellent     Good     Fair     Poor

Do you have any diseases, disabilities or physical handicaps that would hinder you from working?

\_\_\_\_ If yes, briefly explain: \_\_\_\_\_

How would you describe you emotional health? \_\_\_\_\_

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Do you have any allergies to medicine/food? \_\_\_\_\_ If yes, please name for emergency purposes?

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Do you suffer from any chronic illnesses in the past 2 years: \_\_\_\_\_ If yes, briefly explain: \_\_\_\_\_

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Do you have, or have you had, any life-controlling issues/addictions? \_\_\_\_\_

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## Christian/Church/Congregational History:

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Pastor/Reverend's Name: \_\_\_\_\_ Church Phone Number: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Date you were Born Again: \_\_\_\_\_ Have you been baptized:     Yes     No

Ministry or church activities that you are currently involved in/leading: \_\_\_\_\_

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Have you lead a Home group/ Discipleship group/ Cell group? \_\_\_\_\_ If yes, describe your

involvement: \_\_\_\_\_

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# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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What do you feel your calling is, and where is the Lord leading you in ministry/life? \_\_\_\_\_

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Are you comfortable in a Pentecostal/Charismatic Environment?  Yes  No

If no, briefly explain: \_\_\_\_\_

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What is your understanding of Hebrew roots, God's purpose for Israel and the Jewish people? \_\_\_\_\_

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Why do you want to volunteer in Israel with King of Kings Ministries? \_\_\_\_\_

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We do not condone: Sexual activity outside of marriage, illegal drugs, tobacco, getting drunk or gambling. (Galatians 3:21-23). Do you abstain from these activities?  Yes  No

If no, briefly explain: \_\_\_\_\_

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# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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Have you ever been involved in occult activities?

- |                  |                             |                              |                            |                             |                              |
|------------------|-----------------------------|------------------------------|----------------------------|-----------------------------|------------------------------|
| Witchcraft:      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Horoscope:                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Fortune Telling: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Transcendental Meditation: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Ouija Board:     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Free Masonry:              | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Tarot Cards:     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                            |                             |                              |

If yes to any of the above, briefly explain: \_\_\_\_\_

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Please evaluate yourself in these areas:

- |                             |                                    |                               |                               |                               |                                 |
|-----------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| Spiritual maturity          | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Devotion to Messiah         | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Personal Integrity          | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Self-Discipline             | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Willingness to Serve        | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Willingness to Learn        | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Interpersonal Relationships | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Reliability                 | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Ability to Work with Others | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Communication Skills        | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Leadership Skills           | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |
| Emotional Health:           | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Weak | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Strong |

# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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At King of Kings, we are involved in many different aspects of ministry. How much experience do you have in these areas of ministry (please evaluate on a 0-5 rating with 0 being non to 5 being a lot):

- \_\_\_\_ Musician – Specify which instruments: \_\_\_\_\_
- \_\_\_\_ Worship leading with musical instruments    \_\_\_\_ Worship leading without musical instruments
- \_\_\_\_ Intercession/Prayer    \_\_\_\_ Intercession/Prayer leading    \_\_\_\_ Dance    \_\_\_\_ Drama
- \_\_\_\_ Children    \_\_\_\_ Youth    \_\_\_\_ Young Adults    \_\_\_\_ Small Group leader
- \_\_\_\_ Web    \_\_\_\_ Media    \_\_\_\_ Administrative    \_\_\_\_ Event Coordinating
- \_\_\_\_ Church Assistance    \_\_\_\_ Maintenance/Cleaning    \_\_\_\_ Other (sound/art etc.) \_\_\_\_\_

Please explain your involvement in each area(s) you've rated 4 or 5. \_\_\_\_\_

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What area(s) of practical ministry would you see yourself most fulfilled and happy to serve in?

- Intercession/Prayer     Music     Dance     Drama     Media
- Worship     Children     Youth     Young Adults     Web
- Administrative     Small Group leader     Event Coordinating
- Church Assistance     Maintenance/Cleaning     Poor & Needy

Please explain: \_\_\_\_\_

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Are you willing and able to help in areas outside of your primary responsibilities:  Yes  No

# King of Kings Ministries Jerusalem Volunteer Application

Your Name: \_\_\_\_\_

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Are you able to support yourself while volunteering with King of Kings? \_\_\_\_\_

If yes, how are you able to support yourself? \_\_\_\_\_

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Would you be willing to share an apartment and/or room with another volunteer?  Yes  No

**Thank you for taking the time to fill out this application.**

Please sign and date at the bottom stating that all of the above information that you have provided is correct.

**Signature:**

**Date:**