



SAMARITAN'S FEET

servant hearts, sharing hope

*Providing hope, love, and relief to suffering and
impoverished children around the world.*

International Shoes of Hope Volunteer Application

PO Box 78992,
Charlotte NC 28271
866.833.SHOE
thucko@samaritansfeet.org

INTRODUCTION

Hello! Thanks for taking the first step in applying to serve on an International Shoes of Hope distribution project with Samaritan's Feet. Samaritan's Feet was founded in 2003 by Manny and Tracie Ohonme. Throughout the past 8 years, Samaritan's Feet and its team of global ambassadors have demonstrated acts of servant-leadership and humility by washing the feet of more than 1,000,000 people in over 50 nations around the world. Just as important, we have taken this profound opportunity sharing a message of hope and shining a light on the beauty of the human spirit of each of these people.

Samaritan's Feet uses shoe distributions as a tool to build relationships and share the gospel with people around the globe. Working with long term, cross-cultural missionaries and national ministry leaders, Samaritan's Feet is also involved in community development, medical clinics, and education. Now you can be a part of God's activity through this organization.

God is always using creative tools to draw people closer to Himself. First Peter 4:10 challenges believers to use their gifts to serve others. By filling out this application, you are agreeing you use the gifts that God has given you for His glory!

Since the start of Samaritan's Feet in 2003, God has continued to grow this ministry in amazing ways. We believe two things have kept us on target for the mission of the ministry:

1. The blessing of the Holy Spirit
2. Commitment and dedication of volunteers

Take time to pray over this application and start filling it out. There are three (3) crucial parts to the process:

1. **The written application.** Please type or neatly print all the parts of this application.
2. **The personal testimony.** Take time to tell us who God is and what God has done in your life, as well as why you feel called to a particular project. PLEASE ATTACH YOUR ONE PAGE PERSONAL TESTIMONY TO THE PORTION OF THE APPLICATION YOU RETURN TO SAMARITAN'S FEET.
3. **The references.** Make sure you choose references that will get the forms back to us! You will not be considered for placement without references.

By filling out this application, you are taking a closer step to participating on an upcoming project. God will certainly use this experience to impact the people you serve, your fellow teammates, and the rest of your life. Please let me know if there is EVER anything that I can do for you. Part of the calling that God has placed on my life is taking care of people like you. It is an absolute passion of mine! God Bless you as you seek HIS best for your life. Enjoy the journey!

Blessings...

Teresa Hucko
Director of Missions & Volunteers
704-341-1630
thucko@samaritansfeet.org



SAMARITAN'S FEET

Samaritan's Feet International Volunteer Application

All applicants must mail the completed personal information pages, attached one page personal testimony, and non-refundable \$300.00 application fee to Samaritan's Feet (this amount will be applied towards your total project cost). Please mail to PO Box 78992, Charlotte NC 28271 (No Cash- make checks payable to Samaritan's Feet)

PLEASE
PLACE
PHOTO
HERE

PERSONAL INFORMATION (please type or print clearly)

Last Name _____

First Name _____ Preferred Name _____

Social Security # _____ - _____ - _____ Birth date _____ Age _____

Mailing Address _____ City _____

State _____ Zip _____ Phone (_____) _____ Other Phone _____

Best Phone and Time to Reach You _____

Email Address: _____ Website or blog: _____

The above address is valid through (mm/dd/yyyy) _____
(Since we'll be mailing information to you throughout the year and at times closer to the departure date of your project, it's important for Samaritan's Feet to know which address to use. For example, if you're a college or seminary student and will be moving back home after the semester, we need to have the address where you will be receiving mail after you check-out of the dorms or housing at school. In addition to this, SF needs to have a physical mailing address with a corresponding phone number so we can send you apparel and plane tickets via UPS or FedEx.)

Home/Permanent Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone (_____) _____

College/School _____ Major _____ Graduation Date _____

Seminary _____ Major _____ Graduation Date _____

Current Employer (if applicable) _____

Brief Job Description _____

Are you affiliated with a Church/School/Civic Group/Company? Yes _____ No _____

Organization Name: _____



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PERSONAL INFORMATION CONT.

Have you been convicted of, or plead guilty to any criminal offense (other than a juvenile offense now expunged from your record), or released from prison in the past ten years? Have you ever been convicted of or plead guilty to a felony? Yes _____ No _____ If Yes, describe in full: _____

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? Yes _____ No _____

If Yes, name of school: _____ Is this a Service-Learning experience? Yes _____ No _____

Number of hours needed: _____ Deadline to complete hours: _____

APPAREL INFORMATION

Sizes: (S,M,L,XL,XXL men's sizes)

T-shirt _____ Sweat-shirt _____ Golf/Polo Shirt _____ Anorak/Pullover _____

Track Suit: top _____ pants _____ Athletic Shorts _____

PASSPORT/ TRAVEL INFORMATION

Your name *AS IT APPEARS ON YOUR PASSPORT* _____

Passport # _____ Expiration date _____ - _____ - _____

Place of Issue _____

Country

State

City

Date of issue _____ - _____ - _____

Travel: departure cost is figured from Charlotte, NC if you will depart from a different airport, list your city of departure. (Please note prices are figured from a Charlotte, NC departure, additional airfare may be added to your trip for a different selection.

1. _____

city

airport

2. _____

city

airport



EXPERIENCE

Please place a check beside the areas where you have previous experience.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Sports/Recreation/Coaching <input type="checkbox"/> Medical <input type="checkbox"/> Business Administration <input type="checkbox"/> Administration and Support <input type="checkbox"/> Social Justice <input type="checkbox"/> Children and Orphan Ministry <input type="checkbox"/> Computers and Technology <input type="checkbox"/> Construction and Engineering <input type="checkbox"/> Counseling and Hospitality <input type="checkbox"/> Youth Ministry <input type="checkbox"/> College Ministry | <ul style="list-style-type: none"> <input type="checkbox"/> Creative/Design <input type="checkbox"/> Evangelism & Church Planting <input type="checkbox"/> Humanitarian Aide & Relief work <input type="checkbox"/> Media & Communications <input type="checkbox"/> Performing Arts <input type="checkbox"/> Teaching/Education <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|---|

ADDITIONAL

Please list any other skills and talents that may be helpful on the mission field. Also use this space to elaborate on any of the above checked areas.

Have you served on any other mission/humanitarian projects before? YES NO
 If yes, please describe the type of project, your responsibilities, and list the dates.

PROJECT	DATES	RESPONSIBILITIES

PROJECT INFORMATION

Trip/ Country you are applying for: _____

Date of trip you are applying for : _____



INSURANCE

~Supplemental traveler's insurance will be provided through an outside travel insurance agency~

Beneficiary: _____

Responsibility Release: If I am accepted for a Samaritan's Feet project, I wish to make clear my understanding that Samaritan's Feet does not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, executor, administrators, distributes and assigns, in consideration of my admission to volunteer mission projects and other good and valuable considerations, do hereby absolve said Samaritan's Feet and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of foregoing.

Signature _____ Date _____

MEDICAL INFORMATION

Do you have any existing physical condition which may require medical attention during your project? YES NO

If yes, please explain _____

Medications required: _____

Allergies: _____

Emergency Contact Information (Please list someone outside your home - in the event of an emergency, we would automatically contact your home first, then this backup contact.):

Name Relationship

Phone (____) _____

Work/School Phone (____) _____

Mobile Phone (____) _____



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REFERENCES

Please select three individuals as references. List your references and other requested information below. A church staff member, campus minister, youth minister, co-worker, friend, someone who has observed you in a situation related to the type of trip your applying for, or someone who has observed your spiritual life/growth are excellent sources for references. Please do not list relatives/household members.

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____

Name: _____ Title: _____

Work Phone: (____) _____ Home Phone: (____) _____

E-Mail Address: _____ How long have you known reference? _____



SAMARITAN'S FEET

Our Mission: Provide hope, love, and relief to suffering and impoverished children around the world, encouraging people to lead, serve and experience the life-changing power of God through whatever means possible.

Conditions of Volunteer Participation and Release from Liability : Samaritan’s Feet’s desire is to build a community of empowered volunteers dedicated to developing into servant leaders both physically and spiritually. As a volunteer, I will cooperate in the fulfillment of Samaritan’s Feet mission, while encouraging others to join in this worthwhile campaign of bringing relief to children in need around the world. For more information, please visit www.samaritansfeet.org, or call 704.341.1630 or toll free at 866.833.SHOE. Also e-mail info@samaritansfeet.org.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Samaritan’s Feet staff to investigate and verify any and all of the information I have submitted. Because Samaritan’s Feet strives to provide a safe environment for children and youth, I understand that the Samaritan’s Feet may order a criminal history check, and I authorize this investigation.

Volunteer Terms: I agree to abide by Samaritan’s Feet policies, procedures and Code of Conduct. I understand Samaritan’s Feet does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that Samaritan’s Feet does not provide volunteer compensation or trade volunteer services for paid mission trips.

Property Loss: I understand Samaritan’s Feet is not responsible for my personal property lost, damaged or stolen while participating in Samaritan’s Feet volunteer activities.

Medical Treatment: I give permission for Samaritan’s Feet representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that Samaritan’s Feet is not responsible for payment for such medical treatment.

Photograph or Digital Image Permission: I give permission for Samaritan’s Feet to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Samaritan’s Feet programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the Samaritan’s Feet, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

I also give permission for my dependent to participate in Samaritan’s Feet volunteer activities.

Parent or Guardian, if Applicant is under age 18

Date

For Samaritan’s Feet Staff Use Only

Location: _____

Approximate Start Date: _____

Assignment(s): _____

Program Director/Coordinator: _____

Intake Process Completed (date): _____

Follow-up date: _____

End date (if applicable): _____

Background form faxed (if applicable): _____



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