

HOGAR RAFAEL AYAU

Missionary Application

Please carefully complete in full. The information you provide will assist us in getting to know you better and to determine your acceptability to the Hogar. Applications cannot be reviewed without a Letter of Reference from your Parish Priest or Spiritual Father. The information you provide will only be shared with those involved in determining your acceptance. To ensure legibility, all applications must be typed or printed legibly and signed in ink.

Arrival

Are you with a Team? Yes No Team Name: _____
Date: _____

Name: _____
Last First Middle

Maiden Name: _____ Name of Spouse: _____

Do you now have a valid passport? _____

Mailing Address: _____

Street Address City State Zip

Telephone: () _____ e-mail: _____

Permanent Address: _____
(If different from Mailing Address)

Permanent Telephone: () _____
(If different from above)

Do you expect to move in the next six months? _____

If yes, when? _____

Date of Birth: _____ Sex: _____ Marital Status: Single

Married

Widowed

Divorced

Current Occupation: _____

Employer (If student, School) _____

Work Telephone: () _____ Cellular Phone: () _____

Are you a practicing member of the Orthodox Church? _____

Priest: _____ Jurisdiction: _____

Church: _____ Diocese: _____

Address: _____ Telephone: _____

_____ Email: _____

List below areas of study, diplomas, degrees, professional licenses/certificates along with the date conferred and the name of the awarding institution:

Four horizontal lines for listing educational and professional credentials.

Foreign Language Skills (Indicate Level): _____

Horizontal line for foreign language skills.

Personal/Professional Experience ("X" all that apply)

Technical

Teaching/Leadership

Church

Group/Other

- Carpentry
- Electrical
- Masonry
- Painting
- Counselling/
Social Work
- Mechanical

- Day Camp
- Retreat Leader
- Sunday School
- Vac Bible School
- Youth Work
- Arts & Crafts

- Bible Study
- Campus Ministry
- Prayer Group
- Reader
- Catechist

- Public Speaking
- Organized Sports
- Photo/Video
- Music
- Public Relations
- Other _____
- Admin/Business
- Community
Development

Briefly describe your experiences:

Four horizontal lines for describing experiences.

How did you hear about the HOGAR RAFAEL AYAU?

Four horizontal lines for describing how they heard about HOGAR RAFAEL AYAU.

Repeat Name Please: _____

Are you familiar with Monasticism and Monastic Obedience? Explain Briefly:

Briefly describe why you would like to be a missionary at an Orthodox Orphanage:

List any other skills, talents, interests, ministry, or experiences you have which you feel will contribute to the success of being an Orthodox Missionary:

What is your current or previous involvement in missions (ex. Mission committee, local outreach, mission teams, fundraising)?

Repeat Name Please: _____ p. 3 of 5

Name: _____

Height: ____ ft. ____ in. Weight: ____ lbs. Age: ____ Blood Type: ____

MEDICAL HISTORY (please "X" yes or no)

Do you suffer from or have you been treated for any of the following:
(A "Yes" answer does not automatically disqualify a candidate)

Yes No

- Asthma
- Diabetes
- Heart ailments

- Liver problems
- Stomach or intestinal problems

- Cancer
- High blood pressure
- Joint or back problems
- Kidney problems
- Epilepsy or other neurological problems

- Eye problems
- Lung problems
- Thyroid problems
- Skin disease
- Hernia
- Pilonidal cyst
- Alcoholism
- Drug abuse

Yes No

- Do you need special medical or dental services?

- Have you ever had psychological counselling or therapy?

- Have you ever been hospitalized for a psychological problem?

- Are you allergic to any medicines (ex. Penicillin, Sulpha, etc.), insect stings, foods, animals, or plants?

- Have you had surgery other than tonsillectomy, hernia repair, abortion, appendectomy, or wisdom teeth removal?

- Are you now under the care of a doctor or other practitioner for any reason?

Describe: nature of problem, treatment, results, and dates for everything checked "Yes" under Medical History. Add any other pertinent medical information you would like to include or think we should know.

IMMUNIZATIONS: Please write the year of the time you were immunized against the following:

- _____ Cholera
- _____ Diphtheria
- _____ Measles (Rubella)
- _____ Mumps
- _____ Polio immunization (Sabin vaccine)
- _____ Tetanus (in past 10 years)
- _____ Typhoid Fever
- _____ Yellow Fever
- _____ Hepatitis A

Known Allergies: _____

Primary Physician's Name: _____ Telephone: () _____

Address: _____
City State Zip

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____ **p.4 of 5**

When application is completed in full (leaving blanks will delay approval process), and if not downloading from web site (www.hogarafaelayau.org), please:

E-mail it to: missionoffice@hogarafaelayau.org

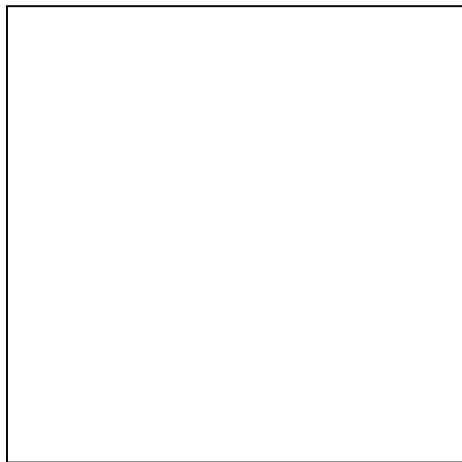
or: fax: (502) 2238-1741 country code: 011 (from U.S.)—Mission Office 9am-4pm

or: fax: (502) 2232-3080—Administration Office (“ON” 24 hours/day)

Note: Please keep your original on hand in case we do not receive.

Next Step: Please have your parish priest or spiritual father complete the HRA Priest Reference form and send it directly to us from his e-mail address or fax. Thank you.

Please use this portion if additional writing space is needed.



Place Photo here

Applicant Signature: _____ Date: _____

Printed Name: _____ p. 5 of 5