

HADASSAH'S HOPE

Applicant:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name/Cell in the event of emergency: \_\_\_\_\_

Where are you a member of church? \_\_\_\_\_

Name of your Pastor: \_\_\_\_\_ Do you serve at your church? YES/NO (circle one)

If yes, how do you serve your church?

\_\_\_\_\_  
\_\_\_\_\_

Why do you think God is calling you to this ministry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share how you came to Christ: (if you need additional space, please write on back or add a page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you spend time with the Lord on a routine basis? YES/NO

If yes, what does that look like for you?

\_\_\_\_\_  
\_\_\_\_\_

How does your family/spouse feel about you serving in this ministry?

\_\_\_\_\_  
\_\_\_\_\_

# HADASSAH'S HOPE

Please articulate The Gospel message in your own words:

---

---

---

---

---

---

---

Romans 12 tells us that God has given each of us unique gifts to serve Him. What gifts has God given you to use in this ministry? \_\_\_\_\_

---

We realize that the questions below can bring up some very sensitive and personal issues, and we want to emphasize that how you answer these questions will not be used against you. Your answers to these questions will not, in any way, prohibit your application from being considered. Due to the nature of this ministry, it is imperative that our lives reflect a life lived above reproach. We like to gather as much information, so that we can provide the best care to the ladies we love and serve. Please be open to sharing in detail during the interview, if necessary.

Please CIRCLE any that apply:

Addictions

Physical Abuse (by someone or to someone)

Anger

Co-dependent Relationships

Cult involvement

Rejection or mistreated by the church

Eating Disorder

Social Service Involvement

Pornography

Violence

Emotional Hurt

Suicidal Thoughts or Attempts

Employment problems

Sexual abuse

Homosexuality

Mental Illness

HADASSAH'S HOPE

If you have circled one or more please share, please explain briefly any involvement you have had with any of the issues from Personal History section, any which occurred in your past or within the last month. Is it a current struggle? How are you getting help?

---

---

---

---

---

If you are still struggling with any of the above, can we discuss this with you? YES/NO  
We only want to talk with you; not to embarrass or rebuke you, but share with you the HOPE we have in Christ.

What are your views on dating, drinking, and drug use?

---

The ladies we work with will see you as a role model – how do you feel about this?

---

---

Do you relate to women working in the sex industry or know anyone that has been involved or exposed to it?

---

---

---

Have you had any experiences in co-dependent relationships or know anyone who was? Please share specifics. (Explain how this ministry is for the women and never about us).

---

---

---

APPLICANT DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HADASSAH'S HOPE

Confidentiality Policy: Confidentiality is of utmost importance with Hadassah's Hope. The information that you disclose here will be kept in confidence and will only be viewed by key people within the ministry.

---

---

Comments:

---

---

---

---