Villa of Hope Children's Home
PO Box 1630 Eldorado Park 1813
28 Cavendish Road Olifantsvlei, Nancefield, Johannesburg
Tel +2711 342-6178 Fax +2711 945-2051
E-mail: eunice@villaofhope.co.za

HOSTING PARENTS - WEEKEND AND SCHOOL HOLIDAYS

A. IDENTIFYING DETAILS:

FATHER: _____
SURNAME: _____
FULL NAMES: _____
DATE OF BIRTH: _____

MOTHER: _____
SURNAME: _____
FULL NAMES: _____
DATE OF BIRTH: _____

DATE OF MARRIAGE:_____
PREVOIUS MARRIAGE: MENTION ENDED BY DEATH / DIVORCE
HUSBAND: _____
WIFE: _____

CHILDREN

FULL NAMES	DATE OF BIRTH	SCHOOL	GRADE
1.			
2.			
3.			
4.			
5.			
6.			

ADDRESS: _____
_____
_____
_____

HOME TEL NO: _____

B. COMMUNITY LIFE:

1. CHURCH: _____
CONGREGATION: _____
2. INVOLVEMENT: _____
_____

C. HEALTH STATUS:

HUSBAND: _____
WIFE: _____
CHILDREN: _____

D. GENERAL:

MOTIVE FOR WANTING TO BE A HOSTING PARENT:
HUSBAND: _____
_____
_____

WIFE: _____

_____

_____

BRIEFLY DESCRIBE HOW YOU HEARD ABOUT OUR ORGANISATION:

_____

_____

_____

_____

E. CHILDREN CONCERNED

1. NUMBER OF CHILDREN PREFERRED: _____
2. GENDER: _____
3. AGE: _____
4. COMMENTS:_____

F. REFERENCES:

HUSBAND: _____

NAME: _____

ADDRESS: _____

TEL No HOME: _____ WORK_____

RELATIONSHIP: _____

WIFE: _____

NAME: _____

ADDRESS: _____

TEL No HOME: _____WORK _____

RELATIONSHIP: _____

G. DECLARATION:

I HEREBY DECLARE THAT THE ABOVE QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED

_____ _____

SIGNATURE OF HUSBAND **SIGNATURE OF WIFE**

_____ _____

DATE **SIGNED AT**

- **Please attach (1) full colour copy of your ID, (2) Affidavit – stating that you have not been involved in any criminal activity…..to the application**