



## **APPLICATION FORM FOR THE EXECUTIVE COUNCIL OF THE GLOBAL HOPE MOVEMENT**

### **Section 1: Personal Details**

1. Full Names:

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2. Contact Address:

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3. Phone Number(s):

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4. Email Address:

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5. Date of Birth:

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6. Nationality: \_\_\_\_\_

7. Marital Status:

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8. Profession/Occupation: \_\_\_\_\_

9. Degree/Professional Qualification:

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10. Nation of Residence: \_\_\_\_\_

11. Skills: \_\_\_\_\_

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### **Section 2: Background in the Institution**

1. Have you held any Position(s) in the Institution before? Please indicate accordingly:

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2. If you held a Position, how long did you serve?

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3. What achievement(s) or impact did you make during your tenure?

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### **Section 3: Leadership Experience and Skills**

1. What leadership skill(s) or experience(s) have you acquired?

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2. How do you think your skills and experiences align with the Institution's missions and goals?

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3. Please Indicate Your Professional and Academic Qualifications:

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### **Section 4: Commitment and Availability**

1. How often can you commit to serve at the Institution?

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2. Are you available to attend meetings, events, travels, and training sessions when required?

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### **Section 5: Vision and Goals**

1. What is your vision for the Institution, and how do you plan to contribute to our growth and impact?

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2. What specific goal(s) do you hope to achieve in your role as an Executive Member of the Institution?

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## Section 6: References

1. Please provide two references who can vouch for your leadership skills, character, and commitment:

- **Reference 1:** Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Relationship \_\_\_\_\_
- **Reference 2:** Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Relationship \_\_\_\_\_

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## Section 7: Declaration

I hereby declare that the information provided is accurate and true. I understand that providing false information may lead to my application being rejected or, if already appointed, removal from Office.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**PLEASE NOTE:** When submitting this form, kindly attach soft copies of the following:

- Certificates relevant to your Application
- Your recent passport photograph
- Valid NIN, Voter's Card, or International Passport
- Curriculum Vitae (CV)

Please send the completed form and all attachments to **THEARMOFHOPE@GMAIL.COM & MLHARINITIATIVE@GMAIL.COM**. We look forward to reviewing your application!

Request for your Membership Identity Card by paying a sum of Five Thousand Naira Only (N5,000) to account details: **The Arm of Hope – 1313303132 (Zenith Bank)**. This payment is refundable should your Application be denied.