

**Period of Service Registration Form: Youth**

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| **PERSONAL DETAILS** | | |
| Name: | | Date of Birth: |
| Current address: | | Telephone:  Email: |
| Nationality: | | Passport No: |
| **EXPERIENCE** | | |
| Please indicate which Ruhi Institute Courses you have completed . . . . . . . . .and tutored\* | | |
| Book 1: Reflections on the Life of the Spirit | |  |
| Book 2: Arising to Serve | |  |
| Book 3: Teaching Children’s Classes, Grade 1 | |  |
| Book 3 Branch Course: Teaching Children’s Classes, Grade 2 | |  |
| Book 3 Branch Course: Teaching Children’s Classes, Grade 3 | |  |
| Book 4 The Twin Manifestations | |  |
| Book 5 Releasing the Powers of Junior Youth | |  |
| Book 6 Teaching the Cause | |  |
| Book 7 Walking Together on a Path of Service | |  |
| Book 8 The Covenant of Baha’u’llah Unit 1 | |  |
| Book 8 The Covenant of Baha’u’llah Unit 2 | |  |
| Book 8 The Covenant of Baha’u’llah Unit 3 | |  |
| Book 9 Gaining a historical perspective Unit 1/2/3 |  | |
| Book 10 Building Vibrant communities Unit 1/2/3 |  | |
| Book 11 Unit 1/2 |  | |
| Book 12 Unit 1 |  | |
| Book 13 |  | |
| **Please indicate which Junior Youth books you have participated in . . . . . . . and animated** | | |
| Breezes of Confirmation | |  |
| Glimmerings of Hope | |  |
| Thinking about Numbers | |  |
| Walking the Straight Path | |  |
| Learning about Excellence | |  |
| The Human Temple | |  |
| Drawing on the power of the Word | |  |
| Please describe any experience you have in relation to the community building process, such as, organizing devotional meetings, undertaking home visits, teaching children’s classes, animating junior youth groups, tutoring study circles, and outreach activities. | | |
| What are your other hobbies and interests? | | |
| What strengths do you have that will help you make a contribution during your Period of Service? | | |
| What capacities are you hoping to develop during your Period of Service? | | |
| Is there anything else you would like to tell us about yourself? | | |
| What period of service are you able to offer? | | |
| Do you have any preferences regarding the location of your service? | | |
| Are you on the National Assembly’s list of Accredited Children’s Tutors? | | |
| Do you have the resources to finance yourself during your period of service? | | |
| What are your plans, and where do you expect to be located, after your period of service? | | |
| Do you have any health issues or disabilities? Please give details. | | |
| Please give the name and contact details of an Auxiliary Board Member or Local Spiritual Assembly who knows you well and could provide a character reference for you. | | |
| Name:  Position:  Email:  Phone: | | |
| Please give the name and contact details of your parents or next of kin  Names:  Emails:  Home Phone:  Mobile Phones | | |

*This form will be shared with the appropriate Auxiliary Board members and may also be circulated by them to other institutions to assist in the process of identifying a suitable community for your period of service.*

*Please return this form to Training Institute Netherlands by email to:* [secretariaat@trainingsinstituut.org](mailto:secretariaat@trainingsinstituut.org).