



## Leader Application Form

This form is to be completed by all applicants. It is to help YWAM provide a safe and secure environment for the children and youth who participate in our programme. This information is confidential and will be used only by authorised staff. The application process is open to review by King's Kids.

### A. PERSONAL INFORMATION

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Tel: (H)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male /  Female Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  
 Engaged  Widowed  Remarried

Children accompanying you (Names, ages, gender): \_\_\_\_\_

Driver's license:  No  Yes, category: \_\_\_\_\_

For the costumes we need your size. Clothing size T-shirt:  S -  M -  L -  XL -  XXL

Please attach  
an ID photo  
or  
email to  
[admin@kingskids.co.za](mailto:admin@kingskids.co.za)

### B. EMERGENCY INFORMATION

Name (someone we can notify): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel: (H)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name GP: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

Any illnesses, allergic reactions, medical treatment or diet?  Yes  No If yes, please explain: \_\_\_\_\_

### C. CHARACTER OUTLINE

Describe your character/personality: \_\_\_\_\_

Name your strong and weak points: \_\_\_\_\_

Do you have negative habits such as smoking, drinking, eating problems or other problems which we should know?

If yes, please explain: \_\_\_\_\_

## D. RELATIONSHIP WITH GOD

Please briefly share how you became a Christian: \_\_\_\_\_

Describe your present relationship with God: \_\_\_\_\_

What experience do you have in sharing your faith \_\_\_\_\_

## E. REASONS FOR APPLYING

Why do you want to work with teenagers? \_\_\_\_\_

What are your expectations as leader? \_\_\_\_\_

## F. EDUCATION AND TRAINING

Ministry/Work experience: \_\_\_\_\_

Any previous involvement with YWAM: \_\_\_\_\_

## G. SKILLS

If you have any skill, experience or qualification in these areas, please indicate.

- |                                       |                                      |                                       |   |   |
|---------------------------------------|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Child care   | <input type="checkbox"/> Evangelism  | <input type="checkbox"/> Intercession | <input type="checkbox"/> Sport/games    | <input type="checkbox"/> Worship leader |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> First Aid   | <input type="checkbox"/> Mime teacher | <input type="checkbox"/> Teacher        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Cooking      | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Musician     | <input type="checkbox"/> Vocal training | _____                                   |

Which languages do you speak? (List in order of fluency): \_\_\_\_\_

## H. ACCOUNTABILITY

Have you ever been charged with or convicted of any criminal offence in this country or abroad, or have any cases pending?  Yes  No If yes, please explain: \_\_\_\_\_

Name of your church: \_\_\_\_\_

Your Pastor's name: \_\_\_\_\_ Tel : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## I. DECLARATION OF COMMITMENT AND INDEMNITY

I am committed to giving my best to *UP Camp*. I am prepared to serve, even in areas where I do not have a natural preference with a willing heart. I am aware that the schedule is full and intensive. I am committed to working in unity with the leadership and with the rest of the team. I hereby acknowledge that I will not hold King's Kids or YWAM responsible for any injury, loss or damage to myself or my property.

Signature: \_\_\_\_\_ Place \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Please return to: **King's Kids South Africa, PO Box 20890, Durban North 4016**  
Phone: 071 559 7744 – Fax: 031 563 4593 – E-mail: info@kingskids.co.za – Website: www.kingskids.co.za



# Leader Application Form

Minister's/Pastor's Reference  
for  
UP Camp Leader

Applicant's name: \_\_\_\_\_

has applied to work as leader on *UP Camp* and we would appreciate your help in assessing his/her suitability for this ministry among children and youth.

How long and in what contexts have you known the applicant? \_\_\_\_\_

Give a brief description of his/her personality: \_\_\_\_\_

How would you describe his/her relationship with the Lord? \_\_\_\_\_

In what areas has he/she served in church/ministry? \_\_\_\_\_

Has he/she had experience in working with children or in ministry generally that we should be aware of? \_\_\_\_\_

Please assess the applicant on the characteristics listed according to the following evaluation system:

1 = never                      2 = rarely                      3 = sometimes                      4 = often                      5 = usually

- |                                      |                                       |                                    |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Healthy     | <input type="checkbox"/> Leader       | <input type="checkbox"/> Reliable  |
| <input type="checkbox"/> Team worker | <input type="checkbox"/> Initiator    | <input type="checkbox"/> Servant   |
| <input type="checkbox"/> Worrier     | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Energetic |

Do you feel that this is the right thing for the applicant to be doing at this time? Please give reasons: \_\_\_\_\_

Have we overlooked anything you consider relevant to this application? \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Church: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Code: \_\_\_\_\_

Thank you for your help.

Please return to: **King's Kids South Africa, PO Box 20890, Durban North 4016**  
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