



## Participant 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: \_\_\_\_\_

Name of your school: \_\_\_\_\_ Grade: \_\_\_\_\_

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. FAMILY SITUATION

Your Father's name: \_\_\_\_\_ Your Mother's name: \_\_\_\_\_

How many brothers do you have? \_\_\_\_\_ Sisters? \_\_\_\_\_ Are you the oldest, youngest... : \_\_\_\_\_

Are your parents Christian? \_\_\_\_\_

## E. 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 \_\_\_\_\_

## F. CREATIVE ARTS EVANGELISM

During *UP Camp* we do creative arts evangelism programmes with dance, mime and worship. You can choose from one of the teams below, but it is possible that you will be put in teams which are not your first choice. That is why we ask you to answer all the following questions:

My **first** choice is:

Dance                       Mime                       Worship                      |                       Beginner                       Advanced

My **second** choice is:

Dance                       Mime                       Worship                      |                       Beginner                       Advanced

If you choose to be part of the worship team, please indicate below:

I am a musician                       Individually                       I am in a band                       for \_\_\_\_\_ years

I play (chords) on the following musical instrument(s): \_\_\_\_\_ Level: \_\_\_\_\_

I am a singer                       Individually                       I am in a band                       for \_\_\_\_\_ years

Motivate your choices: \_\_\_\_\_

## G. ACCOUNTABILITY

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

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

## H. DECLARATION OF COMMITMENT

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.

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

## I. INDEMNITY

I, Parent/legal Guardian of \_\_\_\_\_ hereby acknowledge that I will not hold King's Kids or YWAM responsible for any injury, loss or damage to the person or property of my minor son/daughter.

Name: \_\_\_\_\_ Place: \_\_\_\_\_

Signature: \_\_\_\_\_ 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: admin@kingskids.co.za – Website: www.kingskids.co.za



# Participant Application Form

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

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

has applied to work as participant on *UP Camp* and we would appreciate your help in assessing his/her suitability for this ministry among young people and families.

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.

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