

To fill in by KK office
Date of entry letter
KKI experience

Sex
Ref. forms

Age
Indem.

Prof.
Accept.



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: DD / MM / YYYY

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

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"/> Driver | <input type="checkbox"/> Intercession | <input type="checkbox"/> Singing | <input type="checkbox"/> Worship leader |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Mime | <input type="checkbox"/> Sport/games | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> First Aid | <input type="checkbox"/> Mime teacher | <input type="checkbox"/> Teacher | _____ |
| <input type="checkbox"/> Dance | <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*. 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: DD / MM / YYYY



Leader Application Form

Minister's/Pastor's Reference
for
UP Leader

Applicant's name: _____

has applied to work as leader on UP 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? _____

Full name: _____

Name of church: _____ Tel: (____) _____ - _____

Address: _____ Code: _____

E-mail: _____ Fax: (____) _____ - _____

Signed: _____ Date: DD / MM / YYYY

Thank you for your assistance.

Please return to: King's Kids South Africa, PO Box 20890, Durban North 4016
Phone: 071 599 7744 – Fax: 031 563 4593 – E-mail: admin@kingskids.co.za – Website: www.kingskids.co.za