

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

Sex
Ref. forms

Age
Indem.

Pref.
Accept.



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: DD / MM / YYYY

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

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 we do creative arts evangelism 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. 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: DD / MM / YYYY

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: DD / MM / YYYY

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



Participant Application Form

Minister's/Pastor's Reference
for
UP Participant

Applicant's name: _____

has applied to work as participant 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.

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