



PERSONAL DETAILS

FIRST NAME

SURNAME

(H/W) NO.

CELL NO.

E-MAIL _____

PHYSICAL ADDRESS _____

SUBURB _____ POSTAL CODE _____

GENDER MALE FEMALE DATE OF BIRTH

ID NO.

Present Occupation _____

First Language _____ Second Language _____

Do you have your drivers license? Yes No

If yes, will you have a vehicle to use during your term of service? Yes No

If no, do you intend getting your license this year? Yes No

EMERGENCY CONTACT

FIRST NAME

SURNAME

(H/W) NO.

CELL NO.

E-MAIL _____

ADDRESS _____

SUBURB _____ POSTAL CODE _____

RELATIONSHIP _____

CHRISTIAN LIFE DETAILS

Date of Salvation

Water Baptism

Your Present Church _____

If Edge Church, which campus? Edgemead Melkbos

Pastor's Name _____

Church's Address _____ Suburb _____

Postal Code _____ Contact No.

Are you a Partner? Yes No Do you attend a Life/Small Group? Yes No

What is your Life/Small Group leader's name? _____

How long have you attended this church? _____

How long have you been serving in this church? _____

What involvement have you had in your church? _____

EDUCATIONAL QUALIFICATIONS

(Please attach copies of your most recent reports/results or highest education qualification documents)

OTHER TRAINING COURSES

(Eg. First Aid - Please provide copies)

SKILLS

(How would you rate your level of computer literacy in the following areas?)

Microsoft WORD Poor Average Good

Microsoft EXCEL Poor Average Good

Microsoft OUTLOOK Poor Average Good

Microsoft POWERPOINT Poor Average Good

What other software programmes are you able to use? _____

DECLARATION

In order to assure the health, safety and security of our children and leaders, we screen anyone wishing to serve with youth and children.

Have you ever been arrested / charged for, convicted of or pled guilty to a crime? Yes No

Have you ever been engaged in or been accused / alleged to have committed any act of neglect, abuse, exploitation of any minor? Yes No

Do you know of any health (physical and/or mental) issues that might affect your work with minors? Yes No

If you answered yes to any of the above questions, please provide details:

It is the Ignite programme's policy that all applicants will abstain from the use of drugs during the year of service.

Will you abide by this policy? Yes No

During your time in Ignite photographs may be taken for promotional reasons - please advise your programme leader before commencement if you have any objection to this.

INDEMNITY

I indemnify and hold harmless, Edge Church its pastors, elders, directors, members, representatives, agents or employees against all loss, damage, costs or personal injury from any cause whatsoever arising, which I may incur or sustain arising out of the fact that I am participating in Ignite 2019.

PROTECTION OF PERSONAL INFORMATION

I confirm I have the permission of the referees I have provided on this form to pass their personal details onto Edge Church. I understand and agree to Edge Church using this and other personal information supplied by me to create and maintain records on me and for statistical purposes in accordance with the Protection of Personal Information Act, 4 of 2013. I agree that this information will be kept for the duration of the Ignite 2019 process and for a period of time thereafter. Should I be employed thereafter I agree that this information will be kept for the duration of my employment and for a period of time following this. I am aware I have the right to request a copy of the personal information held on me.

Applicant

I, _____ (*full name*), the under-signed, declare that the information I have provided in this document is correct and complete to the best of my knowledge. I authorise Edge Church to obtain information and opinions from the references provide as applicable. Furthermore, I authorise Edge Church to obtain any further information concerning my application, including, but not limited to, a police clearance, and a clearance certificate from the National Register for Sex Offenders.

SIGNATURE _____
(Applicant)

DATE

D	D	M	M	Y	Y	Y	Y
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Parent/Guardian (if applicant is under 21 years of age)

I, _____ (*full name*), the under-signed, declare that the information I have provided in this document is correct and complete to the best of my knowledge. I declare that, as far as I know, _____ (*name of applicant*) has never been involved in, or accused of any behaviour that could be harmful to children and that I know of no reason that would make him/her unsuitable or unfit to work with children.

SIGNATURE _____
(If applicant is under 21 years of age - parent/guardian to sign)

DATE

D	D	M	M	Y	Y	Y	Y
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NOTE: Ignite does not offer or provide any successful applicant with a staff position or job opportunity within the church at the completion of the year. Ignite is a one-year programme.

PERSONAL EVALUATION AND SALVATION QUESTIONS

(Attach pages to answer the following questions)

1. Give a summary of your Christian experience including your salvation, life and involvement in the church.
 2. How did you hear about Ignite?
 3. Why do you want to do Ignite?
 4. What do you think the year will entail? (Eg. Your expectations)
 5. How do you think it will impact you?
-

UPON COMPLETION PLEASE RETURN TO

BY POST

Edge Church
PO Box 32
7407
Phone: 021 559 0325
Fax: 021 558 9607

OR BY EMAIL

Karen.Josias@edgechurch.co.za

OR BY HAND

Edge Church
16 Anton Anreith Avenue
Edgemead

All applications must be completed and handed in by **19 November 2018**. You will be contacted for an interview once your completed application form has been received.

CHECKLIST

Please make sure the following is with your application.

(Please note that your application will not be processed until all components of the application are received)

- Pastoral Reference form has been given to your pastor/leader (pg 1&2)
- If under the age of 21, you have your parent/guardian's approval and signature
- Copies of Education Qualifications and Other Training Courses attached
- Personal Evaluation and Salvation Questions completed and attached

PASTOR OR LEADER REFERENCE

(To be sent directly to the church office by the person completing the reference
or emailed to Karen Josias at Karen.Josias@edgechurch.co.za)

THIS SECTION TO BE COMPLETED BY APPLICANT

FIRST NAME

SURNAME

(H/W) NO.

CELL NO.

E-MAIL _____

ADDRESS _____

SUBURB _____ POSTAL CODE _____

THIS SECTION TO BE COMPLETE BY PASTOR/LEADER

The person named above is applying for the Ignite Year at Edge Church, and is asking you to provide a reference. Your comments are important and will form part of the applicant's application. Please be honest but fair in your comments to assist our assessment of the applicant.

How long have you known the applicant? _____

How long has the applicant attended your church? _____

Does the applicant know Christ as their Lord and Saviour? Yes No

How well do you know the applicant? Very Well Well Casually Just by Name

Have you had personal contact? Fairly Well Close Pastoral Relationship

Does the applicant's life reflect a commitment to Christ? Yes No

Does the applicant live by Biblical moral standards? Yes No

HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING

SERVING Outstanding Above Average Average Below Average

RESPONSIBILITY Outstanding Above Average Average Below Average

COMMITMENT TO CHURCH Outstanding Above Average Average Below Average

What involvement has the applicant had in church life? _____

What specific roles have they served in? _____

Comment on performance _____

To what extent is the applicant engaged in activities in church?

- Irregular in attendance and shows very little interest
- Regularly attends but seldom participates in activities
- Regularly attends and is co-operative and willing to help

What are the applicant's strengths? _____

What are the applicant's development areas? _____

Does the applicant, to your knowledge, have any medical, moral, psychological, financial or other conditions that may hinder him or her from completing the Ignite year?

RECOMMENDATION

(Please tick the appropriate statement)

- I recommend the applicant enthusiastically
- I recommend the applicant with confidence
- I recommend the applicant with reservation

Please specify _____

- I do not recommend the applicant

Please specify _____

FIRST NAME

SURNAME

(H/W) NO.

CHURCH'S NAME _____ ROLE _____

CHURCH'S ADDRESS _____

SUBURB _____ POSTAL CODE _____

SIGNATURE _____ DATE