



Gold Coast Youth for Christ Association Inc.
 Suite 366 / 51
 ROBINA TOWN CENTRE QLD 4230
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 Fax (+61 7) 5522 9811
 email:- dtourteam@bigpond.com
 web :- www.yfcgold.com

EMPLOYMENT APPLICATION FORM

Applicant										PLEASE COMPLETE ALL QUESTIONS									
Title					<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss					First Name									
Surname (Capitals)										Middle Name									
										Other Name									
Present Home Address (Suburb)										(Postcode)									
Phone Numbers					Work: ()					Fax: ()									
					Home: ()					Other: ()									
					Mobile:					email :									
Marital Status					<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		If married, Spouse name						
Date of Birth					/		/				Spouse age								
Drivers Licence No.							Expiry Date:-		/		/		Passport Number:-			Expiry Date:- / /			
Do you come from a single parent family?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		Do you come from a Christian family?					<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Occupation / Position.																			
How Long in Jobs?					Current Job					Previous Job									
Subjects in H.S.C.																			
Further Education.																			
Do you have any other Qualifications?																			
Abilities																			
What abilities do you have?																			
What on the job training have you had?																			
What type of ministry have you been involved in previously!																			
Have you been involved in Youth Ministry previously?																			

Christian Background

Have you been involved with YFC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
When?	What Activity?	
How did you become a Christian?		
What Church do you attend?		How long have you been a Christian?
What Church activities are you involved in?		
What leadership position do you hold in your Church or YFC?		
How well do you relate to your peers?	<input type="checkbox"/> Well <input type="checkbox"/> OK <input type="checkbox"/> Badly <input type="checkbox"/> Other	Details:-

Please comment briefly on how you feel on the following issues from a Christian perspective.

DRINKING ALCOHOLIC BEVERAGES;

--

MIXED FLATTING;

--

FEMINISM;

--

CREATION/EVOLUTION;

--

SPEAKING IN TONGUES:

--

Please grade your spiritual life on the scales by circling the appropriate number (1=strong ⇄ 5=weak)

Consistent bible study	1	2	3	4	5
Incorporating prayer naturally each day	1	2	3	4	5
Faith	1	2	3	4	5
Ability to deal with sin	1	2	3	4	5
Outworking of the Lordship of Christ	1	2	3	4	5
Openness to the work of God's Spirit	1	2	3	4	5

Comment if you wish to

Support

Would your church support you prayerfully? Yes No

Would your church support you financially? Yes No

A call to ministry means **real** commitment. It will cost you personally to be a part of Gold Coast Youth for Christ. There will be times that you will be expected to be at functions and other Gold Coast Youth for Christ programs. Any position within Gold Coast Youth for Christ should be looked upon as a ministry and you will need to be ready to allow God to use you in a mighty way. How do you see your commitment to this working out in practice?

Name **two** people you will ask to commit to pray for you and Gold Coast Youth for Christ.

NamePhone Name Phone

Background

Have you ever been convicted of a criminal offence? Yes No

If so what?

Have you ever been convicted of a criminal offence? Yes No

Current government legislation demands that we have a Police check carried out on every person being involved with Gold Coast Youth for Christ Association Inc. ministry. This is to ascertain if any police charges have been laid in relation to child related offences.

Authorisation :- I hereby Authorise the execution of the necessary police searches. _____ / ____ / ____
Signature Date

Medical

Do have any medical condition? Yes No

If so what?

Referees

Part of the assessment of each person applying to work for GCYFCA Inc. is for us to receive references from the following people, Your Pastor, a personal friend and current employer or teacher from your last year at school.

NAME	PHONE	ADDRESS
1. Your Pastor :-	()	
2. Personal friend :-	()	
3. Employer or Teacher :-	()	

Reasons

Summarise your reasons for wanting work within Gold Coast Youth for Christ :

Write **one** sentence about yourself :

Gold Coast Youth for Christ Statement of Faith

1. We believe that there is one God, eternally existent in three persons, Father, Son, and Holy Spirit.
2. We believe the Bible to be the inspired, the infallible authoritative Word of God.
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.
4. We believe that the Salvation of lost and sinful people is by the Grace of God through Faith and the shed blood of the Lord Jesus and that regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

Do you agree with this statement of faith? Yes No (Please tick)

Declaration of Purpose

I give my permission for the information supplied in this application to be used in determining my suitability for ministry within Gold Coast Youth for Christ Association Inc.

You should **not** sign this declaration unless you have fully understood each question and are committed to being involved in a Gold Coast Youth for Christ for a period of not less than three years.

I agree that the information given in all of the above to be true and correct to the best of my knowledge.

I also agree with statements made herein.

APPLICANT		WITNESS	
Signature	Date / /	Signature	Date / /
Full Name of Applicant		Name of Witness	

NOTE: ALL QUESTIONS **MUST** BE ANSWERED AND THIS APPLICATION SIGNED and WITNESSED.

Colour Photo of Yourself

Please supply a recent photo of yourself!

Complete the above and mail back today to-

Gold Coast Youth for Christ Association Inc.

Touring Teams Applications

Suite 366 / 51

ROBINA TOWN CENTRE QLD 4230