

Hi there.

As you can see the touring team is a lot of FUN.
But it is also a lot of work. The one thing that it requires is;

"Having a Servant Heart!!"

If your primary interest in being on team is not to reach out to the spiritually struggling youth of this nation, then this team is NOT for you. It is also not for the faint hearted.

Being on team will be one of the most spiritually rewarding 12 months that you will ever spend. For most previous team members, it has been the year of their life when they have grown the most spiritually.

God will use you in an amazing way when you open up your life for Him to use.

Here are some simple instructions on how to go about applying for team.

1. Follow the prompts and down the application form. You will need one copy. This form is to be completed by yourself and posted back to us at the address on the form.
2. Then download the reference form. You will need 3 copies of this form. You can either print off three copies or just simply photocopy the one printed version twice. These reference forms need to be given to three people that know you very well. One to each.
 - Your Pastor
 - Your teacher or school chaplain or employer
 - A close family friend
3. These forms are to be posted directly back to us from your referees and are NOT to be given back to you as the applicant to send back to us. Confidentiality is important!
4. We will then be in contact with you in relation to your application.

We wish you well with your application and trust that God will show you clearly His direction in relation to full time ministry.

Yours in Christ,

Paul Whincop
TOURING TEAM DIRECTOR



Gold Coast Youth for Christ Association Inc.
 Suite 366 / 51
 ROBINA TOWN CENTRE QLD 4230
 Ph (+61 7) 5522 9800
 Fax (+61 7) 5522 9811
 email:- info@yfcgold.com
 web :- www.yfcgold.com

TOURING TEAM 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) <input style="width: 100px;" type="text"/>
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 <input style="width: 100px;" type="text"/>	
Date of Birth	/ /	Spouse age <input style="width: 50px;" type="text"/>	
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.	<input style="width: 100%; height: 20px;" type="text"/>		
How Long in Jobs?	Current Job <input style="width: 100%; height: 20px;" type="text"/>	Previous Job <input style="width: 100%; height: 20px;" type="text"/>	
Subjects in H.S.C.	<input style="width: 100%; height: 20px;" type="text"/>		
Further Education.	<input style="width: 100%; height: 20px;" type="text"/>		
Do you have any other Qualifications?	<input style="width: 100%; height: 20px;" type="text"/>		
Musical Abilities			
If you are a vocalist, are you?	<input type="checkbox"/> Soloist <input type="checkbox"/> Backing vocalist	How long have you been singing? <input style="width: 100px;" type="text"/>	
What is your voice range?	<input type="checkbox"/> Tenor <input type="checkbox"/> Bass <input type="checkbox"/> Soprano <input type="checkbox"/> Alto	Top note _____ Bottom note _____	
Which bands do you listen to? (List up to 10)	<input style="width: 100%; height: 20px;" type="text"/>		
What music do you dislike?	<input style="width: 100%; height: 20px;" type="text"/>		
What Instruments do you play? (List in order of ability with the first being your most proficient instrument)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>BRASS</p> <p><input type="checkbox"/> Trumpet <input type="checkbox"/> Trombone <input type="checkbox"/> Flugelhorn</p> <p>PERCUSSION</p> <p><input type="checkbox"/> Drums <input type="checkbox"/> Congas <input type="checkbox"/> Tamborine</p> <p>KEYS</p> <p><input type="checkbox"/> Piano <input type="checkbox"/> Organ <input type="checkbox"/> Synthesiser</p> </div> <div style="width: 45%;"> <p>WOODWIND</p> <p><input type="checkbox"/> Flute <input type="checkbox"/> Alto Sax <input type="checkbox"/> Tenor Sax <input type="checkbox"/> Clarinet</p> <p>RHYTHM</p> <p><input type="checkbox"/> Rhythm Guitar <input type="checkbox"/> Lead Guitar <input type="checkbox"/> Bass Guitar</p> <p>OTHER</p> <p><input type="checkbox"/></p> </div> </div>		
What experience have you had in the above?	<input style="width: 100%; height: 20px;" type="text"/>		
Other Abilities			
What other skills do you have?	<input type="checkbox"/> Drama <input type="checkbox"/> Dance <input type="checkbox"/> Roadie <input type="checkbox"/> Humour <input type="checkbox"/> Speaking <input type="checkbox"/> Sport <input type="checkbox"/> Cultural <input type="checkbox"/> Debating		
What experience have you had in the above?	<input style="width: 100%; height: 20px;" type="text"/>		

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;

--

Have you ever consumed alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Have you ever been a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Have you ever used illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

HOW DO YOU SEE THE ROLES OF A HUSBAND AND A WIFE IN A FAMILY SITUATION;

--

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 for tour

Would your church support you prayerfully for the year? Yes No

Would your church support you financially for the year? Yes No

A call to ministry means **real** commitment. It will cost you to be a part of a Touring Team personally and financially. You will be expected to raise funds towards the financial needs of the team prior to you arriving at training camp. How do you see your commitment to this working out in practice?

Comments:-

Name **two** people you will ask to commit to pray for you during tour.

NamePhone Name Phone

Background

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

If so what?

Have you ever been convicted of child offences? Yes No

If so what?

Current government legislation demands that we have a Police check carried on every person 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 for a touring team is for GCYFCA Inc. 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 to be in a Touring Team (specify which team) :

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.

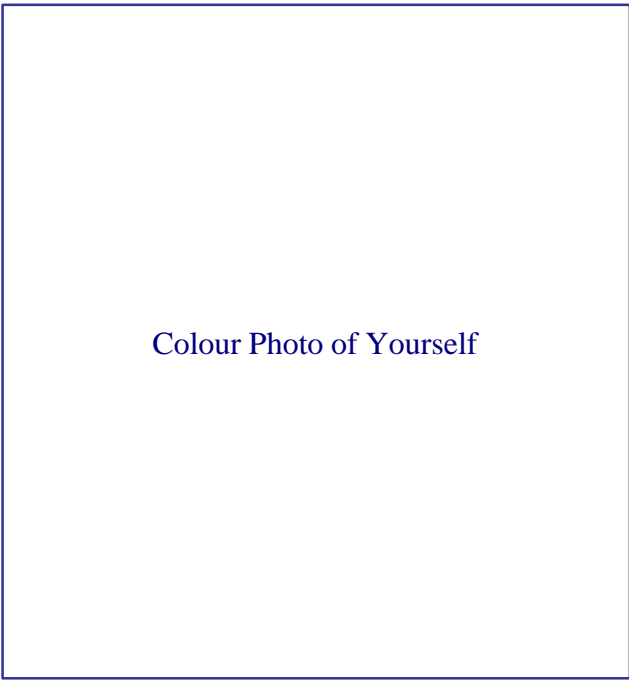
You should **not** sign this declaration unless you have fully understood each question and are committed to being involved in a Gold Coast Youth for Christ Touring Team for a period of not less than twelve months.

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.



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



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 web :- www.yfcgold.com

TOURING TEAM REFERENCE FORM

CONFIDENTIAL RECOMMENDATION TO SUPPLEMENT A TOURING TEAM APPLICATION

Touring Team Applicant Christian Name	
(Block letters) Surname	
I give my permission for the information supplied in this reference form to be used in determining my suitability for ministry within Gold Coast Youth for Christ.	Date / /
Authorisation Signature	

(Above to be completed by applicant)

(Below to be completed by the independent person nominated by the applicant as a referee)

Relationship to Applicant

The touring team director would appreciate a confidential statement from you concerning the applicant named above, evaluating his/her ability to undertake Christian ministry and his/her potential as a Christian leader. The applicant has given their permission for this information to be disclosed to us. This information will be used to assess his/her suitability for Gold Coast Youth for Christ youth work.

Please answer the following questions to the best of your ability and return immediately. **Tick one or more squares** as appropriate.

My relationship with the applicant is:	<input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/> Pastor <input type="checkbox"/> Teacher <input type="checkbox"/> Relative <input type="checkbox"/> Church member <input type="checkbox"/> Other
I have known the applicant for:	<input type="checkbox"/> less than one year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> more than 5 years
I know the applicant:	<input type="checkbox"/> extremely well <input type="checkbox"/> well <input type="checkbox"/> casually
I believe the applicant shows particular ability in:	
To my knowledge the applicant has won awards or exhibited high achievements in:	

Character and Personality of Applicant

Describe the applicant's attitude to the opposite sex:	<input type="checkbox"/> Sensible <input type="checkbox"/> Embarrassed <input type="checkbox"/> Over familiar
I have no reservation about the applicant's honesty or integrity:	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Temperamentally, he/she could be described as:	<input type="checkbox"/> Self-conscious <input type="checkbox"/> Relaxed <input type="checkbox"/> Critical <input type="checkbox"/> Appreciative
I believe that the applicant could be described as:	<input type="checkbox"/> Tactful <input type="checkbox"/> Tactless <input type="checkbox"/> Has a good sense of humour <input type="checkbox"/> Good mixer <input type="checkbox"/> Stubborn <input type="checkbox"/> Serious <input type="checkbox"/> Appreciated by others <input type="checkbox"/> Ill at ease with others

Dedication to Serving God in Ministry

I would rate the applicant's dedication to God as:	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low but improving <input type="checkbox"/> Weak
I would rate the applicant's commitment to Christian service as:	<input type="checkbox"/> Very definite <input type="checkbox"/> Highly probable <input type="checkbox"/> Uncertain but willing <input type="checkbox"/> Improbable
Please give us your evaluation of the applicant's involvement in Christian service.	
In your opinion, is the applicant clearly suitable for youth ministry, evangelism and discipleship?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there anything else about the applicant that you feel we should know? (strengths/weaknesses)	

Assessment of Applicant

KEY: <u>5= SUPERIOR</u> <u>4=ABOVE AVERAGE</u> <u>3=AVERAGE</u> <u>2 =BELOW AVERAGE</u> <u>1= MUCH BELOW AVEAGE</u>							
<i>Please tick a square</i>	5	4	3	2	1	No Basis for Judgement	Comments
Prayer Life							
Scripture Knowledge							
Doctrinal Balance							
Interest in Evangelism							
Interest in Missions							
Emotional Stability							
Physical Health							
Intellectual Ability							
Breadth of General Knowledge							
Expression/Speaking Ability							
Moral Stability							
Willingness to Oppose Injustice							
Initiative							
Willingness to Work Hard							
Dependability							
Uses Time Wisely							
Able to Accomplish Tasks Given							
Punctuality							
Organisational Ability							
Effectiveness in Working with Others							
Adaptability to Different Situations							
Potential as a Leader							
Past Performance as a Leader							
Perseverance							
Wisdom in Decision Making							
Self-discipline							
Ability to Achieve Goals							
Willingness to be Taught							
Ability to Submit to Authority							
Handles Money Wisely							
Please comment on any of the above if you wish:							
In one sentence, please sum up the applicant as you see them:							
Is your recommendation given:	<input type="checkbox"/> Reluctantly <input type="checkbox"/> Without enthusiasm <input type="checkbox"/> Fairly strongly <input type="checkbox"/> Strongly <input type="checkbox"/> Enthusiastically						

CONFIDENTIAL – DO NOT RETURN TO APPLICANT.

Please complete and mail back to Gold Coast Youth for Christ **TODAY.**

Name _____ Address _____ P/code _____

Date ____/____/____ Phone (____) _____ Mobile _____

Signature _____ Date ____/____/____