

APPLICATION FOR CREATIVE INTERN

Please complete this form as fully as possible in BLOCK CAPITALS and return it to melissa@su.org.za

Please tell us about yourself

Name: _____ Surname: _____

Address: _____

Postcode: _____

Cell no: _____

Email: _____

Date of birth: _____ Age: _____

Are you currently studying?

If yes, where are you studying?

Name of course?

Who are your Referees?

Before accepting you on to a team we must have 2 suitable references. Please give the names and addresses of the two people who have agreed to act as your referees. One should be a church leader and the other another older committed Christian. Neither should be family members.

Reference

1: Church Leader Reference

Name: _____

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

Email: _____

Position in Church: _____

Relationship to you: _____

2: Older Christian friend

Name: _____

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

Email: _____

Position in Church: _____

Relationship to you: _____

Emergency contact

In case of an accident or emergency during your time on an activity, please provide the details of a suitable contact.

Name: _____

Relationship to you: _____

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

Tell us about your faith

What church do you attend? _____

Denomination: _____

Church Minister/Leader: _____

Address: _____

Postcode: _____

Tel No: _____ Mobile No: _____

And finally... the Declaration

- I have read the Statement of Beliefs; Child Protection and Lifestyle Policies. I agree to follow the policies therein;
- I will seek to maintain the unity of the team, being willing to put aside my denominational / local church preferences and practices where necessary;
- I have completed all sections of the form accurately.

Signed: _____

Date: _____

If applicant is under 18 years old, parental consent is necessary:

Full name of parent/legal Guardian: _____

Signed: _____

Date: _____