



CHRISTIAN YOUTH CAMPS

OF SOUTH AUSTRALIA INC.
"EL SHADDAI CAMPING CENTRE",
196 El Shaddai Road,
WELLINGTON, SA 5259
PHONE: (08) 8572 7262

Application for a Staff Position
at El Shaddai Camping Centre
Please Return to Isaac Peckover at the above
address or email to isaac@cycsa.org.au

CONFIDENTIAL

Given Names	
Surname	
Contact Details	Address: Phone: Email:
Date of Birth	
Place of Birth	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Name of Spouse (if applicable)	
Names and Ages of Children (if applicable)	

CHRISTIAN LIFE AND SERVICE

When did you become a Christian?		
What is your denominational affiliation?		
In what churches have you been actively involved in over the last ten years?	Years	Church
In what areas of Christian service have you been engaged and, in each case, for what length of time?	Years	Service

PERSONAL

Why are you applying to join the ministry team at El Shaddai?	
What other interests do you have? (e.g. hobbies, sport, music etc.)	
What strengths do you believe you have that make you suitable to work in Christian Camping?	
What is your highest level of schooling completed and/or what formal qualifications do you hold?	
Do you have any learning requirements that we need to be aware of?	
Is anyone dependent upon you for financial support? Who?	__ Yes __ No

EXPECTATIONS

What kind of work do you feel you are best suited for?	
What skills would you bring to the campsite?	

PAST EMPLOYMENT/EXPERIENCE

Please provide details of your previous and present employment.	Year(s)	Employer	Contact Details	Position/Job Requirements
Have you had any previous experience in Camp work? If so, please give details of the type of work undertaken.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

YOUR CURRENT CHURCH

Name of Church	
Name of Pastor, Elder or Minister	
Email Address	
Phone number	
Are the pastors/leaders of your church aware of and supportive of your application to join the team at El Shaddai?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREES

Give the names, addresses and telephone numbers of three people of established Christian experience and standing who know you well and whom we may contact concerning your character and qualifications. One of your referees should be your minister, pastor or elder and among the three there should be at least one female and one male. Please give a brief reason for your choice.

Name	1.	2.	3.
Email Address			
Telephone			
Reason for your choice			

MENTOR

As a part of employment with us you are required to have a mentor who you can meet with regularly to reflect with and be encouraged in both your personal and spiritual growth.

PART A:

Please answer yes to one of the following questions:

1. I already have a mentor. <i>If yes please fill in PART B</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I would like to indicate someone that would be a suitable mentor for me. <i>If yes please fill in PART C</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I do not have, or know of, someone who could be my mentor and I would like assistance in finding one. <i>If yes please move onto the next page</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B

Name of mentor	
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Relationship	
How long have they been your mentor?	
Email Address	
Telephone	

PART C

Name of person	
Relationship	
Are they aware that you have indicated that you would like them to be your mentor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	
Telephone	
Reason for indicating that they be your mentor	

MEDICAL

Have you had any serious physical condition or illness? If so give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been addicted to alcohol or drugs? If yes, comment on your present situation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking tablets, medicines or medication of any kind? Are you receiving treatment of any kind? Give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you suffered from any of the following? If so give brief explanation? <ul style="list-style-type: none">▪ Fainting or fits of any kind.▪ Nervous illness or breakdown.▪ Psychological disorder.▪ Depression or Sleeplessness.▪ Palpitations, shortness of breath or difficult breathing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last have a medical checkup?	
Were there any problems evident from your last medical checkup? Give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any disorder not covered above? If so give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHECKLIST

The following list of items should be included with this application.

- Why you believe you are suitable and what you think you can bring to the position.
- A testimony of your conversion, including significant times and events in your life.
- A recent photograph.

Signed: _____

Date: _____