



CHRISTIAN YOUTH CAMPS

OF SOUTH AUSTRALIA INCORPORATED
ABN 86 857 437 624

196 EL SHADDAI ROAD WELLINGTON SA 5259
PHONE (08) 8572 7262 FAX: (08) 8572 7135
www.cycsa.org.au email@cycsa.org.au

Application for a Traineeship at El Shaddai Camping Centre

Please Return to the Adventure Outlook Coordinator
by email to adventure@cycsa.org.au

CONFIDENTIAL

Given Names	
Surname	
Contact Details	Address: Phone: Email:
Date of Birth	
Place of Birth	
Relationship 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, sports, 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? If so give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone dependent upon you for financial support? If so give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL

<p>Have you had any serious physical condition or illness? If so give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been addicted to alcohol or drugs? If yes, comment on your present situation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you currently taking tablets, medicines, or medication of any kind? Are you receiving treatment of any kind? If so give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you suffered from any of the following? If so give a brief explanation.</p> <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 difficulty breathing. 	<p><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</p>
<p>When did you last have a medical checkup?</p>	
<p>Were there any problems evident from your last medical checkup? If so give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you aware of any disorder not covered above? If so give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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			

CHECKLIST

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

- Why do you believe you are suitable and what do 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: _____