



# ABUNDANT LIFE EVANGELISTIC GROUP

## YOUTH IN ACTION FOR CHRIST'S RETURN

Po Box 347, Dundee, 3000; Tel: (034) 218 2055; Fax: (034) 212 1229; E-mail: [elize@afmsat.co.za](mailto:elize@afmsat.co.za)

## APPLICATION TO BE A FACILITATOR

### GENERAL INFORMATION

- Minimum requirements: 17 years of age or older  
Membership of the Seventh-day Adventist Church
- Please return the application form and required documentation to: [elize@afmsat.co.za](mailto:elize@afmsat.co.za)
- Successful applicants will be expected to complete a training course consisting of a booklet to read and a number of video recordings to watch BEFORE the camp starts.
- Costs for the camp will be sponsored.
- R500 towards travel expenses and a R500 stipend towards personal expenses will be paid to each facilitator at the end of the camp.
- Please visit <https://www.abundant.co.za> for a suggested pack list and to confirm the exact dates of the camp.

**Application for:**     June                                          December                                         20\_\_\_\_\_

### PERSONAL DETAILS OF APPLICANT

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_ (please attach copy)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name and Surname: \_\_\_\_\_ Cell no: \_\_\_\_\_

Father's Name and Surname: \_\_\_\_\_ Cell no: \_\_\_\_\_

Parent/s Marital Status:     Married          Divorced          Separated          Single Parent

Raised by :                          Both parents     Mother          Father          Other: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone numbers:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

What is your present physical condition?  Good  Fair  Poor

Please specify disabilities/allergies/illnesses if any \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical aid:  Yes  No Medical scheme: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
**(please attach copy of medical aid card)**

Would you require bus transport to and from the camp (in lieu of the R500 travel allowance)?  Yes  No  
If yes, from where?  Johannesburg  Pietermaritzburg

Please provide banking details for payment of the stipend and travel allowance:

Name of Account holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account:  Cheque  Savings

Branch number: \_\_\_\_\_

### CHURCH HISTORY

Years attending the SDA Church: \_\_\_\_\_ Congregation: \_\_\_\_\_

Are you a member of the SDA Church?  Yes  No

If so, accepted as member by:  Baptism  Profession of Faith

Date of Baptism: \_\_\_\_\_

Pastor \_\_\_\_\_ Contact number: \_\_\_\_\_

Are you involved in your church activities/projects (pathfinders, Sabbath school, outreach, bible study, youth, children, preaching etc.)  Yes  No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are/have you ever been a Church officer?  Yes  No Position held: \_\_\_\_\_

Have you been an Abundant Life Group member?  Yes  No If yes, which year? \_\_\_\_\_

Have you been attended the No Guts, No Glory camp?  Yes  No If yes, which year? \_\_\_\_\_

Do you attend camp/youth meetings?  Yes  No If yes, please specify \_\_\_\_\_

Have you ever been a facilitator before?  Yes  No If yes, when and where? \_\_\_\_\_

Responsibilities as facilitator? \_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS** (You may answer the questions in Afrikaans or English)

1. Why do you want to be a facilitator?

---

---

---

Do you like to spend time with either: toddlers, children, teenagers or youth and why?

---

---

Why do you think you should be chosen to be a facilitator?

---

---

---

2. How would you describe yourself(characteristics good & bad)?

---

---

---

3. Music: Musical Instruments, Singing, Song leading, Song writing?

---

---

Other creative abilities? (Clowning, mime, theater etc.)

---

---

4. What do you understand about The Great Controversy and what does it mean to you?

---

---

---

---

5. What are your beliefs & values on family life (marriage, divorce, children, upbringing, etc.)?

---

---

---

---

6. How do you relate to authority (explain your answer)?

---

---

7. How do you deal with conflict (explain your answer)?

\_\_\_\_\_  
\_\_\_\_\_

8. Have you had any problems with pornographic/sexual/substance or other addictions in the last two (2) years?

\_\_\_\_\_

10. Have you been found guilty of any criminal offence/s?

\_\_\_\_\_

**I hereby understand that Abundant Life, presenter of Junior and Teen Week Camp, is a Gospel centered creative youth outreach project of the Seventh Day Adventist Church, and I would love to be a facilitator and represent Jesus and the church through this ministry.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Indemnity Clause** (to be signed by parent/legal guardian if applicant is under 18 years old)

This agreement is made upon the express condition that Abundant Life, Mpati Bush Camp and it’s management and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or death from any cause or causes whatsoever while in or upon said premises or any activity carried on by the APPLICANT in connection herewith, including transport to and from the camp site, and the UNDERSIGNED hereby covenants and agrees to indemnify, defend, save and hold harmless Abundant Life and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same. I also understand that in case of a medical emergency the APPLICANT will be taken to a hospital at my cost.

**If Applicant is 18 years or older:**

I, \_\_\_\_\_ (FULL NAME AND SURNAME), have read the above Indemnity Clause and agree to the terms and conditions stipulated therein.

**APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**If Applicant is under 18 years old:**

I, \_\_\_\_\_ (FULL NAME AND SURNAME OF PARENT OR LEGAL GUARDIAN), parent/legal guardian (delete if not applicable) of \_\_\_\_\_ (FULL NAME AND SURNAME OF APPLICANT) have read the above Indemnity Clause and agree to the terms and conditions stipulated therein.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ACCESS TO THE CAMP IS NOT ALLOWED UNTIL YOU ARE NOTIFIED OF YOUR ACCEPTANCE**