



GATEWAY YOUTH FOUNDATION

Tel : 012 335 6540
 Email : info@gyf.co.za

Fax : 012 335 0218
 NPO No: 047-482-NPO

Gateway Application Form

Date: 20 / /

Personal Information

PLEASE COMPLETE IN PRINT ON NON-SHADED AREAS:

Please indicate with a ✓ where applicable:

Surname					
Maiden Name (If applicable)					
First Names					
Title	Age	Date of Birth			
ID Number					
Gender	Male		Female		
Marital Status	Single	Divorced	Widow		
	Married	Engaged	Widower		
Home Language					
Citizenship					
Country of birth					

Applicant's Contact Details

Tel	(H)	(W)	(Cell)
Fax			
Email			
Postal Address			
			Postal Code

Members: Mr. W.J. Roos (Founder/Chair Member); Mrs. J. Roos (Vice-Chair Member); Mr. A.G. Claassen;
 Mr. J.P. Bekker; Mr. J.F. De Vries

P.O. Box 31356
 Wonderboom Poort
 0033

106 The Grove Avenue
 Parktown Estates
 0084

Church Life

Home Church			
Postal Address of church			
Postal code			
Senior Pastor			
How long have you attended this church?			
Please specify current activities at the church			
Have you received any previous youth training?	Yes		No
If yes, please specify			

Spiritual Life

Describe your conversion experience, stating how long you have been a Christian.
Describe your leading to apply to Gateway.
What is your expectation of Gateway?

Financial

What is your expectation concerning salary?	R
If you would earn a stipend, would you be able to make the necessary adjustments to supplement your income?	

General

Have you ever been involved in sexual immorality (Sex outside of marriage)?	Yes		No	
If yes, have you received any ministry in this area?	Yes		No	
Have you ever been involved in homosexuality or lesbian activity?	Yes		No	
If yes, have you received any ministry in this area?	Yes		No	
Have you ever been involved in occult practice (astrology, karate, palm reading, etc.)?	Yes		No	
If yes, please give details	Yes		No	
Have you ever been involved in alcohol abuse?	Yes		No	
If yes, please give details	Yes		No	
Have you ever been involved in drug abuse?	Yes		No	
If yes, please give details.	Yes		No	
Do you smoke?	Yes		No	
Do you have a criminal record?	Yes		No	
Have you ever been arrested?	Yes		No	
Do you have any experience in youth work of any kind?	Yes		No	
If yes, please explain	Yes		No	
Are you computer literate?	Yes		No	
Do you have organising skills?	Yes		No	
Are you comfortable speaking in public?	Yes		No	

From the following list, which words, in your opinion, best describe yourself:							
Active		Impulsive		Nervous		Perfectionist	
Moody		Serious		Quiet		Imaginative	
Likeable		Fearful		Lonely		Good-natured	
Hurting		Flexible		Organised		Submissive	
Guilty		Humorous		Loyal		Depressed	
Ambitious		Persistent		Excitable		Courageous	
Extrovert		Introvert		Calm		People-lover	
Stubborn		Sensitive		Optimistic		Hard-working	
Insecure		Practical		Warm		Self-confident	
Negative		Confused		Impatient		Easy-going	
Self-conscious				Competitive		Self-sacrificing	

Health

Rate your current health	Excellent		Good	
	Fair		Poor	
List any allergies:				
Do you have any physical limitations?				
If yes, please explain	Yes		No	
Have you ever suffered from mental illness or depression?				
If yes, please give details	Yes		No	
Have you ever suffered from an eating disorder?				
If yes, please explain	Yes		No	
Do you have any learning disabilities?				
If yes, please give details	Yes		No	

Confidential References

Please give the names and contact details of **two** people who have a longstanding relationship with you. One has to be your local church leader. Please ensure that these people will mail, email or deliver the reference forms to the Gateway coordinator.

1. Name & Surname		2. Name & Surname	
Relationship to you	Local Church Leader	Relationship to you	
Postal Address		Postal Address	
Postal Code		Postal Code	
Tel	(H)	Tel	(H)
	(W)		(W)
	(Cell)		(Cell)
Email		Email	

Additional Requirements

Police Clearance of less than 3 months
Copy of your ID
CV
Copy of your Grade 12 Certificate

Please fax or email a scanned copy of this application along with all the additional requirements to **012 335 0218** or scan and email to info@gateway.co.za

Church Leader's Confidential Reference

Date: 20 / /

To be completed by applicant

Surname			
First Name			
Postal Address			
			Postal Code
Telephone	(H)	(W)	(Cell)
Email Address			

To be completed by the pastor

Pastor's name			
Telephone	(H)	(W)	(Cell)
Church's name			
Church's Address			
			Postal Code

To the Pastor: Please note that an application cannot be considered until we have received this recommendation. Serious consideration will be given to your comments, therefore, please complete this form carefully. This recommendation should be returned directly to the Gateway coordinator.

Please indicate with a ✓ where applicable:

How long have you known the applicant?			
How well do you know the applicant?			
Very well		Well	Casually
How long has the applicant attended and in what ways has he/she been involved in the church and its programs?			

Please rank the applicant in the following areas:

	Excellent	Above average	Average	Below average
Ability to cope with stress				
Ability to follow				
Christian character				
Concern for others				
Co-operation				
Emotional stability				
Flexibility				
Initiative				
Leadership				
Perseverance				
Stewardship				
Self discipline				
Social responsibility				

Please circle any of the following words which might pertain to applicant:

Impatient	Intolerant	Argumentative	Domineering	Critical of others	Anxious
Easily embarrassed or offended	Easily discouraged	Frequently worried	Nervous or tense		
Given to moods	Prejudiced towards groups, races or nationalities			Addictive behaviour	
Unable to cope with stress	Erratic in attitudes or actions				

Has the applicant, on any occasion, proven to be unreliable, dishonest or of questionable character?			
If yes, please explain.	Yes	No	Do not know
In your opinion, which of the following best describe the applicant's Christian experience?			
Mature	Contagious	Genuine and growing	
Over-emotional	Superficial		
Please comment on the applicant's family background			
Does the applicant display prejudice towards other races or nationalities?			
If yes, please comment	Yes	No	Do not know
Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?			
If yes, please comment and mention any ministry he/she has received in this area	Yes	No	Do not know
Does the applicant smoke?	Yes	No	Do not know
Does the applicant respond well to authority?	Yes	No	Do not know
Is the applicant financially responsible?			
If no, please comment	Yes	No	Do not know
Do you recommend the applicant?			
Wholeheartedly	With reservation	Not at all	
If not at all, please comment			

Is there anything else you believe is necessary to bring to our attention?	

I declare that to the best of my knowledge the contents of this recommendation are correct.			
Signed		Date	

Confidential Reference

Date: 20 / /

To be completed by applicant

Surname			
First Name			
Postal Address			
			Postal Code
Telephone	(H)	(W)	(Cell)
Email Address			

To be completed by the referee

Referee's name			
Telephone	(H)	(W)	(Cell)
Church's name			
Postal Address			
			Postal Code

To the Referee: Please note that an application cannot be considered until we have received this recommendation. Serious consideration will be given to your comments, therefore, please complete this form carefully. This recommendation should be returned directly to the Gateway coordinator.

Please indicate with a ✓ where applicable:

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If yes, please comment and mention any ministry he/she has received in this area					
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Does the applicant respond well to authority?		Yes		No	Do not know
Is the applicant financially responsible?					
If no, please comment		Yes		No	Do not know
Do you recommend the applicant?					
Wholeheartedly		With reservation		Not at all	
If not at all, please comment					

Is there anything else you believe is necessary to bring to our attention?	

I declare that to the best of my knowledge the contents of this recommendation are correct.			
Signed		Date	