

P 0 Box 75700, Garden View, 2047 | Tel: 011 616 6800

LITERATURE EVANGELIST APPLICATION FORM

Please supply the following documentation:

- 1. Completed and signed APPLICATION FORM
- 2. Completed and signed CHURCH RECOMMENDATION LETTER
- 3. Copy of ID or Passport
- 4. Copy of your WORK PERMIT if you are not a South African Citizen
- 5. ONE ID photo



Upload Photo

Details of Applicant		Date				
Surname	ID/	ID/Passport Number				
First Namos						
Home Address						
		Postal Code				
E-Mail Address						
Cell	Home Tel	Work Tel				
Date of Birth	Marital Status	Gender				
Home Language	Other Languages	Nationality				
Name of Spouse	Date of Birth	Nationality				
Children's Details						
Names		Date of Birth				

Medical Conditions

What is your present physical condition	[Good]	[Fair]	[Poor]	
Please specify any medical or physical condition	ons:			
Education				
Highest Grade Passed in School				
Other Educational Achievements				
Employment Details				
Last Job Held				
Name of Employer			Telephone	
Address of Employer				
Last Position Held				
Period of Employment				
Reason for Leaving				
	[Yes] [No]			
Second Last Job Held				
Name of Employer			Telephone	

Last Position Held ______

Period of Employment

[No]

Reason for Leaving _____

[Yes]

May we contact your employer?

Character Reference

Please give the names of two people [other than your pastor] who have known you during the past five years.

Name	Relationship	Telephone		
Name	Relationship	Telephone		
Church History				
Church History				
e Baptised Where Present Membership Held				
	Membership of Spouse			
General				
Have you gone through an assessment interview with a leader	r? [Yes] [No]			
Reason for Application				
Why would you like to become a Literature Evangelist?				

Applicant's Undertaking

The above information in this form will be treated as private and confidential. I hereby declare that all the information is true and correct. I understand that reference checks could be made.

I understand that Literature Evangelists are self-supporting missionaries who offer voluntary service to the SDA Church.

I herby apply to be a	[Full-time]	[Part-time]	[Student] Lite	erature Evar	ngelist Missionary.	
Applicant's Signature				Date		
Spouse's Signature				Date		
Appointment Cor	nmittee					
Approved by:						
Conference President / Vi	ce President			C	Date	
Conference Publishing Di	rector			C	Date	
Assistant Publishing Dire	ctor/Leader			C	Date	
Committee Member				0	Date	
Church Pastor				[Date	
LE Number Allocated:			(Full-time)		[Part-time]	[Student]
Comments						