PROCEDURE FOR APPLICATION

Thank you for applying to *Teachers of the Nations*, Cape Town, South Africa.

In order for us to process your application, we must receive **all the forms completed** by you along with your references. If a question does not apply to you, please write N/A in the space.

The *Republic of South Africa* requires all people that have access or contact with a child in the care of the State to provide a Police Clearance certificate from their country of origin. In order that you be accepted as a volunteer within Teacher's of the Nations , we must receive this clearance.

Please send all forms to:

Teachers of the Nations
c/o Dr. Mella Davis
P.O. Box 7027
Waterfront Post Office
6884
Republic of South Africa

Tel.: +27 76. 664. 0044

E-mail: melladavis_phd@yahoo.com

Website: www.changetheworldeducategirls.co.za

This form must be completed when you are applying as a volunteer at Teachers of the Nations Ministry. If there isn't sufficient space on the application form, please answer the questions on a separate sheet of paper.

Please fill in your name on the Confidential Pastor's Reference Form. Hand it to your pastor/cell leader. Ask them to complete the form and e-mail or post it directly to Dr. Mella Davis (teachers of the Nations MInistry, Cape Town.

I thank you for taking the time to fill in this application form.

Yours Sincerely,

Dr. Mella Davis
Founder and CEO of Teachers of the Nations MInistry

Personal Information

Surname:	
First Names:	
Preferred Name:	
Residential Address	
Postal Address	
Telephone	
Cell.	
Fax:	
E-mail:	
I.D./Passport No.:	
Date of birth :	Male / Female
Valid Driver's License	Yes / No Code ……..

Marital Status

__Single __Engaged __ Married __Separated __Divorced __Remarried __ Widowed __Relationship

HEALTH INFORMATION:

1. Do you have any physical handicaps or health conditions requiring special attention? (If so, please explain):

_____

_____

2. Are you now under a Doctor's care or taking medication?

_____

Emergency Information

In case of an emergency, contact:

Name:			Relationship:		
Address:					
Telephone:		Cell.		E-mail:	

Church Information

Name of the Church:			
Church affiliation:		Length of membership:	

Address:			
Telephone:		e-mail	
Pastor's name:			

Involvement

When do you want to start?	
What would your commitment be? If applicable	

Why would you like to be involved at Beautiful Gate Ministry?

Languages

Read ……..

Spoken ……..

Written ……..

Career Records (Starting with the most recent position)

Do you give us the right to do a reference check? **Yes / No**

Company's Name: …….. Tel. No. ……..

Supervisor: ……

Email:…….

Position held: …….. From ……To ……

Reason for Leaving:

……

Do you give us the right to do a reference check? **Yes / No**

Company's Name: …….. Tel. No. ……..

Supervisor:……..

Email:……

Position held: …….. From ……To

……

Reason for Leaving:

……

DECLARATION

In applying to Teachers of the Nations Ministry, I declare that the information submitted in this application is correct and true. Falsified answers on this application may result in the application being invalid or if discovered after employment, it would be grounds for dismissal.

…….. ……

Signature Date

CONFIDENTIAL PASTOR'S REFERENCE FORM

DEAR PASTOR,

(Name) _____

has indicated that she/he would like to become involved in the ministry of Teachers of the Nations Ministry. We would like some information on the applicant before we can consider the application. We therefore would like to ask you to fill in this confidential form and send it back to us as soon as possible.

Thank you very much!

ADDRESS:
Teachers of the Nations MInistry
Attn. Volunteer Coordinator
P.O. Box 7027
Waterfront Post Office
Worcester
6884
Republic South Africa

Phone: +27 76 664 0044
Fax: +27 21 374 82 37
E-mail: melladavis_phd@yahoo.com
Website: www.changetheworldeducategirls.co.za

PERSONAL INFORMATION OF THE PASTOR

Rev.	
Address:	
Phone: Landline & Mobile	
Fax:	
E-mail:	

How many years have you known the applicant? ☐

On a scale of 1 (very little) to 10 (intimately), how well do you know the applicant?

1 2 3 4 5 6 7 8 9 10

Which of these words best describes the applicant's personality:

☐ Communicative	☐ Persistent	☐ Responsible	☐ Passive	☐ Calm
☐ Self-confident	☐ Sceptical	☐ Self-control	☐ Creative	☐ Active

☐	Melancholy	☐	Sensitive	☐	Distrusting	☐	Faithful	☐	Happy
☐	Extroverted	☐	Loyal	☐	Impulsive	☐	Serving	☐	Quite
☐	Thoughtful	☐	Aggressive	☐	Dependable	☐	Insecure	☐	Timid
☐	Independent	☐	Depressive	☐	Teachable	☐	Loving	☐	Unstable
☐	Good-humoured	☐	Patient	☐	Critical	☐	Blunt	☐	Gentle
☐	Team-worker	☐	Dominant	☐	Submissive	☐	Controlling	☐	Compassionate

Please evaluate the applicant in the following areas with 1 (for poor) **to 10** (for excellent)**:**

Devotional life	1	2	3	4	5	6	7	8	9	10
Church attendance	1	2	3	4	5	6	7	8	9	10
Emotional stability	1	2	3	4	5	6	7	8	9	10
Reaction toward problems	1	2	3	4	5	6	7	8	9	10
Reaction under stress	1	2	3	4	5	6	7	8	9	10
Openness	1	2	3	4	5	6	7	8	9	10
Need to control	1	2	3	4	5	6	7	8	9	10
Moral conduct	1	2	3	4	5	6	7	8	9	10
Positive attitude	1	2	3	4	5	6	7	8	9	10
Common sense	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Flexibility	1	2	3	4	5	6	7	8	9	10
Following directions	1	2	3	4	5	6	7	8	9	10
Willingness to learn	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Self control	1	2	3	4	5	6	7	8	9	10

Respond briefly:

01. Comment on applicant's spiritual life.

02. Comment on the quality and extension of applicant's work in the Church or other mission organisations.

03. How well does the applicant work in a team?

04. Comment on the applicant's ability to handle conflict in relationships.

05. What are the applicant's strong points?

06. What are the applicant's weak points?

07. What gifts do you recognise in the applicant’s life?

08. Do you have any reservations about the applicant working for a children’s ministry? Explain

09. Comment briefly on the relationship the applicant has with her/his family.