



Application Form

PHOTO

Name & Surname

THE SENDING COMPANY (TSC) 2024

APPLICATION FOR ADMISSION

Dear Applicant

We are excited that you have considered our TSC Program for 2024. We believe that God made you unique and His plan for you is unlike anyone else's. We are excited to join you in the journey of: "what is God telling me to do with my life?"

We believe the reason you enrolled for the school is because God called you for this season into THE SENDING COMPANY. This program will include group discussions and modules on topics that will give you exposure to life, missions and mainly ministry.

In applying for this program, you acknowledge that:

- This is a full-time commitment.
- This year starts on the 9th of January and ends on the 30st of November, and you will be part of the team at Kruisgenerasie.
- You will develop spiritually, emotionally, and personally through the book discussion sessions, staff training events and exposure to different ministries, especially going out into the harvest field.
- Applying for the TSC Program, you will be liable for your own fundraising of R3,500.00 p/month and/or R38,500.00 paid in full for the year – all money to be paid in advance before the 1st of every month, starting on the 1st of January 2024.

If you are hardworking, driven, and teachable to grow and develop personally and learn about ministry and missions, we are excited to have you as part of our team. We look forward to hearing from you and if you have any further questions, please don't hesitate to contact us.

Magda Jochimsen (Co-Ordinator)
0760230425

1. PERSONAL INFORMATION

1.1. PERSONAL DETAIL

Full Name: _____

Surname: _____

Gender: _____

Date of Birth: _____

Postal Address: _____

Residential Address: _____

I.D. Number: _____

Cell Phone Number: _____

Email Address: _____

Emergency Contact:

Name: _____

Contact Number: _____

1.2. FAMILY BACKGROUND

Marital Status:

Single

Engaged

Married

Widowed

Divorced

Separated

If married, please provide the following information:

Spouse's Name: _____

Date of Marriage: _____

Number and ages of Children (if applicable):

1. _____
2. _____

If you are still living with your parents, please provide the following information:

1. Name of Father / Guardian: _____
Occupation: _____
Contact Number: _____
Email Address: _____
Accepted Christ: Y / N
Signature: _____

2. Name of Mother / Guardian: _____
Occupation: _____
Contact Number: _____
Email Address: _____
Accepted Christ: Y / N
Signature: _____

Do you have any siblings? Y / N

Are your parents divorced? Y / N

If Yes, whom do you live with?

Describe your relationship with your mother / guardian:

Describe your relationship with your father / guardian:

How do your parents / guardians currently feel about you participating in the TSC Program?

1.3. CHARACTERISTICS

What characteristics describe you the best? (Mark with an 'X')

Sad		Depressed		Happy		Nervous	
Tense		Touchy		Talkative		Shy	
Patient		Scared		Relaxed		Attractive	
Quiet		Disheartened		Hardworking		Adapt	
Alone		Serious		Energetic		Dramatic	
Sensitive		Critical		Social		Unattractive	
Introvert		Emotional		Aggressive		Extrovert	
Group Person		Loving		Private		Reckless	
Creative		Lazy		Persevere		Purpose Driven	

1.4. PERSONALITY

Name 5 Strengths and 5 Weaknesses about yourself:

Strengths	Weaknesses
1	1
2	2
3	3
4	4
5	5

Are you currently in a romantic relationship? Y / N

If so, for how long? _____ Months _____ Years

Describe your ideal leader:

Do you see yourself as a leader or a follower? _____

Describe: _____

Have you ever had a leadership position? Y / N

Describe: _____

What are your interests / hobbies?

Who is your role model? _____

1.5. MEDICAL BACKGROUND

How would you describe your health?

- Excellent Good Fair Poor

List any physical limitation, disabilities, or diseases you have experienced, depression / addictions etc.

Do you suffer from one of the following? (Mark with an 'X')

Asthma	
ADD / ADHD / Autism Spectrum / Asperges	
Depression	
Migraines	
Poor eye sight	
Poor hearing	
Stress	
Eating disorders	
Other	
None	

Are you on specific medication for one of the above mentioned and other health conditions?

Do you suffer from any injuries in the following? Describe:

Neck:	Back:
Knees:	Ankles:
Legs:	Arms:
Other:	Other:

Do you have a Medical Aid? Y / N

Medical Aid Company: _____

Medical Aid Number: _____

2. EDUCATIONAL INFORMATION DATA

2.1. ACADEMIC BACKGROUND

Highest Grade passed: _____

Name of School attended: _____

Name of Town: _____

Highest Tertiary Qualification: _____

Name of University / College: _____

Year completed: _____

2.2. EMPLOYMENT BACKGROUND

Are you currently employed? Y / N

Present employer: _____

Present position: _____

Date of employment: _____

Past employer: _____

Position: _____

Date of employment: _____

Reason for termination:

- Quit Retrenched Dismissed

3. CHRISTIAN BACKGROUND

Name of current congregation: _____

Denomination: _____

Name of Pastor: _____

Contact number of Pastor: _____

Email Address of Pastor: _____

Have you accepted Christ as Savior? Y / N Date: _____

3.1. TRAINING

Do you have training / experience in any of the following? (Describe)

Computer: Y / N	Sound & Lighting: Y / N
Multimedia or Editing: Y / N	Social Media: Y / N
Camera work: Y / N	Photography: Y / N
Singing: Y / N	What instrument do you play? Y / N
Admin / Writing: Y / N	Coffee Shop Training: Y / N
Painting: Y / N	Woodworking: Y / N
Children: Y / N	Youth: Y / N
Counselling: Y / N	Local Outreaches (MIDDELBURG): Y / N
Missions (Countries?): Y / N	Other: Y / N

3.2. EXPERIENCE AND INVOLVEMENT

Please complete the following:

Area of Service:	Years Experience:	Details
1. Praise and Worship		
2. Teaching:		
3. Drama		
4. Youth Ministry		
5. Children's Ministry		
6. Dance:		
7. Missionary Work:		
8. Evangelism:		
9. Small Groups:		
10. Ushering:		
11. Administration		
12. Other		

3.3. LEGAL AND LIFESTYLE CONCERNS

Were you involved in any of the following: (mark with an 'X')

	Past	Present	N.A
Drugs			
Sexual Activity			
Homosexual Experiences			
Physical Abuse			
Exposed to Pornography			
Criminal Record			
Suicide Attempts			
Misuse of Alcohol			
Smoking (cigarette / hubbly / vape)			

Do you have any lifestyle practices that might be considered questionable by TSC's Program's standards? Y / N

Have you ever been arrested or convicted of a crime? Y / N

Is there anything from your past that may come up in the future about you that could possibly harm the ministry of TSC's Program? Y / N

(if yes, to any of the above, please attach a statement with details.)

Have you ever used illegal drugs? Y / N

If Yes, date of last use: _____

Do you currently or have you ever struggled with the use/or abuse of tobacco products? Y / N

If yes, describe: _____

Do you currently or have you ever struggled with the use and/or abuse of alcohol? Y / N

If yes, describe: _____

Have you ever been treated for an addiction? Y / N

If yes, please provide dates of treatment: _____

Have you ever received psychological treatment? Y / N

If so, describe: _____

Have you read, and do you agree with TSC's Program's Pledge?

Yes No

Have you read, and do you agree with the Doctrinal Beliefs of Kruisgenerasie?

Yes No

4. BIOGRAPHY

Please write a short (no more than 1000 words) autobiographical statement including the following information:

1. Motivate why you wish to participate in the TSC Program.
2. Your salvation experience/testimony and desire for Christian service.
3. Your goals and desires for the future.
4. Share your heart regarding missions.

5. REFERENCES

PASTOR OR MINISTRY LEADER REFERENCE

Name of Applicant: _____

To the Pastor or Ministry Leader: Each applicant must submit a recommendation from his/her overseeing Pastor/Ministry Leader for admission into the TSC Program. To be accepted into the program, he/she will require a good recommendation from you.

To be completed by the Pastor/Ministry Leader:

How long have you known the applicant? _____

How long has he/she been involved in your ministry?

How well do you know the applicant?

- Just by name and sight
- Casually, a few personal contacts
- Fairly well, a few personal contacts
- A very close pastoral relationship

To the best of your knowledge, has the applicant made a personal commitment to Christ? Y / N

To what extend is the applicant involved in the activity of your ministry?

- Seldom participates in activity
- Is co-operative and usually willing to help in the various activities
- Enthusiastically engages in the activities and leads others to do so too

How would you rate the applicant in the following areas: (Mark with an 'X')

	Excellent	Good	Average	Poor
Leadership				
Responsibility				
Church Loyalty				
Commitment				
Teachability				

In your opinion, this applicant's spiritual influence on others will be:

- Strengthening
- Neutral
- Injurious
- Don't Know

Has the applicant's entire record been above suspicion that you would place full confidence in his/her integrity? Y / N

If no, please explain:

Does the applicant smoke, drink, or abuse drugs/prescribed drugs? Y / N If yes, please give details:

Are there any personality traits that would hinder this applicant in his/her relationship with others?

Would you, without hesitation, recommend this person to participate in the TSC Program? Y / N

Additional comments, if necessary:

Name: _____ Contact Number: _____

Date: _____ Signature: _____

6. INFORMATION DISCLOSURE AND CONSENT

By my signature below, I authorize Kruisgenerasie - TSC Leadership to obtain information – written, orally or by other means, bearing on my character, general reputation, personal characteristics, mode of living, and criminal background.

I sincerely believe that I am here by direction of the Holy Spirit and that God desires to do a unique work in my life. I believe this includes a deeper understanding of His Word and work, the development of a stronger personal relationship with God, the further maturing of my Christian character, the strengthening of personal disciplines in my life, the sharpening of my ministry skills and the development of life-long friendships.

I understand that this investigation may include interviews with friends, acquaintances or others who may have relevant information and that this report will be used for employment purposes including, evaluating me for employment, promoting, reassignment or perhaps retention as a team member of Kruisgenerasie.

Name and Surname: _____

Signature: _____ Date: _____

7. KRUISGENERASIE TSC Program - STUDENT PLEDGE OF HONOR

I, _____ am fully persuaded that it is the will of God for me to be enrolled in Kruisgenerasie TSC Program for the 2024 academic year. I sincerely believe that I am here by direction of the Holy Spirit and that God desires to do a unique work in my life. I believe this includes a deeper understanding of His Word and work, the development of a stronger personal relationship with God, the further maturing of my Christian character, the strengthening of personal disciplines in my life, the improvement of my ministry skills and the development of life-long friendships.

Because of this, I make the following pledge:

1. I PLEDGE to diligently pursue the spiritual opportunities and engage in spiritual activities that will help me grow in my own relationship with God and become better equipped to serve and minister to others.
2. I PLEDGE to remain open to the dealings of the Holy Spirit in all areas of my life that are consistent with Christian character and true godliness.
3. I PLEDGE to be responsive to the authorities that God has place over me during this season of my life, including church elders, pastors, and the Kruisgenerasie TSC Program leaders.
4. I PLEDGE to apply myself whole-heartedly to my intellectual pursuits, to use the full powers of my mind for the glory of God and to maintain a spirit of excellence in all that I do.
5. I PLEDGE to be responsible financially for the commitments I have made and to those to whom I have made them.
6. I PLEDGE to refrain from dating during the first year of the program, unless currently in a relationship or approved by the leadership team. This includes developing and nurturing any type of intimate relationship (verbally, physically, sexually, or emotionally) with a person of the opposite sex/same sex. I will be conscientious of the public's perception of my commitment and therefore will avoid situations that could be interpreted as compromising.

7. I PLEDGE to develop my body with sound health habits by participating in wholesome physical activities.
8. I PLEDGE to abstain from all immoral and illegal acts and habits, whether on or off church property. I will not drink alcoholic beverages of any kind. I will not use tobacco. I will not engage in any other behavior that is contrary to Christian conduct.
9. I PLEDGE to attend classes, ministry sessions, seminars, and all required special events, and to attend church services as prescribed.
10. I PLEDGE to abide by all the guidelines and standards of conduct as outlined in the Kruisgenerasie TSC Program and other guidelines issued in oral or written form by the TSC Program leaders, understanding that failure to cooperate could result in my dismissal from the program.

Applicant's Signature: _____ Date: _____

8. KRUISGENERASIE TSC PROGRAM DOCTRINAL BELIEFS

- ◆ WE BELIEVE in God eternal, Triune, Almighty Creator, Sustainer and Ruler of all creation.
- ◆ WE BELIEVE in God the Father, the author of creation and salvation.
- ◆ WE BELIEVE in Jesus Christ the only Son of God the Father, true God who for the sake of humanity and its salvation, descended from heaven and became flesh; who was conceived by the Holy Spirit and was born by the virgin Mary; who lived on earth and was crucified, died and was buried, who rose from the dead and ascended to heaven where He is seated at the right hand of the Father.
- ◆ WE BELIEVE in the Holy Spirit, true God proceeding from the Father and the Son, who convicts the world of sin, righteousness and judgement and leads in all truth.
- ◆ WE BELIEVE that the Bible is the word of God, written by men as the Holy Spirit inspired them. We believe that it authoritatively proclaims the will of God and teaches us all that is necessary for salvation.
- ◆ WE BELIEVE that all human beings are created in the image of God; due to their sinful rebellion, this image is flawed, that all have sinned before God, and it is the will of God that all people should receive salvation through faith in Jesus Christ.
- ◆ WE BELIEVE in the baptism in the Holy Spirit with the initial evidence of speaking in tongues as promised to all believers. We believe in the manifestation of the gifts and fruit of the Spirit in the life of a Christian. We believe that a Christian should be a disciple of Jesus Christ living a consecrated and holy life.
- ◆ WE BELIEVE that Jesus Christ is the Head of the Church which is constituted by the Holy Spirit and consists of born-again believers. The Church is responsible for the proclamation and demonstration of the gospel and God's

will to all people. As a charismatic community they fellowship with and edify one another.

- ◆ WE BELIEVE that the believer's baptism, by immersion and the Lord's Supper are instituted by Jesus Christ to be observed by the Church.
- ◆ WE BELIEVE that at the time appointed by God, Jesus Christ will come to take away his Church.
- ◆ WE BELIEVE in a day of judgement when Jesus Christ will judge the living and the dead. We believe in the resurrection of the body and eternal life for the righteous and eternal punishment for the wicked. We believe in the new heaven and the new earth where God will reign in glory.

9. APPLICATION INSTRUCTIONS AND CHECKLIST

By following the above steps, you will be able to fulfill all requirements for application to Kruisgenerasie TSC Program. If your application form is NOT filled in completely, you will not be considered for an interview.

Address all documents to:

Email: magda@kruisgenerasie.co.za

Contact Person: Magda Jochimsen - 076 023 0425 / 063 705 5437

Checklist: Did you include the following?

Completed APPLICATION FORM	
Completed REFERENCES	
A recent PHOTO on application front page	
Copy of IDENTIFICATION DOCUMENT	
Copy of MEDICAL AID FUND CARD	
Complete BIOGRAPHY	
Copy of DRIVERS LICENSE (if available)	
Did your parents / guardian SIGN this document?	
PROOF of PARTNERSHIP Commitment - (R38,500.00 for the year paid in full and/or R3,500.00 monthly). <u>WHAT IS NEEDED:</u> Information on who will be paying it, together with the contact details and as much information as possible. Missions to the 10/40 Window will require alternative funds since Visa's will be needed. <u>This is not included in the R3,500.00 per month.</u>	

THIS APPLICATION MUST

INCLUDE ALL REFERENCE LETTERS