



**AFRICAN ENTERPRISE FOXFIRE YOUTH PROGRAMME
APPLICATION FOR ADMISSION**

Confidential

This form should be completed in full. Please use BLOCK LETTERS.

SURNAME: _____

FIRST NAMES: _____

Postal Address: _____

Telephone: (W) _____ (H) _____ (C) _____

E -Mail address: _____

Identity Number: _____

Male Female

Marital Status: Single Married Divorced

No of children: _____

Nationality: _____

PARENT'S /GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S OCCUPATION:

Tel No: (H) _____ (W) _____ (C) _____

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DO YOU HAVE YOUR PARENT'S BLESSINGS AND APPROVAL TO APPLY FOR ACCEPTANCE IN THIS PROGRAMME?

YES NO UNSURE

NAME OF PASTOR/PRIEST: _____

Name of Church /Denomination: _____

Do you have your Pastor/Priest's approval to apply for this programme?

Yes No Unsure

Tel No: (H)_____ (O)_____ (C)_____

Pastor's E mail: _____

Address _____

EDUCATION: HIGH SCHOOL Highest standard passed

Grade Year

EDUCATION: UNIVERSITY DEGREES, DIPLOMAS, CERTIFICATES AND YEAR OBTAINED;

| Year | Course & Study | Institution | Completion Date |
|------|----------------|-------------|-----------------|
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Current Studies:

PROFESSIONAL /WORK EXPERIENCE: List significant /most recent work experience: _____

Languages: (indicate as good, average, weak)

| Language | Speak | Write | Read |
|-----------|-------|-------|------|
| English | | | |
| Zulu | | | |
| Xhosa | | | |
| Afrikaans | | | |
| Other | | | |
| | | | |

MEDICAL HISTORY:

Do you have any physical limitation? (Regular medications, chronic conditions, handicaps, sickness, mental illness or chronic emotional stress, depression, etc) If yes, please explain

Have you ever been treated for TB?

Yes

No

PERSONAL INFORMATION:

Do you have debts or accounts eg Edgars, Credit Cards, Ellerines

Yes

No

1. Acc _____ Amount Outstanding _____ Acc No _____

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2. Acc _____ Amount Outstanding _____ Acc No _____

3. Acc _____ Amount Outstanding _____ Acc No _____

Do you have non-prescription drugs? Yes No

Do you have a valid passport? Yes No

If yes please attach a certified copy with your application

When does it expire? _____

Do you have a driver's license? Yes No

If yes, please attach a certified photocopy with your application.

Code _____ Date License acquired _____

Have you ever been convicted of a crime? Yes No

Explain if yes:

FINANCIAL SUPPORT

AS THIS IS A VOLUNTEER PROGRAMME YOU ARE REQUIRED TO GET PEOPLE TO HELP YOU TO COLLECT MONEY TO COVER YOUR COSTS FOR BEING ON THE TEAM. PLEASE READ THROUGH THE FOLLOWING QUESTIONS CAREFULLY AND SPEAK TO PEOPLE UNDERLINED BEFORE YOU ANSWER THESE QUESTIONS BELOW.

Will you have the prayer support of your Local Church Yes No

Will your immediate Family help you to pay your contribution to be on team?

Yes No

Are there Christians who would support you financially while on team?

Yes No

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How do you hope to raise your financial contribution to be on the team?

Is your church willing to pay towards your costs for being on the team?

Yes No

PERSONAL TESTIMONY

1. Write your personal encounter and relationship with Jesus Christ. First give a very brief description of your life before knowing Christ (10%). Then explain the events that led to your conversion and tell us about your present growth as a disciple of Jesus Christ (30%). Explain how being a Christian and having a relationship with Jesus Christ makes a difference in your life (60%).

Please write this information on a separate page and attach to this form. Do not write or type more than 2 pages.

GIFTS

2. Tell us what you are good at! (Musical Instruments, working with youth, drama, singing, organising, computers, typing, teaching) List any skills, hobbies, giftings you have that you think may apply to working with African Enterprise. If in doubt whether to include something, put it down.

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REASONS

3. Tell us why you want to join the African Enterprise Foxfire Programme? What do you expect to give and receive during your time at AE?

PAST EXPERIENCES AND ACCOMPLISHMENTS

4. Have you lived within a cross-cultural context before? Please explain where, for how long and give a brief description of your experience.

5. Have you participated in missions or ministry before? Please explain what type of mission work or ministry, your role, the length and involvement.

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Have you held any position of leadership (whether within your church, schools, or place of work)? Explain your position and what that responsibility entailed.

| Leadership Position | Date Served | Responsibilities |
|---------------------|-------------|------------------|
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Please include a recent photograph of yourself.

REFERENCES:

Please supply 3 references from people who know you well and who are respected in your community. One reference should be from your pastor. Please include their name, surname, address, and contact telephone numbers.

I understand that Foxfires is a volunteer programme and an opportunity to serve the Lord through the evangelistic ministry of AE and is not a paid position. This application does not mean acceptance and that the final decision will be made by the committee.

Signature of Applicant

Date

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REFERENCE FORM

(Please keep this confidential and return in a sealed envelope)

Thank you for filling out this reference form. It will help us as we consider this applicant for the AE South African Foxfire Youth Programme. Please be honest in your answers. The applicant you are acting as a reference for seeks to be involved in a challenging, cross-cultural service and ministry experience. You will help us by your honesty to determine their acceptance and service/ministry placement.

Name of Applicant: _____

1. How long have you known the applicant? _____ Years _____ months
2. What is the nature of your relationship to the applicant?
Pastor Leader Mentor Employer
3. In what practical ways have you observed the applicant
Demonstrating his/her Christian commitment in the last year?

4. What is the applicant's attitude towards people of another race or Nationality?

5. Describe the applicant's flexibility and ability to respond to an emergency.

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6. If he/she is admitted to the programme, his/her chief needs for personal development and faith development will be:

7. Describe the potential for future Christian ministry and leadership the applicant has demonstrated.

8. How does the applicant feel about himself/her?

9. What would you say are the primary skills and talents of the applicant?

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Please check the applicant's appropriate level for each category listed below.

| CATEGORY | LOW | MODERATE | STRONG | EXCELLENT |
|-----------------------------|-----|----------|--------|-----------|
| Emotional Stability | | | | |
| Leadership Qualities | | | | |
| Cooperation/Teamwork | | | | |
| Personal Maturity | | | | |
| Spiritual Maturity | | | | |
| Concern for Others | | | | |
| Adaptability/Flexibility | | | | |
| Humility | | | | |
| Sense of Humour | | | | |
| Health | | | | |
| Attitude to Authority | | | | |
| Social Awareness | | | | |
| Responsibility | | | | |
| Self-Initiative | | | | |
| Communication | | | | |
| Church Involvement | | | | |
| Outside Church Involvement | | | | |
| Optimism | | | | |
| Friendliness | | | | |
| Perseverance | | | | |
| Ability to encourage others | | | | |
| Willingness to serve | | | | |
| Family Support | | | | |
| Other | | | | |

Name of Recommender: _____

Address: _____

Email: _____ Fax _____

Signature: _____ Date _____

Please return this completed form to the applicant in a sealed envelope.

This applicant has been instructed to forward it to AE with complete application materials. Thank you again for your time and careful evaluation.

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**Evangelising the cities of Africa in Partnership with the church
in Word and Deed**

REFERENCE FORM

Candidate's Name: _____

Referee's Name: _____

The above mentioned candidate has nominated you as someone to whom we may refer for further information concerning their application for enrolment as a Foxfire for youth ministry. It will assist us greatly if you will answer the questions asked on this form fully and frankly.

Upon completion please return this form to:

Foxfire Coordinator

African Enterprise

P O Box 13140

Cascades

3202

Thank you for your assistance in this matter.

1. Please give in a sentence or two, some facts concerning your own Christian life and service

2. How long have you known the candidate?

0 < 1 year 1-2 years 2-5 years > 5 years

3. How well do you know the candidate?

Casually rather well extremely well

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4. What is your relationship to the candidate?

Pastor Friend colleague other

5. Has she /he been active in Christian Service Yes No

6. Please give details of such service known to you

7. Would you comment on any problems you are aware of in the area of :

- ❖ Applicant's faithfulness and diligence in their employment
- ❖ Their witness at home
- ❖ Their responsibility with money
- ❖ Their relationship with the opposite sex

8. What area of Christian work do you see the candidate being suited to? Why?

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9. Would you comment on anything that may impact on their having a positive spiritual influence on other team members in the area of:

- ❖ Their readiness to accept discipline and guidance
- ❖ Their ability to live in fellowship with others.

10. Are there any problems we should be aware of in relation to the candidate's emotional state and ability to deal with crisis?

11. Is the applicant, in your opinion capable of submitting to discipline of training and study? Yes No

12. Please give any other relevant information you think we should be aware of:

DECLARATION:

I _____ hereby state that the above information supplied is based upon the knowledge available to me at the time and is my opinion of the said candidate.

Signed: _____ at _____

Date: _____