

• YOUTH COACH APPLICATION FORM •

Full name: _____

Surname: _____

Name that you prefer to be called: _____

Citizenship: _____

Country of birth: _____ Do you have a Working Visa? Yes No

ID (Passport/Visa) nr: _____ Age: _____

Contact nr: _____ Fax nr: _____ E-mail address: _____

Gender: _____ Marital status (widow/widower/divorced): _____ No of children: _____ Home language: _____

Have you ever been divorced OR are you in the process of divorcing? Yes No N/A In the process

Residential address: _____

Postal address: _____

Postal code: _____ Province: _____

- High School (Secondary Institution) attended: _____

Did you pass Grade 12 or equivalent? Yes No

- Current field of study: _____

Institution, starting year and duration: _____

- Completed studies: _____

Institution, starting year and duration: _____

- Church Congregation: _____

- Current occupation and employer: _____

Please describe the **duration, organisation (ministry/institution)** and **specifics** of any prior youth related experience:

Please attach the following documents to your application forms and tick the box when you have done so (Ensure that you make certified copies if need be):

| | |
|---|-----------------------------------|
| C.V. (Curriculum Vitae) | <input type="checkbox"/> Attached |
| Certified copy of I.D. or (passport AND working visa) | <input type="checkbox"/> Attached |
| Copy of your driver's license (if you have one) | <input type="checkbox"/> Attached |
| Copy of your Senior Certificate (Grade 12 or equivalent) | <input type="checkbox"/> Attached |
| Copies of any other applicable training certificates and/or studies completed | <input type="checkbox"/> Attached |
| Copy of marriage certificate (if married) | <input type="checkbox"/> Attached |
| Completed child protection criminal record declaration form (see attached) | <input type="checkbox"/> Attached |
| Proof of name clearance from SAPS | <input type="checkbox"/> Attached |

Please indicate your references (Note the requirements):

TWO references with a minimum of one year relationship with each **OF WHICH ONE** should be your spiritual leader or mentor **AND ONE** your current or last employer, lecturer or dean. Please ensure you have a quality relationship with each reference. We will check the credibility of that relationship and you may be disqualified from the process if we should find it lacking. No Kohin employee or personal friend may act as a reference on your behalf.

Name (**REFERENCE 1**): _____

Contact number: _____

Relationship: _____

Specify duration of relationship: _____

Spiritual Background: _____

Name (**REFERENCE 2**): _____

Contact number: _____

Relationship: _____

Specify duration of relationship: _____

Spiritual Background: _____

Please answer the following questions truthfully:

- Do you smoke? Yes No
- Do you have any physical limitations or challenges? Yes No
- Have you ever suffered from mental illness or depression? Yes No
- Are you struggling with emotional problems? Yes No
- Are you currently involved in a romantic relationship? Yes No

Have you EVER (even before you were saved) been involved in:

- Sexual immorality (pre-marital sex, pornography etc.)? Yes No
- Homosexual or lesbian activity? Yes No
- Occult practice or ancestral worship? Yes No
- Alcohol abuse? Yes No
- Drug abuse? Yes No

Language Proficiency:

| Home Language | Second Language | Third Language | Fourth Language | EXAMPLE: English Speak / Read / Write / <u>Understand</u> |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| Speak / Read / Write / Understand | Speak / Read / Write / Understand | Speak / Read / Write / Understand | Speak / Read / Write / Understand | |
| Poor | Below average | Average | Good | Excellent |

Rate your current health:

• List any allergies: _____

• Do you currently take any prescription drugs or medication? Yes No

Please state what for (or whether private): _____

• Do you exercise regularly or participate in any physical sports? Yes No

Please state what type and regularity: _____

• Can you coach any of these? Music (Type: _____) Sport (Type: _____) Drama

Do you have formal qualifications or experience in these areas? Yes No Describe: _____

- Bible School or similar completed? Yes No Institution and year: _____
- How and from whom did you hear about **Kohin**: _____

- Please give us background on your family: _____

- Please name your two best friends and what interests them the most: _____

- Do you have a driver's license? Yes No Do you have your own car? Yes No
- Do you have a public driver's license (Enables you to transports passengers)? Yes No

NB: Please note that proper name clearance from your local SAPS is needed to finalize your application.

Please note that your application will not be processed if all the requested documents and/or required information are not received by the placement committee. All information submitted will be held highly confidential and only be disclosed to those involved in the placement process. Because of the nature of the work Kohin is involved in candidates will be screened and evaluated very strictly to ensure they comply with Kohin's standards, purpose, vision, mission, work ethics, values, policies, code of conduct and required lifestyle, training/education and/or experience. By signing here the candidate agrees to all levels of this placement process and understands that Kohin reserves the right to evaluate and accept or decline applicants based on Kohin's own internal requirements and discretion.

SIGNATURE OF APPLICANT

DATE

Please direct any further enquiries to the Kohin Head Office at 071 603 9498

For Office Use Only:

Required Documents Received: Yes No

Documents Outstanding: _____

Communication Sent: Yes No

Date Sent: _____ Cut Off Date: _____

Application Forms Approved: Yes No

References Approved: Yes No

Kohin Interview Approved: Yes No

Management Approved: Yes No
