

# ADVENTURE 'N BEYOND

## FACILITATOR APPLICATION

Place  
Your  
Picture  
Here

NAME IN FULL: \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH (DD/MM/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

RESIDENTIAL ADDRESS

POSTAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CODE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CODE \_\_\_\_\_

CONTACT DETAILS:

TEL: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (MOBILE) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TEL: \_\_\_\_\_

ACEDEMIC QUALIFICATIONS

\_\_\_\_\_

CERTIFICATIONS/QUALIFICATIONS

- LIFEGUARD
- ABSEILING (ARA LEVEL 2 / MDT / OTHER \_\_\_\_\_)
- ROCK CLIMBING (ARA LEVEL 2 / MDT / OTHER \_\_\_\_\_)
- ARCHERY (ARA LEVEL 2 / OTHER \_\_\_\_\_)
- ORIENTEERING (ARA LEVEL / MDT / OTHER \_\_\_\_\_)
- CAMPING (ARA LEVEL 2 / MDT / OTHER \_\_\_\_\_)
- RIVER RAFTING/KAYKING (ARA LEVEL 2 / OTHER \_\_\_\_\_)
- HIGH/LOW ROPES (ARA LEVEL 2 / OTHER \_\_\_\_\_)
- FIRST AID (LEVEL \_\_\_\_\_)
- COUNCELLING
- FACILITATION/REVIEW (ARA LEVEL 2 / OTHER \_\_\_\_\_)
- HORSE-RIDING
- MOUNTAIN BIKING
- OTHER \_\_\_\_\_
- S.A DRIVER'S LICENSE: CODE \_\_\_\_\_

*(Please attach copy of certification)*

## HOBBIES, SPECIAL INTEREST ETC.

List any hobbies or special interests you might have.

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## PREVIOUS FACILITATION EXPERIENCE:

1. _____ Organisation Name	2. _____ Organisation Name
_____ Contact Person	_____ Contact Person
_____ Contact Number / E-Mail	_____ Contact Number / E-Mail
_____ Dates Worked	_____ Dates Worked

If you worked for more than 2 companies, please list additional information on a separate page.

Please complete the below table, describing the skills that you had personal or teaching experience in.

Please rate yourself between 1-5 (5 being the highest) in the Personal Experience table (PE) and the Teaching Experience table (TE).

SKILLS DESCRIPTION	PE	TE	SKILLS DESCRIPTION	PE	TE

## MEDICAL INFORMATION:

If you answer yes to any of the below questions, please give full details:

Nr	Question	Yes	No	Reason
1	Do you suffer from Asthma or Allergies			
2	Are you allergic to any drugs (e.g. Penicillin)?			
3	Have you been vaccinated for Tetanus in the past five years?			
4	Have you ever suffered a nervous breakdown?			
5	Have you ever undergone psychiatric treatment?			
6	Do you suffer from any physical disabilities?			
7	Are you currently taking any medication?			

Please supply full details of any conditions you may be suffering from (e.g. Epilepsy etc.)

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## CHRISTIAN BACKGROUND

WHAT IS YOUR UNDERSTANDING OF CHRISTIAN SALVATION: \_\_\_\_\_

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EXPLAIN YOUR PERCEPTION OF JESUS CHRIST: \_\_\_\_\_

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INDICATE WHETHER YOU HAVE BEEN RECONCILED WITH GOD: \_\_\_\_\_

GIVE A SHORT SUMMARY OF YOUR COMING TO FAITH IN JESUS CHRIST:

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CHURCH AFFILIATION: \_\_\_\_\_

NAME OF MINISTER: \_\_\_\_\_

GIVE HISTORY OF YOUR CHURCH INVOLVEMENT: \_\_\_\_\_

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ARE YOU INVOLVED IN ANY LEADERSHIP ROLE IN THE CHURCH AT PRESENT: YES/NO  
(IF YES GIVE DETAILS) \_\_\_\_\_

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### CHARACTER REFERENCES

NR	COMPANY/CHURCH	CONTACT PERSON	TEL	RELATIONSHIP
1				
2				
3				

Please attach any additional character references that you would like to include.

Please tell us a little about what you feel you would gain from being part of Adventure 'n Beyond and what your contribution will be to Adventure 'n Beyond.

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**CONFIDENTIAL QUESTIONS:**

QUESTION	YES	NO
Have you ever been arrested?		
Have you ever been charged with sexual abuse or assault?		
Are you currently under criminal investigation?		

**Please note:** You are required to obtain a Police Clearance check and hand the original copy with in 2 weeks of acceptance as a Adventure 'n Beyond facilitator to a Adventure 'n Beyond staff member.

I declare the information provided by me is completed and correct and that I have read and understood this enrolment form and agree to the statement of belief and code of conduct handed to me.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLEASE RETURN TO:

ADVENTURE 'N BEYOND  
P.O. Box 1002  
Muldersdrif  
1747  
or  
E –Mail to paul@anb.co.za