



VISION:

Our vision is to disciple young people by giving them the following opportunities:

To Serve in local and trans-local churches, thereby learning the heart of Jesus, who came to serve us all.

To Grow in their love for Jesus, their knowledge of His word, their ability to minister to others, as well as in practical areas of life.

To Reach Out into nations and local communities by doing ministry and community projects

WHO CAN DO LIFE TEAM:

In order to do Life Team you need:

- To be between the ages of 18 and 25
- To love God passionately
- To have a desire to serve God and His people
- To have a desire to grow and be challenged

WHAT A TYPICAL DAY LOOKS LIKE:

Fortunately each day is very different and due to the organic nature of the Church it will always be this way. Some areas of involvement include:

- Praying, reading and studying
- Teaching into local schools (both spiritual input and educational input)
- Feeding schemes

- Trans-local travelling and ministering into other churches
- Teaching by the elders and other deacons in the church
- Teaching one another
- Serving practically in every aspect of Cornerstone
- Evangelism
- Personal skills identification and growth

LIFE TEAM LEADERSHIP:

Each year the Life Team is led by a deacon in the church. This leader is responsible for the day-to-day running of the team but works closely with an eldership couple with regards to all aspects of the team.

HOSTING:

Should you require, we offer hosting for members who are from out of town. Each year a number of families in the church offer to host a Life Team member in their home. Usually a family hosts you for a term and you would move to another family, thus staying with four families during the course of the year. Should you require hosting there is an extra cost involved.

COSTS:

Standard cost: **R750 per month for 11 months.**

Hosting: An additional **R750 per month.** Thus a total of **R1500 per month for 11 months.**

This cost includes all trips and transport costs as well as all administration costs. But this **DOES NOT** include costs of:

- Visas,
- Toiletries,
- Personal effects,
- Clothing or
- Medical cover (We highly recommend that you take medical cover as government clinics are not well equipped)

Pocket money: We recommend **R500 per month** as pocket money.

However, we do not want the cost to hinder your participation on Life Team so please contact us if finance is a challenge.

INTERNATIONAL VISAS & APPLICATIONS:

You will also need to bring **CERTIFIED COPIES** of all the documents that you needed when applying for your Visa for South Africa. You will need these when applying for Visas for the countries you will be doing ministry into.

DRIVER'S LICENSE:

It would be a great asset to the team if you have a driver's license, but it is not essential. If you are an international visitor you need to apply for an international driver's license in your home country before you arrive in South Africa.

MENTORING:

One of the vital ways that you will grow is by getting spiritual input from mature believers. As a result you will be assigned a mentor for the year. This mentor will either be one of the church's elders/elders' wives or one of the church's deacons. You will be encouraged to meet with this mentor regularly and encouraged to build the relationship with your mentor who will work through issues that may arise during the year, what God is saying to you, and your plans for the year after Life Team.

ROMANTIC RELATIONSHIPS:

The focus of the year is for you to serve and grow and we find that being in a romantic relationship can lead you to take your heart and focus away from what God has called you to for the year. As a result we ask anyone wanting to be part of Life Team not to get involved in any romantic relationship for the duration of the year.

DATES:

Life Team usually starts in the third week of January and ends the first week of December. The team gets a one-week holiday in April, a two-week holiday in the month of July and one-week holiday in September

If there is anything else you need to know, please feel free to mail me: lance@cornerstonechurch.co.za or call me anytime on 011 616 4073

Please fill in the application form below and e-mail it to info@cornerstonechurch.co.za



Surname:					
Maiden Name: (if applicable)					
First Name:					
Title:		Age:		Date of Birth:	
ID Number:					
Gender:		Male:		Female:	
Home Language:					
Citizenship:					
Country of Birth:					
Current Activity:		Scholar:		Apprentice:	
		Student:		Other: (Specify)	
Current Occupation:					
Employer:					

Contact Details:

Telephone:	(H):		(W):		(Cell):	
Fax:						
Email:						
Postal Address:						
					Postal Code:	
Town/City:						

Church Life:

Home Church:			
Postal Address of Church:			
		Postal code:	
Senior Pastor / Lead Elder: Contact number:			
How long have you attended this church?			
Have you received any previous Christian training?			
If yes, please specify:			

Spiritual Life:

Describe your reason for wanting to join this course:
Indicate your expectation for the course in point form:

Education:

Secondary Education					
High School attended:					
Postal Address:					
	Code:		Telephone:		
Highest Grade Passed:			Year:		
Extra-curricular Activities:					
Do you have a driver's licence?	Yes		No		If yes how long?
Please indicate with a <input checked="" type="checkbox"/> where applicable:					

Tertiary Education					
Institution	Years attended	Degree / Diploma Obtained	Completed		Date
			Yes	NO	

Hobbies/Abilities

Please indicate with a ☒ where applicable:

Can you play any musical instrument?	Yes		No	
If yes, which musical instrument?				
If you have any hobbies or interests please name them:				

Family

Parent / Guardian Surname:				
Title:		Initials:		
Residential Address:				
Telephone:	(H)	(W)	(Cell)	
Email Address:				
Occupation:		Organisation:		
Parent/Guardian's relationship to you:				
Name and Contact details of other parents/guardian, if different from above:				
Name:				
Contact Details:				

How does your family feel about your application?	

Health

Rate your current health:	Excellent		Good	
	Fair		Poor	
List any allergies:				
Do you have any physical limitations?	Yes		No	
If yes please explain:				
Do you have any specific dietary requirements?	Yes		No	
If yes, please specify:				
Are you taking any medication?	Yes		No	
If yes, please specify what it is for:				
Are you on a medical aid: name and number				

Other

How and from whom did you hear about The Life Team at Cornerstone Church?

Agreement

Please read and complete the following carefully:

Agreement entered into by THE LIFE TEAM (CORNERSTONE CHURCH) and THE STUDENT and his/her PARENT/GUARDIAN (if applicable)			
I (FULL NAMES AND SURNAMES OF STUDENT)			
Declare, undertake and agree to the following:			
<ol style="list-style-type: none">1. To abide by the rules & regulations of THE LIFE TEAM2. To acquaint myself with the rules and regulations of THE LIFE TEAM as well as all changes thereto.3. If I am accepted, I agree to follow decisions of the leadership and the full schedule of THE LIFE TEAM.4. To pay, in full, all monies for hosting and THE LIFE TEAM monthly fees. And I understand that THE LIFE TEAM leadership reserves the right to allow me to continue with the course if I am not able to pay for it.5. That I am (delete whichever is NOT applicable)<ul style="list-style-type: none">• Capable to enter this agreement without assistance.• Entering this agreement with the consent of my parents/guardians			
Signature :		Date:	
The following section must only be completed if the applicant is under the age of 21:			
I (FULL NAMES AND SURNAME OF PARENT/GUARDIAN):			
Identity Number:			
Signature of Parent/Guardian		Date:	

Indemnity Form

Parent/ Guardian:	
The parent / guardian of the above mentioned child, together with my/our heirs, trustees, executors or assigns, hereby indemnify Cornerstone Church, its leaders, deacons, elders, volunteer workers and any staff associated with the Church against any claim howsoever arising as a result of my/my child's involvement with attending/ travelling to/ travelling from any activity required during the Life Team Program year	
Signed:	
Date:	
I/we understand that in the event of medical treatment being required for the above mentioned child, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Leaders, Deacons, Elders present to procure medical treatment, including anaesthesia, for my child's well being.	
Signed:	
Date:	
By signing this form I agree that all the information supplied on this form, to the best of my knowledge, is true and correct.	