



■ SERVE. GROW. REACH OUT.■

### **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: R1,000 per month for 11 months.

Hosting: An additional **R1,000 per month.** Thus a total of **R2,000 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 two-week holiday in June / July. If opportunity arises for the team to take more holiday throughout the year, this is clarified on a person-to-person basis.

If there is anything else you need to know, please feel free to mail me: <a href="mailto:craig@cornerstonechurch.co.za">craig@cornerstonechurch.co.za</a> or call me anytime on +27 (O)82 572 6132

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





■ SERVE. GROW. REACH OUT.■

Surname:			
Maiden Name: (if			
applicable)			
First Name:			
Title: Age:		Date of Birth:	
ID Number:			
Gender:	Male:		Female:
Home Language:			
Citizenship:			
Country of Birth:			
	Scholar:		Apprentice:
Current Activity:	Student:		Other:
			(Specify)
Current Occupation:			
Employer:			
Contact Details:			
Telephone: (H):	(W)	):	(Cell):
Fax:			
Email:			
Postal			
Address:			
7,441,633.			stal
		Co	de:
Town/City:			

Church Life:					
Home Church:					
Postal Address of Church:		L			
Tostal Address of Charen.					
					Postal code:
Senior Pastor / Lead Elder:					
Contact number:					
How long have you attended	d this				
church?					
Have you received any previous					
Christian training?					
If yes, please specify:					
Spiritual Life:					
Describe your reason for wa	nting to	ioin this	course:		
Describe year reason for the	incing co	, o c			
Indicate your expectation fo	r the cou	irse in p	oint form	:	
·					
Education:					
Secondary Education					
High School attended:					
   Postal Address:					
l ostar / tadress.					
	Code:			<u> Telephor</u>	ne:
Highest Grade Passed:			Year	r:	
Extra-curricular Activities:	<u> </u>				
	<u> </u>				T
Do you have a driver's	Yes		No		If yes how long?
licence?	<u></u>	L			
Please indicate with a 🗹 wh	ere appli	cable:			

Tertiary Educati	Years	Degree / Diploma	Comp	leted		
Institution	attended	Obtained	Yes	NO	Date	
	decended	Obtained	163	INO		
			+			
	1					
	•		•	· ·		
Hobbies/Abilitie Please indicate wi		pplicable:				
Can you play any musical		Yes		No		
instrument?		103		110		
If yes, which musi	ical					
instrument?	abbias ar inters	ests places name the				
ir you nave any no	obbles of intere	sts please name then	1:			
Parent / Guardian Surname:						
Parent / Guardian Surname:	Initials:					
Parent / Guardian Surname:	Initials:					
Parent / Guardian Surname: Title:						
Parent / Guardian Surname: Title:						
Parent / Guardian Surname: Title: Residential Addres	ss:	(W)		(Cell)		
Parent / Guardian Surname: Title: Residential Addres Telephone:		(W)		(Cell)		
Parent / Guardian Surname: Title:  Residential Addres Telephone: Email Address:	ss:		nisation:	(Cell)		
Parent / Guardian Surname: Title:  Residential Addres Telephone: Email Address: Occupation:	SS: (H)		inisation:	(Cell)		
Parent / Guardian Surname: Title: Residential Addres Telephone: Email Address: Occupation: Parent/Guardian's	SS: (H)		nisation:	(Cell)		
Parent / Guardian Surname: Title:  Residential Addres  Telephone: Email Address: Occupation: Parent/Guardian's to you:	(H)				/e:	
Parent / Guardian Surname: Title: Residential Addres Telephone: Email Address: Occupation: Parent/Guardian's to you:	(H)	Orga			/e:	
Parent / Guardian Surname: Title:  Residential Addres  Telephone: Email Address: Occupation: Parent/Guardian's to you: Name and Contac Name: Contact	(H)	Orga			/e:	
Parent / Guardian Surname: Title:  Residential Addres  Telephone: Email Address: Occupation: Parent/Guardian's to you: Name and Contac Name: Contact	(H)	Orga			/e:	
Parent / Guardian Surname: Title:  Residential Addres  Telephone: Email Address: Occupation: Parent/Guardian's to you: Name and Contac Name: Contact	(H)	Orga			ve:	
Parent / Guardian Surname: Title: Residential Addres Telephone: Email Address: Occupation: Parent/Guardian's to you: Name and Contac	(H)	Orga			/e:	
Parent / Guardian Surname: Title: Residential Addres Telephone: Email Address: Occupation: Parent/Guardian's to you: Name and Contac Name: Contact	(H) s relationship	Orga er parents/guardian, i			/e:	

# Health

	1		<del>1</del>
Data vour current health.	Excellent	Good	
Rate your current health:	Fair	Poor	
List any allergies:			
Do you have any physical limitations?	Yes	No	
If yes please explain:			
Do you have any specific dietary	Yes	No	
requirements?	les	INO	
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

_	_ =
I	How and from whom did you hear about The Life Team at Cornerstone Church?
Î	

### **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:

- 1. To abide by the rules & regulations of THE LIFE TEAM
- 2. 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)
  - 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 Nu	mber:					
Signature of	of				Date:	
Parent/Gua	ırdian					

# **Indemnity Form**

Parent/ Guardian:
The parent / guardian of the above mentioned child, together with my/our
neirs, trustees, executors or assigns, hereby indemnify Cornerstone Church, ts 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
equired during the Life Team Program year
Signed:
Date:
/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.