

PRISON MINISTRY ASSISTANT

All Candidates must provide the following to the Reach Pastor by email: applications@riverlifechurch.org.au Attention: Prison Ministry Assistant Application

- A) Completed Pastoral Application Form (attached)
- **B)** Demonstration of competency (see below)
 - A written response to the following demonstration of competencies is required upon application.

Demonstration of Competencies

Please respond briefly to each of the areas below.

1. Knowledge and Expression of Faith

1.1 Personal Testimony of receiving Jesus Christ as saviour.

2. Experience

- 2.1 Demonstrated experience in ministry
- 2.2 Demonstrated experience in collaboratively working in a team setting
- 2.3 Demonstrated experience in program/project management



PASTORAL ASSISTANT APPLICATION FORM (Confidential)

E: applications@riverlifechurch.org.au www.riverlifechurch.org.au

PLEASE TYPE OR PRINT, ANSWERING ALL QUESTIONS

9	Gurname	Christian Name	2 nd Initial				
Address:							
Number/street							
Town/Suburb		State	Postcode				
Date of Birth	Telephone						
Mobile	Email						
Australian Citizen? 🔲 Yes 🔲 No	If no, where is your cit	izenship?					
	What type of visa do y	ou have?					
CHURCH BACKGROUND							
1. Name of church of which you are a r	nember						
2. Denomination (full name)							
3. How long have you been a member	How long have you been a member of this church?						
4. Pastor's name	Telephone						
Address	City		Postcode				
5. Name of church you are attending (ij	different from that of membership)						
6. Name of denomination in which you	were raised						
REFERENCES							
Applicants must provide the names and	contact details of at least the	ree referees. If any of t	he following categ				
not apply, please substitute an additiona	l name (do not use relatives	or friends).					
1. Pastor							
Name		Length of Acquaintanc	e				
Address							
In what capacity have you known	this reference?						
2. A Pastoral Staff Member of your	A Pastoral Staff Member of your previous or current church						
Name		Length of Acquaintanc	e				
Address							
In what capacity have you known							

•	Please give the names and addresses of two other referees eg business or ministry associates or employers not include relatives).							
	Name			Length of Acquaintance				
	Address							
	In what capacity have you known this reference?							
	Name			Length of Acquaintance				
	NameAddress							
	In what capacity have you known this reference?							
	CATION I education, such as high	school, university,	Bible Institute,	seminary, techni	cal college.			
	School	City	Date	Course of	Date of	Type of		
1				Study	Graduation	Degree/Diploma		
2								
3								
ease	e list any other training, s	eminars or course	s you have take	n relevant to pos	ition applied for			
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If there is any other information, personal or otherwise, which you believe you should truthfully disclose, please detail on a separate document and enclose as an attachment.

STATEMENT

PLEASE REVIEW YOUR ANSWERS CAREFULLY BEFORE SIGNING THE STATEMENT BELOW.

By my signature placed below, I affirm that the information provided in this application is true and complete. I authorise

the investigation of all statements contained in this application.

I also authorise Riverlife Baptist Church to contact my present employer (unless otherwise noted in this application

form), past employers and listed references and other references that might know of my qualification for employment.

I understand that this application does not create a contract of employment and that if hired, my employment will be

probationary for the stipulated 6-month probationary period, after which, if satisfactory, will be for an unspecified

period of time and can be terminated at any time.

I understand that prior to an offer of employment being made by Riverlife Baptist Church for the position applied for, I

authorise Riverlife Baptist Church to conduct an official police check if deemed necessary.

I understand that the information on this application is used solely for the purpose of recruitment. If unsuccessful, this

form and any accompanying information will be either returned to me upon request, or securely filed for a period of

not more than six months, after which it will be destroyed.

Signature of Applicant: _	 _
Date:	