



APPLICATION FORM

For Self-employed Literature Evangelists in the Islands Area of PNG

Scan and
email
ID Photo
To Publishing
Department
(Head & Shoulders)

Name: (Pr/Mr/Mrs/Miss/Ms)
(Always use the same name) (First Name) (Last Name)

Current Postal Address:

..... Phone:

Mobile:..... Fax:..... Email:.....

Date of Birth: Birthplace:
Day/Month/Year

Date of Baptism:..... Church Membership:
Year of Baptism

Name of Husband/Wife (Pr/Mr/Mrs):
(Always use the same name) (First Name) (Last Name)

Children:

OFFICE USE ONLY
Miss Appr:
PAC Appr:
LE Code:
Unit Code:
Unit:
Letters:
LE:
AM:
MissSec:
ID Post:
Nav:
Data:

	Name:	Date of Birth:		Name	Date of Birth:
1		Day/Month/Year	5		Day/Month/Year
2		Day/Month/Year	6		Day/Month/Year
3		Day/Month/Year	7		Day/Month/Year
4		Day/Month/Year	8		Day/Month/Year

EDUCATION:

Languages Spoken:

Languages Read:

School Level Completed: Standard: Form:.....

Further Education:.....

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WORK EXPERIENCE:

Previous Employment:

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Previous Experience as a Literature Evangelist (If any):

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Local Church Office held. (If any):.....

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In the space below please explain why you wish to become a Literature Evangelist.

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How did God call you into Literature Ministry?

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BELIEFS OF THE SEVENTH-DAY ADVENTIST CHURCH:

It is my desire to spread the beliefs of the Seventh-day Adventist Church, and to further this desire I agree that:

- (1) I, the Literature Evangelist will study the literature I sell and be thoroughly familiar with it.
- (2) I, the Literature Evangelist, and any employee, agent or sub-contractor of the Literature Evangelist will be members of the Seventh-day Adventist Church, and will at all times act in accordance with the principles of the Seventh-day Adventist Church.

MY UNDERSTANDING:

- 1. I hereby confirm that all my answers are correct to the best of my knowledge.
- 2. I understand that a Literature Evangelist is a self-employed, registered independent distributor of Home Health Education Service Products.
- 3. I understand that Literature Evangelists are not agents of, or employed by the Home Health Education Service or the Seventh-day Adventist Church.

Signature of Applicant.....Date:
Day / Month / Year

CHARACTER REFERENCES:

With this application form you will find:

- One “*Pastoral Character Reference*” - for your church pastor to complete.
- One “*Church Board Character Reference*” – for your church clerk to complete.

Please give these people the Character References along with the stamped addressed envelope that is attached to the application.

Post this application form to:

**The Publishing Area Manager
PO Box 86 Lae, 411 Morobe Province
Papua New Guinea**

CHURCH BOARD CHARACTER REFERENCE

“The importance of this (*Literature Evangelist*) work is fully equal to that of the Gospel Ministry.” *Colporteur Ministry, page 7.*

Applicant's Name:

Church:

Church Clerk:

Address:

How long has the Applicant been a member?

Would you be happy in recommending the Applicant to represent the Seventh-day Adventist Church to the public as a Literature Evangelist?

Yes

No

Comments:

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Signed: Date:

Day / Month / Year

Please post this reference direct to:

**The Publishing Area Manager
PO Box 86 Lae, 411 Morobe Province
Papua New Guinea**