

LITERATURE EVANGELIST APPLICATION

Please answer all questions and write neatly.



Full time Part time Student

Area of interest: Please tick below as appropriate

Regular LE Jump Start Workshop / Parties Pop-up Bookstore Total Member Involvement

Surname: Mr/Mrs/Miss/Ms/Dr/Pr: Marital Status:

Christian & Middle Names: Date of Birth:

E-mail Address:.....Phone/Mobile No:

Home Address:

Postal Address: (If different)

Year Baptised: By Whom: Church Membership.....

Church Currently Attending (if different from where membership held)

Conference.....

Further Education (certificates/degrees).....

EMPLOYMENT HISTORY: Please list your last two Jobs:

Employer..... Date Started.....Date Finished.....

Employer..... Date Started.....Date Finished.....

PERSONAL COMMENT: Why would you like to be a Literature Evangelist?

.....

ID PHOTO: Attach a current ID photo with your Application, if approved, the photo will be used for your Independent Book Distributor identity card.

Working With Children WWC Card / Application Number.....

Police check certificate – please attach copy with this application.

PASTORAL REFERENCE: Please ask your Pastor to complete the pastoral reference form and email directly to Shelley Phipps at literatureministry@adventistmedia.org.au

1. Name of Pastor..... Email.....Mobile.....
(Where attending church)

2. Name of Pastor..... Email.....Mobile.....
(where membership held if different)

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The above mentioned applicant agrees to act in accordance with the beliefs and recommendations of the Seventh-day Adventist Church. He/she will act honestly in all dealings with the public and will support both the Conference and the Adventist Media Literature Ministry leadership by accepting registration as an Independent Book Distributor.

Applicant's Signature: Date:/.....20.....

Please email completed Application Form with attached photo to literatureministry@adventistmedia.org.au

Shelley Phipps
Admin for Literature Ministry Coordinator AU/NZ
Adventist Media
P.O. Box 1115 Wahroonga 2076
t: 02 9847 2255



South Pacific

PASTORAL REFERENCE FOR LITERATURE EVANGELIST APPLICANT

Applicant's Name:

Pastor's Name:..... Phone No.:

How long have you known Applicant?

Do you recommend the Applicant for Literature Evangelism?

Yes No

If Yes, then why?

.....
.....

If No, then why?

.....
.....

Other comments:.....

.....
.....

Signature: Date:

NOTE: Pastoral Reference will be kept confidential.

PASTOR PLEASE NOTE: Email direct to **Shelley Phipps**
literatureministry@adventistmedia.org.au

Literature Evangelist application Form

[Office use only]

We, the undersigned hereby recommend this Literature Evangelist Application:

Conference President's name:

Signature: Date: /..... 20

Application approval

Literature Ministry Coordinator Brenton Lowe:

Signature: Date: /..... 20

Please email completed Application Form with attached photos to:

Shelley Phipps

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