harvest GAP year

2027 APPLICATION FORM

A year of significance, servanthood and spiritual growth – focused on shaping young disciples for life!

PLEASE ENSURE THAT THE FOLLOWING IS SUBMITTED WITH YOUR APPLICATION:

- ☐ Completed Application Form
- ☐ Completed Indeminity Form
- ☐ Completed Critical Information Form
- ☐ Copy of your ID Document
- ☐ An essay of +/- 800 words telling us about yourself and why you would like to be a part of the Gap Year.
- ☐ Updated photo of yourself (digital version)

2027 APPLICATION FORM

THANK YOU FOR YOUR INTEREST IN HARVEST GAP YEAR, WE BELIEVE THIS CAN BE A GREAT INVESTMENT FOR YOUR LIFE. WE WILL BE IN CONTACT WITH YOU DURING THIS APPLICATION PROCESS.

PERSONAL INFORMATION

FULL NAME _____

LAST NAME _____

EMAIL _____

CONTACT NO. _____

ID NO. _____

ADDRESS _____
_____
_____

____ MALE ____ FEMALE ____ | ____ | _____ BIRTHDAY [DD | MM | YYYY]

MEDICAL INFORMATION

DOCTOR'S FULL NAME _____

CONTACT NO PRACTICE_____CELL_____

PRACTICE ADDRESS _____

MEDICAL AID NAME _____

MEDICAL NO _____

MAIN MEMBER _____

MAIN MEMBER CONTACT NO _____

Do you have any medical conditions that we need to be aware of? **Yes** _____ **No** _____
If yes, please illaborate.

_____
_____
_____
_____
_____

Do you have any allergies that we need to be aware of? **Yes** _____ **No** _____
If yes, please illaborate.

_____
_____
_____
_____
_____

HOBBIES/INTERESTS

1. _____
2. _____
3. _____
4. _____
5. _____

Ministry Experience

Have you been involved in one or more Church ministries, and if so please elaborate.

_____
_____
_____
_____
_____

Personal Commitment

INTEGRITY COMMITMENT Will you commit to refrain from activities that could cause another believer to stumble, such as abusing prescription drugs, alcohol, or illegal drugs, or any activity that would bring into question your intentions or your character?

Yes _____ **No** _____

DOCTRINE COMMITMENT Have you read and do you agree with the Harvest Christian Church Statement of Faith? (Here within or *www.harvest.co.za*)

Yes _____ **No** _____

PRAYER PARTNER COMMITMENT This year, will be a year filled with wisdom, growth, challenges and spiritual developemet. It is very important that you partner with someone who is more mature, wiser and can pray for you throughout the year. This person is someone who can be objective when needed and always ready to pray for any area in your life throughout the year.

Yes _____ No _____

CONNECT GROUP COMMITMENT Are you currently in a connect group? If yes, state information below.

_____
_____
_____
_____
_____

TERMS & CONDITIONS

As an applicant for the GAP Year, I agree and/or commit to the following:

I understand that…

1) My acceptance is not guaranteed upon submission of this application. A limited amount of people are accepted per year and that my acceptance is conditional and that prayerful consideration will be given to my application.
2) *Leadership development* takes *humility* and *sacrifice*. I will be expected to achieve 100% attendance to training sessions. Course overseers will consider valid excuses on a case-by-case basis where only exceptional circumstances will be given consideration. If not well and unable to attend a lecture, course or mission trip, a valid doctors note needs to be handed in.
3) *Internal governance and discipline* is an important part of leadership development and therefore, I will be required to complete all given assignments.
4) I understand that I will be given a certificate on completion of the GAP Year (on condition that the required 100% attendance, as per point 3, is met). I further acknowledge that there is as yet no formal accreditation for this training.
5) Partnership is important and therefore, I agree to *commit* to allow the GAP Year Oversite to meet with me from time to time to discuss my progress.
6) I understand the reason for a prayer partner, I have chosen that person and they know the role of interceding for me throughout this year.
7) **Payment**: The course fee for the year is **R31 900**, which covers all printed material, teas, coffees, weekends away and allocated mission trips.
   - **a)** **R1 500** (non-refundable) deposit must be paid upon registration.
   - **b)** Payments will be over **11 months**, starting from a payment of **R2 900** in **January,** payable by the **5th of the month.**
   - **c)** Please pay electronically (EFT), please make sure to reference payment as follows; GAPYR + surname and email proof of payment for our record purposes to **gapyear@harvest.co.za**
   - **d)** The bank details are as follows:

     Bank: ABSA
     Branch: 632005
     Account: Harvest Christian Church
     Acc. No: 1212 840056

8) I certify that the answers given by me are true and correct.

9) I authorize individuals named here within to give relevant information regarding my application to the GAP Year, including but not limited to habits and character.

10) I have prayed over this decision and discussed it with those it will impact.

APPLICANTS FULL NAME: _____

APPLICANTS SIGNATURE: _____

SIGNED AT: _____

DATE: _____

HARVEST CHRISTIAN CHURCH STATEMENT OF FAITH

- We believe in the Scriptures of the Old and New Testaments in their original writing as fully inspired of God and accept them as the supreme and final authority for faith, life and the governance of this Church.
- We believe in one God, eternally existing in three Persons - Father, Son and Holy Spirit. We believe that in terms of the first commandment (Exodus 20:1-6) God alone is to be worshipped to the exclusion of all other gods or idols (1 Tim 2:5).
- We believe that Jesus Christ was begotten of the Father, conceived by the Holy Spirit, born of the virgin Mary and is true God and true man.
- We believe that God created male and female as two distinct, immutable and specific biological genders that together reflect the image and nature of God (Gen 1:26-28). We believe that God created man (male and female) in His own image; that man sinned and thereby incurred the penalty of sin which is death, physical and spiritual; that all human beings inherit a sinful nature which issues (in the cases of those who reach moral responsibility) in actual transgression involving personal guilt.
- We believe that the Lord Jesus Christ died for our sins a substitutionary sacrifice according to the Scriptures and that all who believe in Him are justified on the grounds of His shed blood.
- We believe in the bodily resurrection of the Lord Jesus, His ascension into Heaven, and His present life as our High Priest and Advocate.
- We believe in the personal bodily return of the Lord Jesus Christ.
- We believe that all who repent of their sin and receive the Lord Jesus Christ by faith are born again of the Holy Spirit and thereby become children of God.
- We believe in the baptism in the Holy Spirit, empowering and equipping believers for service, with the accompanying supernatural gifts of the Holy Spirit; and in fellowship with the Holy Spirit.
- We believe in the divinely ordained ministries of Apostle, Prophet, Evangelist, Pastor and Teacher.
- We believe in the resurrection of both the just and the unjust, the eternal blessedness of the redeemed and the eternal banishment of those who have rejected the offer of salvation.
- We believe in and subscribe to the Biblical principle of heterosexual relationships between one natural man and one natural woman and that this is the only marriage relationship that constitutes holy matrimony. Any sexual relationship outside this definition of marriage is sin.
- We believe that elders carry the responsibility for oversight and care of the members. Where necessary pastors must carry out biblical discipline for the protection of the local Church.
- We believe that the one true Church is the whole company of those who have been redeemed by Jesus Christ and regenerated by the Holy Spirit, that the local Church on earth should take its character from this conception of the Church and therefore that the new birth and personal confession of Christ are essentials of Church membership.
- We believe that the Lord Jesus Christ appointed two ordinances - Baptism in water and the Lord's Supper - to be observed as acts of obedience and as perpetual witnesses to the cardinal facts of the Christian faith; that Baptism is the immersion of the believer in water as a confession of identification with Christ in burial and resurrection and that the Lord's Supper is the partaking of the emblems symbolic of the Saviour's broken body and shed blood, in remembrance of His sacrificial death, 'till He comes.
- We believe that divine healing was provided for in the Old Testament and is an integral part of the Gospel.
- We believe the Bible teaches that without holiness no man can see the Lord.
- We believe in the doctrine of sanctification as definite, yet progressive work of grace, commencing at the time of the new birth and continuing until the consummation of salvation.
- The Church is open to any further truth, which the Holy Spirit may illuminate from the Scriptures.

PARENTS INPUT

FOR APPLICANT OF GAP YEAR 2027

CONFIDENTIAL: TO BE COMPLETED BY THE APPLICANTS **PARENT/LEGAL GUARDIAN**
PLEASE SUBMIT TO CHURCH OFFICE AND NOT TO THE APPLICANT.

NAME OF APPLICANT _____

YOUR NAME _____

RELATION TO APPLICANT _____

YOUR CONTACT NO _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH REGARDS TO THE APPLICANT:

1. WHAT ARE HIS/HER GREATEST STRENGTHS?

_____
_____
_____

2. WHAT ARE HIS/HER DEVELOPMENT AREAS?

_____
_____
_____

3. DO YOU HAVE ANY CONCERNS ABOUT THIS PERSON BEING PART OF THE GAP YEAR?

_____
_____
_____

4. WHAT FURTHER HOPES DO YOU HAVE FOR YOUR CHILD?

_____
_____
_____

FOR THE FOLLOWING QUESTIONS, PLEASE RATE THE APPLICANT ON A SCALE OF 1-5 AND THEN A FEW WORDS AS TO WHY YOU CHOSE THAT RATING:

1 = POOR **2** = NEEDS IMPROVEMENT **3** = AVERAGE **4** = GOOD **5** = EXCELLENT

ABILITY TO RELATE TO PEERS: _____

_____

ABILITY TO BE A TEAM PLAYER: _____

_____

ABILITY TO FOLLOW THROUGH ON COMMITMENTS: _____

_____

ABILITY TO RESOLVE CONFLICT: _____

_____

EMOTIONAL MATURITY: _____

_____

SPIRITUAL MATURITY: _____

_____

EAGERNESS TO LEARN: _____

_____

POSITIVE ATTITUDE: _____

_____

INTEGRITY: _____

_____

FRIENDS INPUT

FOR APPLICANT OF GAP YEAR 2027

CONFIDENTIAL: TO BE COMPLETED BY THE APPLICANTS **FRIEND.**
PLEASE SUBMIT TO CHURCH OFFICE AND NOT TO THE APPLICANT.

NAME OF APPLICANT _____

YOUR NAME _____

YOUR PHONE NO. _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH REGARDS TO THE APPLICANT:

1. WHAT ARE HIS/HER GREATEST STRENGTHS?

_____
_____
_____

2. WHAT ARE HIS/HER DEVELOPMENT AREAS?

_____
_____
_____

3. DO YOU HAVE ANY CONCERNS ABOUT THIS PERSON BEING PART OF THE GAP YEAR?

_____
_____
_____

FOR THE FOLLOWING QUESTIONS, PLEASE RATE THE APPLICANT ON A SCALE OF 1-5 AND THEN A FEW WORDS AS TO WHY YOU CHOSE THAT RATING:

1 = POOR **2** = NEEDS IMPROVEMENT **3** = AVERAGE **4** = GOOD **5** = EXCELLENT

ABILITY TO RELATE TO PEERS: _____

_____

ABILITY TO BE A TEAM PLAYER: _____

_____

ABILITY TO FOLLOW THROUGH ON COMMITMENTS: _____

ABILITY TO RESOLVE CONFLICT: _____

EMOTIONAL MATURITY: _____

SPIRITUAL MATURITY: _____

EAGERNESS TO LEARN: _____

POSITIVE ATTITUDE: _____

INTEGRITY: _____

Indemnity Form

I, the undersigned..... (Full Name and Surname) hereby acknowledge that if I am accepted into the Harvest Gap year program for 2026 at Harvest Christian Church, Port Elizabeth, I agree to the following…

- I confirm that I am fully aware of the possible risks that may lie ahead and mishaps that may occur in any of the ministry and mission training areas that I will participate in this year.
- I confirm that I have informed Harvest Christian Church or its duly authorised ministry or mission's representative of any illnesses or medical condition that has the potential of causing harm to myself or harm and damage to others.
- I hereby indemnify Harvest Christian Church or any of its authorised representatives, ministries or missions from responsibility for any injuries that may occur or damages that may result from any such activities.
- I agree and understand that Harvest Christian Church and/or its duly authorised representative, ministry or mission partner, will take all reasonable precautionary measures to prevent any injuries or damage, but the main responsibility for such prevention vests with me.

Signed on this …… day of …… 202__ at…….., in the presence of the undersigned witnesses.

……	……
Signature of Applicant	I.D./Passport Number
……	……
Witness 1(Full Name)	Witness 1 (Signature)
……	……
Witness 2(Full Name)	Witness 2 (Signature)

NOTE: If under the age of 18, the signature of a parent or legal guardian is required. If parents are divorced and applicant is under 18, then both parents need to sign.

Critical Information Form

Full Name and Surname: ……

Physical Address: ……
……
……

Postal Address: ……
……
……

Phone (H): ……

Phone (Cell): ……

E-mail: ……

Next of Kin (Full Name): ……

Relation (mom/friend etc): ……

Phone (H): ……

Phone (Cell): ……..

Medical Aid: ……..

Medical Aid number ……..

House doctor Full Name, Surname and contact details:

……

Important medical information:

……
……
……
……
……