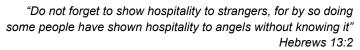
F04A – BWNS – Team

Team Application Form



This form is intended for individuals applying for positions within the Bendigo Winter Night Shelter Team. Applying to become a team member also includes application for general membership.

1. PERSONAL DETAILS

First name	e:		Last name:	
Email add	ress:			
Mobile:			_ Home / Work:	
Gender:	Male	Female	DOB://	
Home add	lress:			
EMERGE	NCY CONTACT			
Name:			_ Contact #:	
Relationsl				
APPLICA	TION AND EXPE	RIENCE		
Position a	pplying for:			
What speed detail)	cific skills, attributes	and experience do	ou believe you will bring to the position	ı? (please
•	•	er experience with E cation? (please desc	WNS, or experience with other organis ribe)	ations that
Name of c	hurch (if attending):			
Role: (Pas	stor, Leadership, Mir	nistry, Congregation		





Team Application Form



"Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it" Hebrews 13:2

4. REFERENCES

Bendigo Winter Night Shelter requires two written references in support of your application.

Please forward a copy of **F04B – BWNS – Team – Team Referee Response Form** to your nominated referees for completion.

4.1. REFEREE #1

Referee type:	Minister/Pastor/Leader BWNS Member/Board Other							
Name:								
Org / Position:	//							
Relationship to self: (may not be a family member)								
Email address:								
Mobile:	Home / Work:							
4.2. REFEREE #2								
Referee type:	Minister/Pastor/Leader BWNS Member/Board Other							
Name:								
Org / Position:	/							
Relationship to self: (may not be a family member)								
Email address:								
Mobile:	Home / Work:							

5. ACKNOWLEDGEMENT

I wish to be considered for the position of ______, in the Bendigo Winter Night Shelter team, and acknowledge the following:

- I have read and understand the BWNS Constitution
 My application for a position in the BWNS team also includes my application for membership
- □ I have read and understand the **Member Code Of Conduct**
- □ I have read and understand the core values of the organisation as shown on our website
- □ I agree with the purpose, processes, principles and practices outlined in the above and will support and implement them to the best of my ability

Name:				
Signature:	Date:	/	/	



Team Application Form



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6. INSTRUCTIONS FOR THIS FORM

This form has been provided as a sign and fill PDF. You may complete this form electronically, or scan a printed and completed copy, email to <u>secretary@bwns.org.au</u>

Hard copies can be posted to:

Secretary, Bendigo Winter Night Shelter Inc. PO Box 511 Bendigo VIC 3552

Please note the following:

- 1. A copy of your referee responses will be emailed to the referees provided
- 2. Written referees must be signed and clearly supplied by the referee.