

# LITERATURE EVANGELIST APPLICATION

Attach ID photo or send as attachment with 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 / Book Parties     Pop-up Bookstore

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Christian & Middle Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone/Mobile No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ (If different)

Date Baptised: \_\_\_\_\_ By Whom: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Church Currently Attending \_\_\_\_\_ (if different to 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? \_\_\_\_\_

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**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:** Attach Copy of WWC Card or note Application Number \_\_\_\_\_  
If application in process, please forward a copy of card when received.

**POLICE CHECK CERTIFICATE:** Please attach copy with this application.

**PASTORAL REFERENCES:** (Referees need to have known you for more than 6 months)

1. Name of your church Pastor: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Name of Pastor/Elder: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

How did you learn about Literature Evangelism work? (Please let us know if there was a Literature Evangelist that encouraged you to complete an application form to join the work.)

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I, the Independent Book Distributor (LE) applicant, agree to act in accordance with the beliefs and recommendations of the Seventh-day Adventist Church. I will act honestly in all dealings with the public and will support both the Conference and the Adventist Media Literature Ministry leadership.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Applicant's full name: \_\_\_\_\_

Please email completed Application Form with attached photo to  
[literatureministry@adventistmedia.org.au](mailto:literatureministry@adventistmedia.org.au)

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



*South Pacific*  
**LITERATURE MINISTRY**