

No. _____
 Decision _____

CANDIDATES' BOARD
 Date 1. 7. 76.
 Decision Accepted
 Chairman [Signature]



The Salvation Army

WILLIAM BOOTH, Founder

Candidates Dept.
 No. 1

FORM OF APPLICATION

for

Training and Service as an Officer
 in The Salvation Army

EXPLANATORY:

THIS FORM IS IN TWO PARTS

SECTION 1. GENERAL QUESTIONS.

All questions in this section are to be answered BEFORE the Candidate is accepted for the Training College.

SECTION 2. "UNDERTAKINGS ENTERED INTO BY AN OFFICER" OF THE SALVATION ARMY.

To be re-affirmed at the conclusion of the Training College term.

NOTICE TO CANDIDATE

Make this application the subject of earnest prayer.

Complete this form in your own handwriting. Should you not proceed with your application, return all forms to your officer.

Making this application does not imply you will be accepted.

Particulars on this form must agree with details on your birth certificate.

SECTION 1

NAME IN FULL (Block Capital) MARINA HELENA RANDALL
 ADDRESS REDACTED
 PRESENT CORPS ST. MARYS DIVISION SYDNEY WEST

PERSONAL DETAILS

1. What is your age next birthday? 25 yrs Date of birth REDACTED
2. What is your nationality? AUSTRALIAN Place of birth? CANBERRA A.C.T.
3. Are you or have you been married? YES Date of Marriage REDACTED
 - a. Wife's maiden name MARINA HELENA ELLIS
 - b. Names and dates of birth of your children
 REDACTED REDACTED
 REDACTED REDACTED
- c. Are your children healthy? YES
4. Have you any unpaid financial agreements or obligations? NO
 - a. If so, what are the details? N/A
5. Have you been a member of any other church or Society? YES - EARLY CHILDHOOD
 - a. If so, give details CHRISTENED IN CHURCH OF ENGLAND
6. What is your trade, occupation or profession? COMMUNITY EDUCATOR-HEALTH COM. (SESSIONAL)
 - a. What is the name and address of your present employer? HEALTH COMMISSION - ST. MARYS
 - b. What is your salary? SESSIONAL RATES ONLY - \$19-35 per session
 - c. How long have you been in your present employment? 12 MTHS
 - d. If unemployed, give name and address of your last employer NOT APPLICABLE
 - e. How many employers in last five years? THREE (PRINCE HENRY HOSP, SAL ARMY, HEALTH COM)
 - f. What is the minimum notice you would require to give your employer? TWO WEEKS

OCCUPATION