



## YOUTH WITH A MISSION SLIGO

### APPLICATION FOR

#### Staff

#### YWAM Sligo Ireland

(Confidential when completed)

Thank you for your interest in coming as staff! It is our intention that the application process serve as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time.

Please answer all of the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as staff must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper.

**Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage.**

#### REFERENCES

Enclosed with this application are two Reference Forms to be sent to the Referees you have selected.

One is for your Pastor or church leader and/or DTS leader or, and the second is for your employer or teacher or DTS leader). Fill in the sections with your name and address, and give the forms to the referees. Please ask that they return the forms **directly to personal** as soon as possible.

#### MEDICAL REPORT

A Medical Report Form is included, part to be completed by you and part by your doctor. Please fill in the sections yourself.

#### PASSPORT/VISA INFORMATION

This information is needed for anticipated visa purposes only.

**FINALLY...** We pray that God will guide you clearly as you complete this form.

Please tick the boxes after you have completed each task

Read and understood the **financial policy** sheet

Completed and signed the **application form**

Entered the required details on the reference forms including address of YWAM base to return form to

Sent **reference** form to employer/teacher/DTS leader

Sent **reference** form to Pastor/Church leader/ DTS Leader

Completed personal medical detail and sent **medical** forms to Doctor

Completed and sealed an envelope containing **passport information** and passport photos

Now return the application pack to the YWAM Sligo. We will do our best to respond speedily.

**APPLICATION FOR  
Staff**

**YWAM Sligo Ireland**

**Staff position for which you are applying:**

\_\_\_\_\_

**Start date:**

Name:

\_\_\_\_\_

*(Title, Surname, First Name, Middle Name, Preferred Name)*

Current address: (Valid till \_\_\_\_\_ )

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

How long have you lived here: \_\_\_\_\_

Permanent address: *(If different from above)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail:

Date of birth:            *dd*    *mm*    *yy*  
                                 /            /            Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er \_\_\_\_\_

Spouse/fiancé's name:

Has your spouse/fiancé applied for staff? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please comment:

Will any children be accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give their details:

Name	Date of Birth	Place of Birth	Boy/Girl
1. _____	_____	_____	_____ _____
2. _____	_____	_____	_____ _____
3. _____	_____	_____	_____ _____
4. _____	_____	_____	_____ _____
5. _____	_____	_____	_____ _____

Church Affiliation:

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Church Leader's Name & Title:

---

Address:

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax: \_\_\_\_\_

Does your church leader support the idea of you working with YWAM as staff?

Yes Yes, with reservations No

**Secondary School (Education between 11 and 18 years)**

Name of Establishment Dates Attended Exam Success/Qualifications Received

**University/College/Higher or Further Education (post 18 years)**

Name of Establishment Dates Attended Exam Success/Qualifications Received

**List any other training or qualifications you have received** *(Please use a separate piece of paper if necessary)*

**What is your Employment History and Occupation?**

Position:

Length of employment:

Briefly describe what your work entails:

Briefly describe other past work experiences:

**Please identify the languages you speak and indicate your proficiency:**

- 1 - elementary speaking                      4 - full professional proficiency  
2 - limited word proficiency                5 - native tongue proficiency  
3 - minimum professional proficiency      6 - mother tongue

English proficiency:                      Other languages and proficiency:

**Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies:**

Gifts:

Hobbies:

Feel free to also describe some achievements you feel are highlights over your lifetime so far:

Please prayerfully answer the following questions, briefly, on a separate piece of paper (you may print or type) and attach this to your application form, or email it to us together with the first half of you application.

*(If you would feel more comfortable speaking to somebody before completing this form, please feel free to call us.)*

**Your Personal History**

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

**Where you are at currently**

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a missions context? Why are you thinking about YWAM staff?
10. How did you hear about Youth With A Mission?
11. What is your reason for applying for this particular position?
12. What are your hopes and expectations for yourself during your time as staff?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?

## Criminal Offenses

Have you ever been charged or convicted of a criminal offence in any country, or do you have any cases pending. No Yes  
If YES, please explain.

Have you ever been the subject of a police investigation in any country which did not lead to a criminal conviction? No Yes  
If YES, please give details.

Has any allegation ever been made against you which has been reported to, and investigated by, Social Services/The Social Work Department in any country? No Yes  
If YES, please give details.

Has any disciplinary action ever been taken against you or written warning given to you in any country, by any employer or any charitable or other organization or body working with children or young people in relation to your behavior with children and young people? No Yes  
If YES, please give details.

YWAM, as an agency working with children and young people, and therefore applicants must get a Police record check and have it sent to YWAM, at the address given..

## RELEASE OF LIABILITY

Though every effort is made to provide a safe environment, Youth With A Mission Sligo, their agents, employees and volunteer assistants are insured against loss or injury caused by the negligence of Youth With A Mission Sligo.

Accordingly in the absence of any negligence or other breach of duty by Youth With A Mission Sligo, participation in a Youth With A Mission Sligo organised programme, event or outreach is entirely at the participants own risk. Participants are required to have adequate **medical insurance** for all phases of their involvement with Youth With A Mission Sligo.

Applicant's signature:

Date: day/month/year

## CONSENT FOR TREATMENT — an emergency provision

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. Whilst YWAM will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for YWAM to act in my best interests. I recognize that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

Applicant's signature:

Date: day/month/year

**COMMITMENT**

\_ I have completed all portions of this application truthfully and to the best of my knowledge, and if accepted by Youth With A Mission Sligo, I will, under God, abide by the spirit of the community.

\_ I confirm that I have read the Financial Policy Sheet and understand that payment of my staff fees must be paid on the date due or if other arrangements have been made

\_ I therefore undertake to pay all personal expenses during my involvement with Youth With A Mission.

Applicant's signature:

Date:-day/month/year

**TERMINATION OF INVOLVEMENT**

Youth With A Mission Sligo reserves the right to terminate my involvement with them, if I am found to have misled YWAM in any way or if my conduct is prejudicial to the good will of the YWAM campus or to the reputation of YWAM. I have read this form and accept the terms set out in it.

Applicant's signature:

Date: day/month/year

## CONFIDENTIAL REFERENCE

### Staff

**Please send this form to: YWAM, Registrar,**

To be completed by your Pastor or Church leader or DTS Leader

Name of applicant: \_\_\_\_\_

*(Title, Surname, First Name)*

Current address:

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organization which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as their Pastor or Church Leader or DTS Leader and as such we would ask you to act as a referee for their application to YWAM staff. Thank you for your willingness to help us in this process.. An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

**We need to receive this form before we can process this application - thank you.**

**Please assess the applicant on the qualities listed below according to the following evaluation system.**

*1 - Usually 2 - Often 3 - Sometimes 4 - Rarely*

Healthy	Leader	Reliable	Worrier
Loner	Team Worker	Disruptive	Co-operative
Initiator	Aggressor	Enthusiastic	Energetic

**The applicant will be living and working closely with others for an extended period. Please answer/comment on the following:**

1. The applicant's attitude to work: \_\_\_\_\_

2. The quality and character of his/her work:  
\_\_\_\_\_

3. The applicant's maturity in making judgments:

4. The applicant's ability to be a part of a team:

5. The applicant's ability to handle conflict:

Have we overlooked anything which you consider relevant to this application?

I know the applicant: very well                      quite well                      a little                      very little

What is your relationship with the applicant:

*(e.g. Pastor/ Church Leader/ DTS Leader )*

**Do you think participation in YWAM would be beneficial for the applicant?**

YES (unreservedly)                      YES (with some reservations)                      NO

If you have reservations, your comments would be helpful:

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

Signature:

Date:

**YWAM Registrar**

YWAM Sligo Staff

48 Ashbury Lawn

Ballinode

Sligo

Ireland

*Remember if you have any questions do not hesitate to contact us:*

**Phone:** +353-(0)71-913-2801

**E-mail:** ywamsligo@gmail.com



## CONFIDENTIAL REFERENCE

Staff

Please send this form to: YWAM, Registrar,

To be completed by your Church Minister or leader

Name of applicant:

\_\_\_\_\_

(Title, Surname, First Name)

Current address:

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Assess the applicant on the qualities listed below according to the following evaluation system.**

*1 - Usually 2 - Often 3 - Sometimes 4 - Rarely*

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**We need to receive this form before we can process this application - thank you.**

**The applicant will be living and working closely with others for an extended period. Please answer/comment on the following:**

1. The applicant's motive for getting involved with missions:

2. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes:            No:            Comments:

3. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision making?

Yes:                      No:                      Comments:

4. The applicant's ability to be a part of a team:

5. The applicant's ability to handle conflict:

**Please comment briefly on:**

1. The applicants growth as a Christian:

2. The quality and extent of his/her Christian service:

3. Do you know the applicants family? Yes:                      No:

Is there anything you think would be helpful for us to know about them?

*(Please comment on the husband/wife AND parent/child relationship)*

4. Have we overlooked anything you consider relevant to this application?

**Do you think participation in YWAM would be beneficial for the applicant?**

YES (unreservedly)                      YES (with some reservations)                      NO

If you have reservations, your comments would be helpful:

I know the applicant: very well                      quite well                      a little                      very little

What is your relationship with the applicant:

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

Signature:

Date:

**YWAM Registrar**

YWAM Sligo Staff App

48 Ashbury Lawn

Ballinode

Sligo

Ireland

*Remember if you have any questions do not hesitate to contact us:*

**Phone:** +353-(0)71-913-2801

**E-mail:** ywamsligo@gmail.com

## MEDICAL REPORT

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other

Doctor who has recently looked after you and have him/her complete the last page.  
(The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address:

Are you able to walk up to six miles (10 kilometres) in one day?  
Please explain

Are you able to carry out reasonably strenuous physical work?  
Please explain

Are you presently in good health?  
Please explain

Have you had any problems with pregnancy or menstrual periods? Please explain.

Please answer the following questions as fully as possible:

List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION

List any SERIOUS ILLNESS in your FAMILY :  
ILLNESS

## MEDICAL REPORT

Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health:

List any MEDICATIONS which you take, either on a regular basis, or only when needed :

What is your HEIGHT?

What is your WEIGHT?

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

Is there any other information which will be helpful for us to know as we consider your application?

I \_\_\_\_\_ (applicant's name), give permission for the release of relevant medical information to the Youth With A Mission Medical Officer prior to service with the mission.

Signature:

Date:

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped and addressed envelope so that he or she can post it direct to YWAM.

## MEDICAL REPORT

Please return to this form to: YWAM, Registrar,

### MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR WHO HOLDS YOUR MEDICAL RECORDS

Name of applicant: \_\_\_\_\_

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training in Ireland, but the practical field placement may involve work in primitive situations anywhere in the world.

Please make any comments or additions on:

PAST HISTORY:

RELEVANT FAMILY HISTORY:

CURRENT MEDICATION:

WEIGHT and GENERAL FITNESS:

GENERAL HEALTH:

Is the applicant free from INFECTIOUS DISEASES:

Has the applicant had any ALLERGIC REACTIONS:

Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant?

Doctor's Signature:

Name and Address (or practice stamp):

YWAM Registrar  
YWAM Sligo Staff  
48 Ashbury Lawn  
Ballinode  
Sligo  
Ireland

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**E-mail:** ywamsligo@gmail.com

**PASSPORT / VISA  
INFORMATION**

Staff applying: \_\_\_\_\_

**Please send 3 (three) passport size photographs with this form  
Please send this document, completed and with photos, in a separate,  
sealed envelope and include it in your application package.  
It is NOT part of the application process.**

**Please note:** You must have a passport valid for at least six months after the  
end for visa application purposes.

Name as listed on passport:

\_\_\_\_\_

Date of birth:

*(day / month / year)*

\_\_\_\_\_

Place of birth: City:

\_\_\_\_\_

Country: \_\_\_\_\_

Citizenship/nationality:

\_\_\_\_\_

Passport Number:

\_\_\_\_\_

Place of Issue: City:

\_\_\_\_\_

Country:

\_\_\_\_\_

Date of issue:

*(day / month / year)*

\_\_\_\_\_

Date of expiry:

*(day / month / year)*

\_\_\_\_\_

Please attach one of your photographs here

**YWAM Registrar**

YWAM Sligo Staff

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