



# Staff Application Youth with a Mission – Sunshine Coast

## GUIDE TO COMPLETING STAFF APPLICATION

### **Please read “STAFF 101” before proceeding with your application**

The following items must be submitted with all applications. All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling must complete separate application forms.

- Part I- A            Personal Details (Photo attached)
  - Part I- B            Confidential References handed out to respective persons
  - Part I- C            Financial Responsibilities and other Declarations
  - Part I- D            Staff 101
- Enclosed \$40 Application fee (payable online; credit card; or bank draft in Australian dollars)  
Current Passport (with an expiration of at least six months beyond your period of stay)

### **If you have not completed your DTS at YWAM Sunshine Coast, complete Part II of the staff application**

- Part II- A            Medical History filled out
  - Part II- B            Medical Examination from doctor
- Enclosed DTS certificate

Please direct all forms to the following address:

Personnel Youth with a Mission PO BOX 5633 Maroochydore BC, QLD 4558 Australia	Phone: 61 7 5479 0580 Fax: 61 7 5479 0380 Email: <a href="mailto:admin@ywamwaves.com">admin@ywamwaves.com</a>
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Your \$40.00 AUD (\$60.00 AUD married couple) registration fee must be paid upon your application. This fee is **not refundable**. Your application will not be processed without the application fee. We accept payments by international bank draft or credit card for international applicants. For Australians or New Zealanders we also take Bank Card or direct deposit. To pay by Visa or Mastercard please use our secure website

Go to [www.ywamwaves.com](http://www.ywamwaves.com)  
Click on “Community”  
Select “Payments and Donations”  
Click on “Securely make a payment”  
Follow the prompts on the website.

#### **Please indicate how you have paid your application fee**

- Credit card online
- Bank draft (included with application)
- Bankcard
- Direct deposit



# Youth With A Mission – Sunshine Coast Staff Application Form

Attach a photo of yourself to this page.

Please print in **BLOCK** letters.

Personal Details			
<b>What base ministry you are applying for:</b>			
<b>Start Date:</b> month/year	<i>End Date(projected):</i>		
<b>Name:</b> (write your name as found in passport)	Mr. Mrs. Miss.	Family/Surname	
	Legal First name	Middle name	Preferred:
<b>Permanent Address</b>	Street Address		
	City	State/Province	Post/Zip Code
<b>Current Address</b> (if different from above)			
<b>Contact Info:</b>	Home phone:		Work Phone:
	Fax number:		Email:
<b>Emergency Contact</b> Who do we need to contact in case of an emergency	Name:		
	Phone:		
	Address:		
	Relationship:		
<b>Birth Details</b>	Birthdate: day/month/year	Country of Birth	Age
<b>Citizenship</b>			
<b>Passport details</b>	Passport number:	Expiry Date	Place of issue
<b>Languages spoken</b>	How well do you speak English? <b>Bad 1 2 3 4 5 6 7 8 9 10 Good</b>		
<b>Marital Status</b>	Single/ Married/ Divorced/ Engaged/ Remarried/ Widowed		Spouse's name (if applicable)
<b>Children's Details</b> Names, birth details, passport details, citizenship (attach extra page if necessary)			



## Youth With A Mission – Sunshine Coast Application Form

<b>Personal Details (continued)</b>	
<b>Education</b> (Give a brief overview of your educational history including where you did your DTS)	
<b>Occupational Skills</b> (Give a brief overview of your employment history)	
<b>Have you ever been convicted of a crime?</b> (if yes, explain)	
<b>Musical abilities</b>	
<b>Other Skills, Talents, Hobbies</b>	
<b>What experience do you have in leading others?</b>	
<b>Do you have a consistent financial support base?</b>	If no, how much do you presently have in Australian dollars?
<b>If so, how much monthly support do you have pledged?</b>	(Please include on a separate sheet of paper the names of pledged supporters and amount pledged. Suggested minimum monthly support: \$600 AUD per month)
<b>In not an Australian resident, have you ever been to Australia before?</b>	If yes, please give details of why, length of stay, and what visas you held during that time
<b>If English is not your first language, have you:</b>	<input type="checkbox"/> Studied for more than 2 years in an English speaking school? <input type="checkbox"/> Studied English for more than 3 years in school, with a passing grade of at least 80%? <input type="checkbox"/> Undertaken TOEFL or IELTS and completed with a passing grade? <i>Please provide details:</i>



# Youth With A Mission – Sunshine Coast Application Form

## Confidential References

(See Confidential Reference Forms at the bottom of this form)

Please find attached two *Confidential Reference Forms*. Give one form each to your pastor and to your most recent YWAM leader. Ask them to complete the form and mail it to the address below (or fax to the number below).

**Note:**

- We must receive at both reference forms **before** we can process your application

<b>Referee 1</b>	Name	Address	Relationship
<b>Referee 2</b>	Name	Address	Relationship

## Financial Responsibility and Other Declarations

\*All sections **MUST** be completed before your application can be processed.

Staff fees: \$80 AUD per week per person for accommodation (shared room) and food (only when a school is running).

### Acknowledgement of Financial Responsibility

I confirm that I have read and understand my financial obligations, both to the Lord and staff. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth with a Mission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Release of Liability

I do hereby release Youth with a Mission INC, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth with a Mission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Treatment

I hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician if deemed necessary on.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Burial

I agree that, in the case of my death while with Youth with a Mission, Youth with a Mission may carry out the burial in the place of the deceased. If my family desires to have my body shipped home, my family will pay for it. I hereby absolve Youth with a Mission and all its staff and associates of any burial costs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Our commitment to you!**

We want to train and release leaders. To accomplish this we ask for **an initial TWO-year commitment** to the base in order to join staff, and participate in our staff leadership training program, called a Biblical Leadership School (BLS). As a staff member you will work full time in your chosen ministry. The BLS is one morning a week when we come together to invest in the development of your leadership and you as a person. The BLS is a staff training program designed to assist the development of leadership skills. You will be coached and mentored by leaders who have decades of experience in missions. The BLS meets for discussion, lectures, and instruction on various leadership topics. In addition the individual meets regularly with a mentor for assignments, feedback, and evaluation.

We are serious about wanting to invest in you as a leader. During your time on staff you will have LOTS of opportunity to lead and grow in hands on ministry. The BLS is our way of giving you the tools to be successful and continue to grow.

The BLS is accredited with University of the Nations and successful completion of the course gives you 6 degree level credits in the College of Christian Ministries (CCM552), and further 4 – 6 credits if part of your time is an outreach (CCM553)

Do you agree with this idea? Are you willing to make a two year commitment?

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Ultimately, when we speak of commitment we are not just talking about how long you are willing to stay, but how ready you are to take ownership and initiative for our own destiny. The greater your commitment is to us - the greater our commitment is to you. It is much easier for us to build into and release you into leadership and new areas if you are committed to the base vision and values.

**Please read “Staff 101” and respond to the following questions:**

When you think of someone with a ‘sweet heart’, who do you think of? \_\_\_\_\_

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Do you see yourself as someone with a sweet heart? Why? \_\_\_\_\_

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What are some goals you have for yourself during your time as staff at YWAM Sunshine Coast?

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Define in a few sentences your relationship with God at the moment?

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*What is the current relationship with your local church? Do they support your decision to join staff at YWAM Sunshine Coast?*

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*What steps have you taken towards a financial support base for your time as staff?*

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How do you understand the idea of 'holiness' in the context of our values?

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Ministry in YWAM is self funded. Any ministry, whether an outreach, leading a DTS, or attending further training, is OUR ministry - it is what God has called us to and we trust him to provide the finances, not YWAM. Have courage...where he guides, he provides.





8. Comment on their attitude towards the following:

Service - \_\_\_\_\_

Hard Work - \_\_\_\_\_

Initiative - \_\_\_\_\_

Reliability (Responsibility) - \_\_\_\_\_

Self-discipline - \_\_\_\_\_

9. If you were sending your child or younger sibling to a DTS, would you want this applicant as their leader/mentor? \_\_\_\_\_ Please explain: \_\_\_\_\_

10. Do their moral choices reflect wisdom and set an example for those they will be leading? \_\_\_\_\_

11. Please circle *all* words which pertain to the applicant:

Impatient	Intolerant of others	Argumentative	Prejudice towards groups
Domineering	Critical of others	Easily embarrassed	Prejudice towards races
Easily Offended	Discouraged	Frequently worried	Prejudice towards nationalities
Anxious	Nervous or Tense	Given to moods	Unable to cope with stress
Addictive behavior	Erratic in attitudes	Eating Disorders	Self-harming behaviors

Please comment on your selections:

12. Please comment on the applicant's involvement with his/her church: \_\_\_\_\_

13. Please comment on the applicant's suitability for missionary service, adding any considerations that may influence the persons effectiveness: \_\_\_\_\_

Is there anything you would like to us to call to discuss with you? Yes  No

Would you like to receive more information about YWAM Sunshine Coast and its ministries? Yes  No

Name: \_\_\_\_\_ Email or Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ Prov: \_\_\_\_\_



8. Comment on their attitude towards the following:

Service - \_\_\_\_\_  
\_\_\_\_\_

Hard Work - \_\_\_\_\_  
\_\_\_\_\_

Initiative - \_\_\_\_\_  
\_\_\_\_\_

Reliability (Responsibility) - \_\_\_\_\_  
\_\_\_\_\_

Self-discipline - \_\_\_\_\_  
\_\_\_\_\_

9. If you were sending your child or younger sibling to a DTS, would you want this applicant as their leader/mentor? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do their moral choices reflect wisdom and set an example for those they will be leading? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please circle *all* words which pertain to the applicant:

- |                    |                      |                    |                                 |
|--------------------|----------------------|--------------------|---------------------------------|
| Impatient          | Intolerant of others | Argumentative      | Prejudice towards groups        |
| Domineering        | Critical of others   | Easily embarrassed | Prejudice towards races         |
| Easily Offended    | Discouraged          | Frequently worried | Prejudice towards nationalities |
| Anxious            | Nervous or Tense     | Given to moods     | Unable to cope with stress      |
| Addictive behavior | Erratic in attitudes | Eating Disorders   | Self-harming behaviors          |

Please comment on your selections:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please comment on the applicant's involvement with his/her church: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please comment on the applicant's suitability for missionary service, adding any considerations that may influence the persons effectiveness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like to us to call to discuss with you? Yes  No   
Would you like to receive more information about YWAM Sunshine Coast and its ministries? Yes  No   
Name: \_\_\_\_\_ Email or Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ Prov: \_\_\_\_\_



**Youth With A Mission – Sunshine Coast  
Staff Application Form**

**Only proceed to Part II if you HAVE NOT completed your  
DTS at YWAM Sunshine Coast**

## Part Two A- Confidential Health Form

TO THE APPLICANT the Confidential Health Form requires some details to be completed by your doctor. Please note that if you have any dependants 16 years or older accompanying you on the school, you will need to make copies of this form for their use.

**Overseas applicants** are required to purchase overseas health insurance for the duration of your commitment **before** leaving your home country as medical treatment and hospitalization costs can be very expensive. New Zealanders are eligible for free emergency treatment in Australia only, under a reciprocal agreement between the two countries.

<b>Step 1</b>	Please fill in <i>Personal Details and Medical History</i> yourself.
<b>Step 2</b>	After you have filled in <i>Personal Details and Medical History</i> you will need to make an appointment for a full medical examination with your own Doctor.
<b>Step 3</b>	Please give <i>Physicians Evaluation Form</i> to your Doctor at the appointment and ask your Doctor to forward the completed <i>Physicians Evaluation Form Personnel</i> at YWAM Sunshine Coast.

**NOTE:** All staff and students in Youth with a Mission are required to have a full medical. The purpose for this is to have centralized medical details available should any person become sick while away from their personal physician and in YWAM care. All information is confidential to your leaders and this form is kept separately from your academic records.

Personal Details and Medical History		
<b>You are applying for:</b>	<b>Staff</b>	School Date (month/year)
<b>Your Name</b>	Mr./Mrs./Miss <span style="float: right; font-size: small;">First Last</span>	
<b>Permanent Address</b>		
<b>Phone</b>	Home	Work

Please answer all questions. Comment on all positive answers at the end of this form or on a separate sheet.

### Have you ever had any of the following?

	No	Yes		No	Yes		No	Yes
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chronic constipation	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>

**Have you ever had any of the following?**

	No	Yes		No	Yes		No	Yes
<b>Allergy</b>			<b>Surgery</b>			<b>Females Only</b>		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Foods (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>						

<b>Are you at present under a Doctor's care for any condition?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Are you taking any medication at this time?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Do you now or have you ever received any compensation for disability from any source?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Please provide details of any positive answers and give details of any other illnesses you have had.</b>	

**Have you ever had any of the following Communicable Diseases?**

- Chicken Pox   
  Measles (Rubella)   
  Measles (Rubella)   
  Mumps   
  Pertussis  
 Scarlet Fever   
  Tuberculosis   
  Hepatitis   
  AIDS/HIV   
  Other (specify)

**FAMILY HISTORY**

**Have any of your relatives ever had any of the following?**

Tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Kidney Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Heart Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Arthritis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Stomach Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Asthma, Hay Fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Epilepsy, Convulsions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Cancer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>
Mental Illness	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Relationship</i>

## Part Two B- Physician's Evaluation Form

### To the Physician

The applicant has applied for a student/staff position with Youth with a Mission. Please review the information in PART A and complete the following physical assessment. Once this form is complete, please mail or fax to Personnel, Youth with a Mission, at the address below. Thank you.

#### PHYSICAL ASSESSMENT

<i>Height (cm)</i>	<i>Weight (kg)</i>
<i>Blood pressure</i>	<i>Hearing</i>
<i>Vision uncorrected</i> <span style="float: right; margin-right: 100px;"><i>R</i></span> <span style="float: right; margin-right: 100px;"><i>L</i></span>	<i>Vision corrected</i> <span style="float: right; margin-right: 100px;"><i>R</i></span> <span style="float: right; margin-right: 100px;"><i>L</i></span>
<i>Color Perception</i>	

Are there any abnormalities of the following systems? Please describe fully.

Head, Ears, Nose & Throat	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Eyes	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Teeth	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Nervous System	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Cardiovascular	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Respiratory	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Trunk and Back	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Digestive tract	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Musculoskeletal	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Endocrine (Thyroid)	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Skin	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Urogenital * (see footnote)	No <input type="checkbox"/> Yes <input type="checkbox"/>	

\*Gynecological examinations of female applicants with a Papanicolou smear are left up to the Physician's discretion.

#### Notes

**Does the applicant have any physical or psychological disorder that would limit his/her ability to participate fully in studies or field assignments, locally or overseas?**

**Physician's Recommendation for any follow up Tests/Treatments**

**Physician's Recommendation regarding suitability for involvement with YWAM**

- Acceptable without limitations
- Acceptable with limitations (specify)
- Not acceptable
- Should remain in areas where adequate medical care is provided

**IMMUNISATION HISTORY**

	<i>Date</i>		<i>Date</i>		<i>Date</i>		<i>Date</i>
Typhoid		Rubella		Tetanus		Mumps	
Polio		BCG		Cholera		Pertussis	
Diphtheria		Yellow Fever		Other			

<b>Physician's Signature</b>	
<b>Date</b>	
<b>Physician's Name (please print)</b>	
<b>Address</b>	