



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: admin@ywamwaves.com***

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



Youth With A Mission – Sunshine Coast Application Form

Personal Details (continued)	
Education (Give a brief overview of your educational history including where you did your DTS)	
Occupational Skills (Give a brief overview of your employment history)	
Have you ever been convicted of a crime? (if yes, explain)	
Musical abilities	
Other Skills, Talents, Hobbies	
What experience do you have in leading others?	
Do you have a consistent financial support base?	If no, how much do you presently have in Australian dollars?
If so, how much monthly support do you have pledged?	(Please include on a separate sheet of paper the names of pledged supporters and amount pledged. Suggested minimum monthly support: \$600 AUD per month)
In not an Australian resident, have you ever been to Australia before?	If yes, please give details of why, length of stay, and what visas you held during that time
If English is not your first language, have you:	<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

Referee 1	Name	Address	Relationship
Referee 2	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?

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? _____

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

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

Briefly describe your previous experience with YWAM including where you did your DTS and other staffing or training experiences: _____

Why are you applying for staff at YWAM Sunshine Coast? _____

What's something you've always wanted to do for God but were never given a chance to? _____

What expectations do you have of your experience staffing at YWAM Sunshine Coast? _____

YOUTH WITH A MISSION- Sunshine Coast

REFERENCE FORM

Please complete and return to address below as soon as possible

Name of Applicant _____ Email or Phone # _____
First Last

What are you applying for: _____ Starting Date: _____

The above applicant has applied for admission to Youth with a Mission Sunshine Coast. The I for N is a mission-oriented Institute under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance. Do not hesitate to contact us if necessary.

For all applicants:

- Pastor/Spiritual leader Employer/Business associate/Teacher
 YWAM leader Friend

On a scale of one to ten, how well do you feel you know the applicant? (1 being very little) 1 2 3 4 5 6 7 8 9 10
 How long have you known the applicant? _____

Evaluation of the applicant's overall characteristics:
 (Please tick appropriate boxes - tick more than one box if appropriate).

		Above Average	Average	Below Average			Above Average	Average	Below Average
1	Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Mental ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Reliable/ Meets obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	Response to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Flexibility/ Open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Initiative/ Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	Spiritual growth observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Industrial/ Hard-worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Superficial Over-emotional Genuine but mild Contagious and growing

Would you have this person on your staff? _____

Please circle any words which pertain to the applicant:

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

Please comment on the applicant's involvement with his/her church: _____

How would you describe the applicant's Christian experience? _____

Is there anything else you would consider relevant to this application regarding the applicant? Please comment: _____

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: _____ Phone Number: _____
 Address: _____ City: _____ State/ Prov: _____

How would you describe the applicant's Christian experience? _____

Is there anything else you would consider relevant to this application regarding the applicant? Please comment: _____

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: _____ Phone Number: _____
Address: _____ City: _____ State/ Pro _____

**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**

Have you ever had any of the following?

	No	Yes		No	Yes		No	Yes
Allergy			Surgery			Females Only		
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"/>						

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

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

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> <i>R</i> <i>L</i>	<i>Vision corrected</i> <i>R</i> <i>L</i>
<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			

Physician's Signature	
Date	
Physician's Name (please print)	
Address	