

YWAM BELIZE

FULL TIME STAFF APPLICATION FORM
(CONFIDENTIAL INFORMATION)



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

1. APPLICATION FORM The following application form is used when applying for any staff position at Youth With A Mission, Belize. Please complete ALL sections of the form.

ALL FORMS ARE TO BE MAILED TO:

Youth With A Mission

PO Box 78

Belmopan City BELIZE

Tel No: (501) 822-1358

Email: belizeywam@yahoo.com

2. CRIMINAL RECORD CHECKS are required from all applicants. This can be obtained from your local police station.

3. PERSONAL REFERENCES Reference forms must be received by the following people:

- a) Pastor/spiritual leader
- b) Previous DTS (or later YWAM school) or Base Leader
- c) A close friend

Please request them to complete the attached reference form and mail it directly to THE REGISTRAR. Please list the name and address of each referee on a separate sheet of paper.

4. AIRLINE TICKETS Return airline tickets and health insurance (optional) are a requirement of joining staff with YWAM Belize. If you are staying on staff long term, we ask that you would have finance in trust for a return ticket should you need it. **IMPORTANT:** Please do not purchase airline tickets until you have received confirmation of your acceptance to YWAM Belize staff.

5. VISAS You will receive a 25 day visitor permit upon arrival at any Belize boarder. Please be prepared to pay \$25usd per month for extensions while you apply for a volunteer/work permit.

5. APPLICATION FEE The non-refundable registration fee of \$20usd must be included with your staff application before we can begin processing your request. Checks can be made out to "YWAM".

Youth With A Mission Belize

Box 78

Belmopan City, BELIZE

501. 663-8131 belizeywam@yahoo.com www.ywambelize.com

GENERAL INFORMATION

Date ____ / ____ / ____
Day Spell Month Year

Please Print or Type

Attach a recent photo of yourself here

Full Name (As shown in Passport)

Last First Middle Preferred

Address _____

City State Zip Code Country

Place of Birth _____ **Nationality** _____

Birthdate ____ / ____ / ____
Day Spell Month Year

Gender Male Female

Phone Number _____
Home Cellular

Email Address _____

PASSPORT INFORMATION

EMERGENCY CONTACT INFORMATION

Issuing Country _____

Name _____

Passport Number _____

Relationship _____

Expiration Date ____ / ____ / ____
Day Spell Month Year

Address _____

Marital Status

Single Engaged Married
 Widowed Divorced

Home Phone (____) _____ - _____

Name of Spouse (or Fiance') applying with you:

Cellular _____

Email _____

Anniversary (or prospective wedding date if engaged) _____

Names of Children Applying with you:

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NAME	BIRTHDAY	AGE	GENDER
Child 1. _____	____ / ____ / ____	_____	_____
Child 2. _____	____ / ____ / ____	_____	_____
Child 3. _____	____ / ____ / ____	_____	_____
Child 4. _____	____ / ____ / ____	_____	_____

Are your children Home Schooled? Yes No

What is your current occupation? _____

List any professional qualities you have (musical, technical, carpentry, mechanical, etc).

TRAINING

Please list your education history beyond high school

NAME OF SCHOOL	DEGREE/DIPLOMA	LOCATION
_____	_____	_____
_____	_____	_____

Date and location of DTS _____

List any other YWAM schools you attended

NAME OF SCHOOL	DATE	LOCATION
_____	_____	_____
_____	_____	_____

List languages you speak (besides English) and the level of fluency (1 poor - 10 fluent)

Check any areas below with which you could help

- Accounting Graphic Design Carpentry Cooking
 Dance (ballet, hip hop, tap, etc) High School Ministry
 Photography Writing News/Editing Counseling Performing Arts
 Other _____

How long have you considered full time missionary service? _____

What length of service do you anticipate? 2-3 Years 4-5 Years Career

What areas of ministry are you interested in? _____

How did you learn about YWAM Belize? _____

COMMITMENT TO YWAM BELIZE

I understand that I have a commitment to maintain a daily walk with Jesus, and to base intercession, base worship, staff meetings, outreaches, Family night meetings, and any other base gatherings, including a commitment to embracing life within community.

Signed _____ Dated _____/_____/_____
Day / Spell Month / Year

FINANCIAL COMMITMENT

I understand that as a full time member of staff I am committed to support the ongoing ministry of Youth With A Mission, Belize. I also understand that this commitment includes my financial obligation of the current staff fee rate. **I therefore accept all responsibility for payment of my staff fees and personal expenses incurred during my involvement with Youth With A Mission.**

Signed _____ Dated _____/_____/_____
Day / Spell Month / Year

PERSONAL INFORMATION

Health *(Use a separate piece of paper if necessary)*

Age _____ Height _____ Weight _____ Blood Type _____

How is your general health? Excellent Average Poor

If poor, please explain _____

Are you allergic to any medicines? Yes No

If yes, please list _____

Name any other allergies you have _____

Do you take any prescription medications? Yes No

If yes, please list _____

Are you presently under medical treatment? Yes No

If yes, please explain _____

Do you or your children have any physical disabilities? Yes No

If yes, please explain _____

Have you ever taken illegal drugs? Yes No

If yes, please explain _____

Have you ever been involved in the occult? Yes No

If yes, please explain _____

Have you ever undergone any psychiatric treatment? Yes No

If yes, please explain _____

Please list any long term effects of past surgeries on the back of this paper.

SPIRITUAL LIFE

How long have you been a Christian? _____

Please answer the next questions on a separate sheet of paper.

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A). Describe your spiritual growth since conversion. Please comment on events or spiritual experiences in your life which led to a new level of understanding and/or commitment.

B). Comment on your devotional life. Are you meeting your expectations for personal spiritual growth.

C). Describe your involvement with your local church or other Christian ministries.

D). Comment briefly on how God called you to full-time Christian ministry.

E). What has led you to apply for staff with YWAM Belize? Please include any specific guidance received.

F). What are some of the expectations you have for serving with YWAM?

G). What are the dreams and visions that you have on your heart for now as well as for the future?

What church do you attend? _____

Does your pastor know you are sending this application? Yes No

Is he/she in agreement with you joining us on staff? Yes No

Pastor's name _____

Church address _____

Mailing Address

City

State

Zip

Country

Please give your pastor the enclosed reference form, and ask him/her to return it directly to us.

FINANCIAL INFORMATION:

As you know, Youth With A Mission does not pay any salary. From the International President to the newest recruit, each staff member in Youth With A Mission is responsible for raising their own financial support. This enables each 'YWAMer' to cultivate their own personal support network and is one of the contributing factors to YWAM's numerical growth over the years. Staff need to have their

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own financial recourses or pledged support. We require that single staff have a minimum of \$400usd monthly support and married staff a minimum of \$800usd.

Do you have guaranteed monthly support? Yes No Amount _____

If the above amount of support is less than the required amount, how do you plan to raise the difference? _____

Do you have any outstanding debts? Yes No

If yes, what is the nature of the debt, how much do you owe, and how to you plan to meet these obligations? _____

Give the names of any dependents that you have, and to what extent you are obliged to them financially: _____

Are you involved in any current/pending lawsuits or legal proceedings? Yes No

Do you have a police record? Yes No

If yes, please explain on separate sheet of paper.

RELEASES

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 myself or other persons during my/their course of involvements with Youth With A Mission.

Signed _____ Dated ____/____/____
Day / Spell Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian _____

Signed _____ Dated ____/____/____
Day / Spell Month / Year

Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary.

Signed _____ Dated ____/____/____
Day / Spell Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian _____

Signed _____ Dated ____/____/____
Day / Spell Month / Year

Youth With A Mission Belize

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501. 663-8131 belizeywam@yahoo.com www.ywambelize.com

Name of Referee

Name of Applicant

Referee's Address
(include country & Zip code)

Return all forms to:
 The Registrar
 Youth With A Mission
 PO Box 78
 Belmopan
 BELIZE
 501-663-8131

The applicant named above has applied to join staff at YWAM Belize. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission staff member team.

1. Relationship With Applicant

What is your relationship to the applicant?

- Pastor Other, Please Specify:

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

- 1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church?

In your association with the applicant, what has been the level of commitment?

- Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

- Yes No

Do you have any hesitation in recommending the applicant to work with children or youth?

- Yes No

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature Contagious
 Over-emotional Superficial
 Genuine & Growing

3. Personal Profile

Please describe in your own words how you would evaluate the applicant in the following areas:

Initiative	<input type="text"/>
Social adaptability	<input type="text"/>
Personal grooming	<input type="text"/>
Concern for others	<input type="text"/>
Financial responsibility	<input type="text"/>
Leadership capability	<input type="text"/>
Emotional stability	<input type="text"/>
Ability to follow	<input type="text"/>
Flexibility	<input type="text"/>
Reliability	<input type="text"/>
Co-operation	<input type="text"/>
Self discipline	<input type="text"/>
Ability to cope with stress	<input type="text"/>
Moral standards	<input type="text"/>
Temperament	<input type="text"/>
Punctuality	<input type="text"/>
Perseverance	<input type="text"/>
Sound judgment	<input type="text"/>

4. Problem Areas

Please note, that we are committed to help the applicant grow.

Please check off words or descriptions if they apply to the applicant:

- | | |
|---|--|
| <input type="checkbox"/> anxious, impatient | <input type="checkbox"/> given to moods |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> critical of others |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> easily embarrassed |
| <input type="checkbox"/> domineering | <input type="checkbox"/> offended |
| <input type="checkbox"/> frequently worried | <input type="checkbox"/> discouraged |
| <input type="checkbox"/> nervous or tense | <input type="checkbox"/> erratic in attitudes or actions |
| | <input type="checkbox"/> addictive behavior |
| <input type="checkbox"/> unable to cope with stress | |
| <input type="checkbox"/> prejudiced toward groups/races/nationalities | |

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

- Yes No

Please elaborate:

Does the applicant respond well to authority?

- Yes No

Please elaborate:

6. Family Background

Please comment briefly on the applicant's family background (if known)

7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

8. Recommendation

What is your overall evaluation of the applicant's promise as a YWAM worker?

- Definitely Unsuitable
 At this time, he/she is unsuitable
 Good Prospect, but I have some reservations
 Average Prospect
 Above-Average Prospect
 Unusually exceptional prospect

9. Referee Information

I declare that the contents of this confidential reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & zip code)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

day / month / year

Thank you for your assistance.
Would you like to receive further information about Youth With A Mission, Belize?

- Yes No

Please phone us at + 501 822 1358 if you have any additional comments.

Name of Referee

Name of Applicant

Referee's Address
(include country & Zip code)

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1. Relationship With Applicant

What is your relationship to the applicant?

- Friend Family

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

- 1 2 3 4 5 6 7 8 9 10

How long has the applicant attended church?

In your association with the applicant, what has been the level of commitment?

- Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

- Yes No

Do you have any hesitation in recommending the applicant to work with children?

- Yes No

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature Contagious
 Over-emotional Superficial
 Genuine & Growing

3. Personal Profile

Please describe in your own words how you would assess the applicant in the following areas:

Initiative	<input style="width: 240px; height: 25px;" type="text"/>
Social adaptability	<input style="width: 240px; height: 25px;" type="text"/>
Personal grooming	<input style="width: 240px; height: 25px;" type="text"/>
Concern for others	<input style="width: 240px; height: 25px;" type="text"/>
Financial responsibility	<input style="width: 240px; height: 25px;" type="text"/>
Leadership capability	<input style="width: 240px; height: 25px;" type="text"/>
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Ability to follow	<input style="width: 240px; height: 25px;" type="text"/>
Flexibility	<input style="width: 240px; height: 25px;" type="text"/>
Reliability	<input style="width: 240px; height: 25px;" type="text"/>
Co-operation	<input style="width: 240px; height: 25px;" type="text"/>
Self discipline	<input style="width: 240px; height: 25px;" type="text"/>
Ability to cope with stress	<input style="width: 240px; height: 25px;" type="text"/>
Moral standards	<input style="width: 240px; height: 25px;" type="text"/>
Temperament	<input style="width: 240px; height: 25px;" type="text"/>
Punctuality	<input style="width: 240px; height: 25px;" type="text"/>
Perseverance	<input style="width: 240px; height: 25px;" type="text"/>
Sound judgment	<input style="width: 240px; height: 25px;" type="text"/>

4. Problem Areas

Please note that we are seeking to help the applicant grow.

Please check off words or descriptions if they apply to the applicant:

- | | |
|---|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> given to moods |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> critical of others |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> easily embarrassed |
| <input type="checkbox"/> domineering | <input type="checkbox"/> offended |
| <input type="checkbox"/> frequently worried | <input type="checkbox"/> discouraged |
| <input type="checkbox"/> nervous or tense | <input type="checkbox"/> erratic in attitudes or actions |
| | <input type="checkbox"/> addictive behavior |
| <input type="checkbox"/> unable to cope with stress | |
| <input type="checkbox"/> prejudiced toward groups/races/nationalities | |

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibilities given to him/her?

- Yes No

Please elaborate:

Does the applicant respond well to authority?

- Yes No

Please elaborate:

6. Family Background

Please comment briefly on the applicant's family background (if known)

7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

8. Recommendation

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Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

day / month / year

Thank you for your assistance.
Would you like to receive further information about Youth With A Mission, Belize?

- Yes No

Please phone us at + 501 822 1358 if you have any additional comments.

Staff

Friend or Family Member Reference

Name of Referee

Name of Applicant

Referee's Address

(include country & Zip code)

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Friend Family

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How long was the applicant at your base?

In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

Do you have any hesitation in recommending the applicant to work with children?

Yes No

2. Christian Experience

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Mature Contagious
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Name (block capitals please)

--

Address (include country & postcode)

Home Telephone (include country & area code)

--

Work Telephone (include country & area code)

--

Email

--

Signed

--

Dated

day	/	month	/	year
-----	---	-------	---	------

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