



YOUTH WITH A MISSION

COATESVILLE, PA

PO Box: 567
752 East Lincoln Highway
Coatesville, PA 19320
Phone: 610-466-2091
Email: ywamcoatesville@gmail.com
Website: www.ywamcoatesville.com

STAFF APPLICATION FORM

Position within Youth With A Mission – Coatesville for which I am applying: - _____

Checklist for Completing Application

Thank you for applying to YWAM Coatesville! In order for us to process your application, we must receive the following completed forms.

- Application Form** This must be filled out by you to apply for staff positions. Please attach a copy of your passport and, if applicable, current valid US visa and I – 94 card or similar document.
- Personal History** Please, prayerfully and concisely answer the following questions on a separate sheet of paper. Type or print legibly and include it with your application.
 01. Describe your conversion experience.
 02. Describe your present relationship with the Lord
 03. Are you presently receiving counsel in any spiritual or emotional areas? If so, please describe in detail and include name and address of counselor.
 04. Briefly describe your family background.
 05. What is your present relationship with your parents?
 06. What do your parents think of you applying to join YWAM?
 07. Please describe your spiritual and ministry goals.
 08. Describe ministry areas you participated in while in your local church.
 09. List any leadership experience that you have had, including specific responsibilities.
 10. Describe God's calling to you to work in missions.
 11. Is there any other information you would like us to have about you?
 12. List the names, e-mail and mailing addresses and phone numbers of your pastor, YWAM ministry or DTS leader, and a teacher/ employer or friend who knows you well. You are to give each of them a copy of the enclosed reference forms along with a stamped, addressed envelope and ask them to return it to our mailing address.

- **Physician's Form**
- **Confidential Health Form**
- **Consent Form** Please sign the release of liability, consent for treatment, and the burial statement.
- **Reference Forms** One of these forms is to be completed by your pastor, one by your YWAM ministry or DTS leader leader, and one by a previous employer/ teacher or a friend. Ask each one to complete the form and mail it directly to YWAM Coatesville. Provide for them a stamped and addressed envelope. Please, list their names, and contact information on your personal history answers.

Applications will not be reviewed until all parts are received and files are complete.

Personal Information

Name (First, Middle, Last) _____

Preferred Name _____

Circle the appropriate:

Sex: **Female** **Male**

Staff position you are applying for: _____

Present Mailing Address

Street _____

City _____ State _____

Zip or Postal Code and Country _____

E-mail: _____ Home Ph: (____) _____

Work Ph: (____) _____ Cell Ph: (____) _____

Birthday: _____ / _____ / _____ Birthplace: _____
 Month Day Year

Social Security Number: _____ - _____ - _____ or ID Number: _____

Marital status: (circle)

Single Engaged Married Widowed Divorced Other (explain)

If married: Spouse's name _____ Nationality _____

Date of marriage: _____ / _____ / _____

Dependents: Name _____ Date of birth _____

 Name _____ Date of birth _____

 Name _____ Date of birth _____

If engaged:

Projected wedding date _____

Has your fiancé completed a Discipleship Training School? _____

Does he or she intend to do one? _____

Permanent Address (if different from your present address)

Street _____

City _____ State _____

Zip or Postal Code and Country _____

Home Ph: (____) _____ Work Ph: (____) _____

Attach 2
passport
size photos
here.
Color or
black/white

Passport information

Passport Number _____ Date of Expiry ____/____/____
Month Day Year

Place of Issue _____

Citizenship/Nationality _____ Place of Birth: _____

US Visa Type _____ Number: _____

Entry Date ____/____/____ Date of Expiry ____/____/____
Month Day Year Month Day Year

Have you ever been refused a Visa? (circle) Yes No

If yes, please explain _____

Driver's License N°: _____ Type: _____ State/Country: _____

Accident Record: _____

Family

Father's Name: _____

Mother's Name: _____

Please indicate if one or both are deceased Father _____ Mother _____

Are your parents separated? Yes _____ No _____ Divorced? Yes _____ No _____

Parent's Church Affiliation _____

Personal History

Do you currently use tobacco and/or drink alcoholic beverages, even occasionally?

Circle: **YES** or **NO**

Have you ever been arrested? If yes, please explain why and what happened

Have you ever been involved in Religious Cults _____ Other religions _____ Occultism _____

Use of drugs _____ Alcoholism _____ Homosexuality _____ Pornography _____

Child abuse _____

If so, is there any information that you need and/or want to share that we should be aware of?

Education and Skills

I have ___ have not ___ completed high/secondary school.

Highest educational level completed _____

Secondary (High) School Attended:

Name of School	Dates Attended	Qualifications Received (Diploma or Certificate)
_____	_____	_____
_____	_____	_____
_____	_____	_____

University/College/Higher Education

Name of School	Dates Attended	Qualifications Received (Diploma or Certificate)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vocational/Technical/Professional Training

Name of School	Dates Attended	Qualifications Received (Diploma or Certificate)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Educational Qualifications:

What are some of your special skills and talents? (Hint: cooking, financial planning, shopping, music, mechanical, performing arts, etc.)

What are your hobbies?

Languages

What language(s) do you speak and/or read/write?

Level of ability (circle)

_____ Mother tongue: Fluent: Conversational: Rudimentary:

_____ Mother tongue: Fluent: Conversational: Rudimentary:

 Rudimentary Mother tongue: Fluent: Conversational:

 Rudimentary Mother tongue: Fluent: Conversational:

Are you able to interpret or translate? NO: YES: If yes, please indicate:

Language (from—to--)

Oral interpretation

Written translation

Working Background

List employers from your last four work experiences:

Employer

Position

Dates of employment

Check areas where you have work experience or qualifications:

- | | | | | |
|--|---|--|--------------------------|---|
| <input type="checkbox"/> Welding: | <input type="checkbox"/> | <input type="checkbox"/> Housekeeping: | <input type="checkbox"/> | <input type="checkbox"/> Accounting: |
| <input type="checkbox"/> Plumbing: | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Hospitality: | <input type="checkbox"/> | <input type="checkbox"/> Marketing: |
| <input type="checkbox"/> Electrician: | <input type="checkbox"/> | <input type="checkbox"/> Pastoral: | <input type="checkbox"/> | <input type="checkbox"/> Bookstore: |
| <input type="checkbox"/> General: | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Maintenance: | <input type="checkbox"/> | <input type="checkbox"/> Nursery children: |
| <input type="checkbox"/> Communications: | <input type="checkbox"/> | <input type="checkbox"/> Carpentry: | <input type="checkbox"/> | <input type="checkbox"/> Teaching (ages?) |
| <input type="checkbox"/> Computer technician: | <input type="checkbox"/> | <input type="checkbox"/> Building Construction | <input type="checkbox"/> | <input type="checkbox"/> Evangelism/Drama: |
| <input type="checkbox"/> Computer Programming: | <input type="checkbox"/> | <input type="checkbox"/> Architectural: | <input type="checkbox"/> | <input type="checkbox"/> Medical: |
| <input type="checkbox"/> Graphics: | <input type="checkbox"/> | <input type="checkbox"/> Vehicle mechanic: | <input type="checkbox"/> | <input type="checkbox"/> Clerical/secretarial |

Consent Form

Applicant's name _____

Liability Release

I, _____ understand while serving with the Youth With A Mission – Coatesville I will be responsible for:

- a. My Food and Housing costs as well as personal expenses.
- b. Obtaining adequate health insurance while serving with Youth With A Mission Coatesville
- c. If applicable, I will abide by the conditions and limitations of the visa I hold to work with YWAM and will be responsible to pay the costs incurred with obtaining and renewing the visa.

Signature: _____ Date: _____

Responsibility:

I hereby absolve Youth With A Mission of responsibility for accidents which might happen during the time I am working with them. I will not hold YWAM responsible for personal possessions lost, damaged, or stolen on YWAM premises.

I have completed all portions of this application, and if accepted by Youth With A Mission as a Staff member, I will abide by the spirit, rules and schedule of the program.

Signature _____ Date _____

Consent for Treatment

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Signature _____ Date _____

Burial Statement

Although it is most unlikely that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to travel abroad. YWAM does everything possible to protect its staff and students. In many countries where disease is more prevalent, burial may have to take place within 24 hours. If this were the case, the remains would not be able to be returned to the student's or staff member's home country. Secondly, all burial costs and transportation expenses are not the responsibility of YOUTH WITH A MISSION Coatesville, its staff or associates.

Therefore, in the event of my death, I give my permission to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial costs or transportation expenses.

Applicant's Signature _____ Date _____

Please mail all forms to

Personnel Department, YWAM Coatesville
P.O. Box 567
Coatesville, PA 19320, USA

Confidential Health Form

Name _____ Age _____

Date of Birth (Month, Day, Year) _____

In case of emergency, contact _____

Relationship to you _____

Address _____

City, State, Zip or Postal Code _____

Country _____

Home Telephone # _____ Work Telephone _____

Cellular # _____ E-mail _____

Your Blood Type _____

Height _____

Weight _____

Rate your health (Circle): **Very Good** **Good** **Average** **Poor** **Other**

Explain any recent weight changes:

List all important past surgeries, X-rays, illnesses, injuries, or handicaps (please explain)

Please describe any special dietary needs:

Does this limit you in any way?

Date of last medical exam ____/____/____

Are you presently taking any medication? **Yes** **No**

If yes, name of drug _____

What is it for? _____

Have you ever had a severe emotional breakdown, or been diagnosed with a mental illness (i.e. depression, anorexia, bulimia?) If yes, please describe

Have you ever used drugs for other than medical purposes? If yes, when?

Name of drug _____ For how long _____

Women: Are you pregnant? (Circle) **Yes No**

If yes, what is your due date? ____/____/____ Past pregnancies? **Yes No**

Have you ever had or do you have any of the following? If yes, please describe on a separate piece of paper.

Condition	Yes	No		Condition	Yes	No
Skin Condition				Heart Conditions		
Jaundice				Rheumatism/Arthritis		
High blood pressure				Shortness of breath		
Low blood pressure				Stomach ulcer		
Intestinal trouble				Gall bladder problems		
Recurrent diarrhea				Eye trouble		
Migraines				Ear trouble		
Head Injury				Diabetes		
Venereal disease				Kidney disease		
Fainting Spells				Epilepsy		
Nervous disorders				Anemia		
Weakness				Hepatitis		
Paralysis				Type?		
Insomnia						
Back Problems				Allergy to:		
Hay fever				Penicillin		
Dislocation of joints				Sulfonamides		
Broken bones				Serum		
Asthma				Food (specify)		
Tumor/Cancer				Other (specify)		

Have you ever had any of the following communicable diseases?

Chicken pox				Measles (Rubella)		
Scarlet fever				Mumps		
Pertussis				Other		
Tuberculosis				Specify:		

Immunization Record

	Yes	No	Date (month/year)
DTP/Td (Series of 3)			
Td Booster			
Tetanus Booster			
Polio (series of 3)			
Polio Booster			
Measles			
Rubella			
Typhoid (series of 3)			
	Yes	No	Date
Cholera			
Smallpox			
Yellow Fever			
BCG			
Hepatitis A			
Hepatitis B			

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

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy			

Females only

	Yes	No
Irregular periods		
Medication for Menstrual cycle		

Please mail all forms to

Personnel Department, YWAM Coatesville

P.O. Box 567

Coatesville, PA 19320, USA

Physician's Form

To the applicant

Please ask your doctor to complete this Medical Report

To the Doctor

Please fill out this medical report bearing in mind that the applicant could travel and work in almost any country in the world; often in primitive and stressful conditions.

Where answers are *yes* or *no*, please circle the appropriate answer.

Applicant's Name _____

Doctor's Name _____ Telephone # _____

Doctor's Address

Street _____ City and State _____

Zip or postal code _____ Country _____

Doctor's signature _____ Date _____

General Health

Is the patient able to walk six miles in a day? **Yes** **No**

If no, please explain

Could the patient carry out reasonably strenuous physical work on a daily basis? **Yes** **No**

If no, please explain

Patient's Height _____

Patient's Weight _____

Is the patient hindered from doing anything due to being over or under weight? **Yes** **No**

If so, is this a risk to their health? **Yes** **No**

If yes, please explain

Is the patient under medical supervision? **Yes** **No**

If yes, please explain

Is the patient free from infectious diseases? **Yes** **No**

If no, please explain (*This may be a requirement of the authorities of the country to which the patient is traveling*)

Does the patient suffer from any of the following?

Epilepsy/seizures	Yes	No
Anemia	Yes	No
Hypertension	Yes	No
Mental problems	Yes	No
Adverse reactions to stressful situations	Yes	No
Allergies	Yes	No
Any other serious conditions	Yes	No

List any prescribed medications that the patient is taking

Are there any other facts that might be relevant?

Based on the information given, do you consider the person to be in good health? **Yes** **No**

Any comments

Please list all the serious illnesses and operations that the patient has had. (This means any illness requiring hospital treatment or non-hospital treatment lasting more than a month, or has had a long-term effect upon the person's health.)

Illness/Operation	Outcome	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any serious relevant illnesses in the patient's family

Family Member	Illness
_____	_____
_____	_____
_____	_____

For Women Only

Does the patient have any problems with her menstrual cycle? **Yes** **No**

If yes, please explain

Is the patient pregnant? **Yes** **No**

If so, when is the baby due? _____

Past pregnancies? **Yes** **No**

If yes, what was the outcome?

Please mail this form to

Personnel Department, YWAM Coatesville

P.O. Box 567

Coatesville, PA 19320, USA

Reference Form

Applicant: Please complete the following information and supply a self-addressed, stamped envelope addressed to the Personnel Department at YWAM Coatesville for your pastor, YWAM ministry or DTS leader, and employer/teacher or friend to send the form. This form is not to be returned to you. You will need to make two additional copies of this form (pages 17-22) to have enough for your three references.

Applicant's name _____

Staff position you are applying for _____

Starting Date and length of service: _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature _____ Date _____

To the person filling out the reference form:

The above person has applied to serve as staff with YOUTH WITH A MISSION Coatesville. YOUTH WITH A MISSION (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 180 nations on 6 continents. Its purposes include training challenging and equipping Christians to fulfill Christ's command to "Go, and make disciples of all nations."

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant's suitability for service. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. The applicant cannot be considered for service until all references are received. Your speedy completion of this form is appreciated. Please feel free to use additional paper to answer any of the questions.

I have known the applicant for _____ years

On a scale of 1 to 5, how well do you know the applicant _____ (1=very little, 5=very much)

Relationship to the applicant (check one): **Pastor** [] **Friend** []

Employer or Teacher [] **YWAM Ministry or DTS Leader** []

*To be answered only by the **Pastor**:*

How long has the applicant attended your church? _____

In what activities has the applicant participated since attending your church?

In your association with the applicant, what has been the level of commitment you have seen exemplified? (circle) **Faithful** **Inconsistent** **Other**

(explain): _____

If you feel it is right for the applicant to become a staff member of YWAM Coatesville, would you offer any pastoral counsel to us in helping him/her adjust to a foreign situation/country?

Is your congregation standing behind the applicant with total enthusiasm?

To be answered only by **employer**

Please state applicant's skill/trade _____

On a scale from 1 to 5 (1=low, 5=high) Level of competency in skill/trade

To be answered only by **YWAM DTS or Ministry Leader**:

Please comment on applicant's Discipleship Training School experience or time of service with your base. _____

If applicant was a staff member, in what area(s) did he/she serve? _____

All reference sources: Please check the following and comment where necessary. If Poor or Below Average is marked, please explain further in the space for comments or below.

	Excellent	Above Average	Average	Below Average	Poor	Comments
Initiative						
Response to change						
Social Adaptability						
Communication Skills						
Ability to Follow						
Ability to Receive Correction						
Self Confidence						
Leadership						
Concern for Others						
Willingness to Serve						
Judgment/Decision Making						
Emotional Stability						
Health						
Personal Appearance						
Mental Ability/Comprehension Skills						
Work Discipline						
Reliability						
Teamwork ability						
Flexibility						
Christian Character						
Disposition/Attitude						
Punctuality						
Ability to work under stress						
Moral standards						
Financial Responsibility						

Comments _____

Due to the cultural and environmental context of the YWAM base, adjustments may have to be made as to diet, schedule, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability.

How does the applicant react in trying situations? (Circle one)

Meets constructively Accepts patiently Withdraws Gets discouraged

Gets angry Other (please explain on separate paper)

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? (Circle) **Yes** **No** If yes, please explain

Please comment on the applicant's family background, if known:

Describe any significant physical, psychological, or addictive behavioral problems the applicant has faced: _____

What do you feel YWAM can do to aid the applicant's personal/spiritual development?

What skills or areas of strength do you recommend in the applicant?

What is/are one or some of his/her weaknesses

As far as you know, has the applicant ever been arrested for any offence? _____

To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or the occult?

Please add any other relevant remarks that you think we should know about the applicant

Would you recommend the applicant for acceptance by YWAM? (Circle) **Yes** **No**
Hesitant If hesitant or no, please explain: _____

Please check any of the following that you feel are motivating the applicant to become a full-time staff member:

- ____ Personal growth
____ Receive discipleship
____ Travel
____ Christian service
____ To spread the gospel
____ Get away from unpleasant circumstances
____ Adventure
____ Desire to help others
____ Receive help

Your name: _____

Street Address: _____

City: _____ State: _____ Zip Postal Code _____

Home telephone # _____ Work telephone # _____

E-mail _____ Signature: _____

Date _____

Please mail all forms to the address below. Thank you so much for your cooperation!

Personnel Department

Youth With A Mission Coatesville

P.O. Box 567

Coatesville, PA 19320 USA