



# Staff Applicant Form YWAM Recife

## GUIDELINES TO COMPLETING STAFF APPLICATION FORM

**Thank you for your interest in coming on staff with us. In order to be accepted, we need to receive the following information below:**

- 1) Application Form. Please answer every question. If one does not apply to you, write N/A in the blank.
- 2) A recent photo. 3x4 or passport size.
- 3) Confidential Health Form.
- 4) Doctor's consent form.
- 5) Consent for medical treatment form AND Consent for Treatment/Liability Release Form. Each applicant must sign this form.
- 6) Two reference forms. Please fill out the top portion of each reference form and give one to your pastor and one to your last YWAM Leader or DTS Leader. Please place each reference in a stamped envelope addressed to: JOCUM-Recife, CP 64, 54759-970 Camaragibe PE Brazil.
- 7) Supplement all Questions. Please prayerfully and concisely answer the following questions on a separate piece of paper. **Please print or type.**
  - A. Describe your conversion experience and present relationship with the Lord.
  - B. When and where did you do your DTS? Describe your experience in DTS and the areas you grew.
  - C. How would you describe your relationships with your family? Are they Christians? How do they feel about your calling and working with YWAM?
  - D. Describe your relationship with your church and YWAM base you work with at the moment, including areas that you are serving or leading in the church.
  - E. Currently, are you working on that ministry? Please specify your answer.
  - F. Describe your long term goals. What has God spoken to you about your life's calling? Specify
  - G. Why do you want to come and work with us?
  - H. How long are you planning to work here as a staff?
  - I. Which area would you like to serve in?
  - J. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occult activities, or homosexual practices? Explain (NOTE: This will not affect acceptance)
  - K. Have you ever been under psychiatric or psychological treatment? Explain.
  - L. Please list any special circumstances or situations we should know about.
  - M. How did you hear about YWAM Recife, Brazil?
  - N. Please list any special circumstances or situations we should know about
  - O. Please list the names and addresses of your two references.



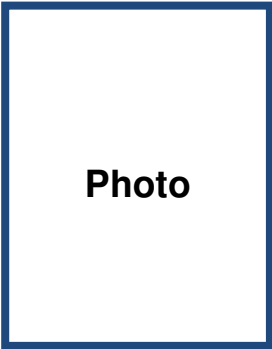
**PLEASE RETURN THIS APPLICATION TO:**  
JOCUM Recife – Caixa Postal 64 – Camaragibe - CEP 54.765-970 – PE  
Fone: (81) 3458-2684 – Fax: (81) 3458-7287 – E-mail:  
[jocumrecife.training@gmail.com](mailto:jocumrecife.training@gmail.com)





# Staff Application Form

Starting date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PLEASE, FILL OUT WITH CAPITAL LETTERS.**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male Phone (\_\_\_\_) \_\_\_\_\_

Nationality (Country) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City and country where passport was issued \_\_\_\_\_ Passport # \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widowed

Children accompanying you:

Name (First/Middle/Last)	Birth date (Mo/Day/Yr)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## HOME CHURCH/ YWAM

Name of home Church \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Date of conversion \_\_\_\_\_ years \_\_\_\_\_ months

Church Address \_\_\_\_\_

City \_\_\_\_\_ State / County \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Church Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have any role in the church? \_\_\_\_\_ Which? \_\_\_\_\_

Pastor's Name \_\_\_\_\_

YWAM Base which you join or joined \_\_\_\_\_ How Long: \_\_\_\_\_

Base Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/post code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Country: \_\_\_\_\_ E-mail address \_\_\_\_\_

Base Leader Name: \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip / Post Code \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**SCHOOL EDUCATION/EMPLOYMENT/SKILLS**

Highest level of education completed \_\_\_\_\_

Graduated in \_\_\_\_\_

What languages do you speak (in decreasing order of fluency?)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Any Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No (Specify) \_\_\_\_\_

Present employment \_\_\_\_\_ Occupation \_\_\_\_\_

Other occupation or skills \_\_\_\_\_ Years of experience \_\_\_\_\_

Musical abilities or other talents \_\_\_\_\_

**PASSPORT/VISA INFORMATION**

Country of Citizenship: \_\_\_\_\_

Name as it appears on passport: \_\_\_\_\_

City and country where passport was issued \_\_\_\_\_ Passport # \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ Visa Type \_\_\_\_\_ Date Visa Issued \_\_\_\_\_

City and country where visa was issued \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

Do not apply for a visa until you receive acceptance letter. Special instructions will accompany acceptance letter that will help you properly complete your visa application.

**PREVIOUS YWAM EXPERIENCE**

Where and when did you do your DTS? \_\_\_\_\_

What was your Leader's name? \_\_\_\_\_

Did you work with YWAM after your DTS? \_\_\_\_\_

Which base? \_\_\_\_\_ How long? \_\_\_\_\_

Which ministry did you work with or what did you do? \_\_\_\_\_

Name of the last leader you had in YWAM \_\_\_\_\_

Did you have any other function in YWAM? \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you have any debts owing from your DTS or to any other base? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Do you have monthly support to pay the base staff fee and for all your other needs? \_\_\_\_\_

If not, how do you plan to raise the rest that you need? \_\_\_\_\_

Do you have any other debts? \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE BASE. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE REQUIRED BASE FEES MUST BE MADE AT THE BEGINNING OF EACH MONTH. I ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO AND THE STAFFS. I THEREFORE COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.**

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

*Place and date*

\_\_\_\_\_

*Signature*

# Consent for Medical treatment

I/we, \_\_\_\_\_, hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary in the case of my unconsciousness.

\_\_\_\_\_ Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant's Signature

# Liability Release

I/we, \_\_\_\_\_ 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, INC. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

\_\_\_\_\_ Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant's Signature



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[jocumrecife.training@gmail.com](mailto:jocumrecife.training@gmail.com)



# Confidential Health

**PERSONAL HISTORY:** Please answer all the questions. Explain any 'Yes' answers in the space below or on a separate page.

HAVE YOU EVER HAD OR DO YOU HAVE ANY OF THE FOLLOWING?

Skin Conditions	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Stomach/Ulcer	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	Gall Bladder	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Intestinal Trouble	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Mental or Nervous disorder	<input type="checkbox"/>	Dislocation of Joints	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Anemia	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	Tumor, Cancer	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<b>FEMALES ONLY</b>	
Penicillin	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	Other - Specify	<input type="checkbox"/>	Sever Cramps	<input type="checkbox"/>
Serum	<input type="checkbox"/>			Excessive flow	<input type="checkbox"/>
Other- Specify	<input type="checkbox"/>			Are you Pregnant?	<input type="checkbox"/>
Food - Specify	<input type="checkbox"/>				

Other/Explain \_\_\_\_\_  
 \_\_\_\_\_

Are you now under the care of a doctor for any condition?  No       Yes (Specify) \_\_\_\_\_

Are you taking any medication at this time?  No       yes (Specify) \_\_\_\_\_

Do you have any physical handicaps or health conditions which require special attention?  
 No       Yes (Specify) \_\_\_\_\_

Are you underweight?  Overweight?  Pounds / KG over/under \_\_\_\_\_

Would you rate your health conditions as:  Excellent       Good       Fair       Poor

Blood type: \_\_\_\_\_

**FAMILY HISTORY** - Have any of your relatives had any of the following health problems?

<p style="text-align: center;">Relationship</p> <input type="checkbox"/> Tuberculosis      _____ <input type="checkbox"/> Diabetes      _____ <input type="checkbox"/> Kidney Disease      _____ <input type="checkbox"/> Heart Disease      _____ <input type="checkbox"/> Hypertension      _____	<p style="text-align: center;">Relationship</p> <input type="checkbox"/> Arthritis      _____ <input type="checkbox"/> Stomach Disease      _____ <input type="checkbox"/> Asthma, Hay Fever      _____ <input type="checkbox"/> Convulsions, Epilepsy      _____ <input type="checkbox"/> Cancer      _____
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Have you ever had any of the following CONTAGEOUS DISEASES?

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Mumps	<input type="checkbox"/> Other (Specify)

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_