



VOLUNTEER Application Form YWAM Recife

GUIDELINES TO COMPLETING VOLUNTEER APPLICATION FORM

Thank you for applying for one of our training programs. In order to be accepted, we need to receive the information below:

- 1) School 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) Consent for medical treatment form, Consent for Treatment/Liability Release Form. Each applicant must sign this form. If the applicant is less than 18 years of age, a parent or legal guardian must also sign the form.
- 5) Two reference forms. Please fill out the top portion of each reference form and give one to your pastor or spiritual leader and one to a mature Christian friend. Please place each reference in a stamped envelope addressed to: JOCUM-Recife, CP 64, 54759-970 Camaragibe PE Brazil.
- 6) 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. Describe other significant spiritual experiences you have had in your walk with the Lord.
- C. How would you describe your relationship with your family? Are they Christian? Include how they feel about your plans to attend this YWAM program.
- D. Describe your relationship with your local church: include areas of service and leadership.
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
- G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
- H. 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)
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about this YWAM base in Recife, Brazil?
- K. Please list any special circumstances or situations we should know about.
- L. 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





Application Form

Length of time and dates I can volunteer: From _____ To _____

Desired areas of work _____

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

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 _____

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 _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in an YWAM short/long-term outreach or training program? _____

Specify _____

Name of leader involved _____

Any other YWAM function _____

Why do you desire to attend this school? _____

ABOUT YOUR PERSONALITY:

Circle or underline the words that best describe your personality:

Communicative, calm, active, happy, self-confident, melancholy, extroverted, creative, patient, skeptical, submissive, quiet, faithful, sensitive, timid, unstable, servant, friendly, thoughtful, loyal, critical, good humored, aggressive, a companion, independent, self controlled, diligent, gentle, insecure, frank, untrusting, impulsive, take initiative, eager.

FINANCIAL INFORMATION

Do you have all the money? _____ If the answer is no, how much do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? _____

ATIVITIES OPTIONS

Our desire is to combine the interests of workers and the needs of the ministry. Therefore we would like to know the areas of work that you have a preference for. We can not guarantee that you will always be placed in your first choice.

WRITE 1-5 IN ORDER OF PREFERENCE (1 = most interested, 5 = least interested)

Street Team - The team makes first contact with the children on the streets, trying to facilitate their recovery and reintegration into society.

Hope House (on campus) is a restoration house for ex street boys. The boys go through various phases of the program until they are ready for a full reintegration into society.

Community Development – Attending families in Santa Monica and others neighborhood in Camaragibe,.

The Love Project – Disciplining young girls and women from the community.

The Women's Group – Serving mothers from the neighborhood through conversation groups, counseling, occupational therapy, teaching handcraft and small projects for fundraising.

Christian Heritage School – Opened in January 2000 and today reaches approximately 150 children (ages 3 to 8 years old), from six different neighborhoods in Camaragibe, which has the highest rates of encroachments and slums in the city and huge rates of social inequality.

Soccer Show Project – Currently serves 200 kids and teens between 9 to 18 years old with social and educational activities through a soccer school. Besides developing soccer skills, the participants and their families receive ministry about the love of God.

Master Stroke Project – Serving approximately 60 kids, teens and adults from our Christian Heritage school and the local community with karate classes.

Living Water Project – Started in September 2010, this is our newest project being offered to the community. Attending children between the ages of 3 to 11 years old with swimming classes and social activities.

Maintenance - Building, cleaning, general services, kitchen help, hospitality, etc.

Term of Comittment

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 PROGRAM.I

ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO THE STAFF AT THE BASE. 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, _____, 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.

Applicant's Signature

Place and date: _____, ____/____/____

Parent/Guardian Signature (if applicant is under 18)

Relationship to applicant: _____

Liability Release

I, _____, hereby release Youth With A Mission, and all its agents, employees, and any other person that works with Youth With A Mission as a staff member or volunteer from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course.

Applicant's Signature

Place and date: _____, ____/____/____

Parent/Guardian Signature (if applicant is under 18)

Relationship to applicant: _____

Legal Consent for Minors

I, _____, legally
(complete name of person responsible)
responsible for _____ give consent for the said
(complete name of minor)
person to travel (where it is necessary) outside of Brazil with YWAM - YOUTH WITH A MISSION.

Relationship to applicant : _____

Place and date: _____, ____/____/____

Signature of Parent or Guardian

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"/>	FEMALES ONLY	
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?

	Relationship		Relationship
<input type="checkbox"/> Tuberculosis	_____	<input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Stomach Disease	_____
<input type="checkbox"/> Kidney Disease	_____	<input type="checkbox"/> Asthma, Hay Fever	_____
<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Convulsions, Epilepsy	_____
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Cancer	_____

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: _____

