

Your Information

Full Legal Name			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth		Age	
Place of Birth		Nationality	
Gender		e-mail	
Mailing Address			
City		State/Province	
Zip/Postal Code		Country	
Home Phone		Work Phone	
Cell Phone			
Driver's License No.		Type/Class	
Passport Number		Expiry Date	

Family Information (if applicable)

Spouse's Name			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth		Age	
Passport Number		Expiry Date	
Do you have minor children that will accompany you? How many?			
1st child's full name			
Date of Birth		Passport No./Expiry	
2nd child's full name			
Date of Birth		Passport No./Expiry	

YWAM Experience

Have you completed a YWAM Discipleship Training School?			
Other YWAM Exp.			
	<i>Location</i>	<i>Dates</i>	<i>Outreach Location</i>
Contact Person		Telephone or e-mail	
Other YWAM Exp.			
	<i>Location</i>	<i>Dates</i>	<i>Involvement</i>

Contact Person		Telephone or e-mail	
Interested in Serving:			
From		To	
Staff Application	Youth With A Mission Ships OC www.ywamships.net		

Spiritual Information

How long have you been a Christian, and how did you become one?

What is your relationship with the Lord now?

Have you helped others accept Christ as their Savior? If so, how?

Spiritual Information

How God called you to missionary service?

Describe your personal devotional life.

What is your specific calling, i.e. pastoring, evangelism, helps?

What specific expectations do you have about serving with YWAM?

Why do you desire to serve as a volunteer on our short-term staff?

How did you hear about our short-term staff opportunities?

Christian Experience

Have you led a prayer group?	
Have you done any public speaking?	
Have you participated in a worship group?	
Have you held a leadership position in church or youth group?	

Describe	
----------	--

Does your pastor/elder/priest know you are sending us this application?	
---	--

How would you describe your relationship with your pastor/elder/priest?

Describe	
----------	--

Pastor's Name	
---------------	--

Church Name	
-------------	--

Address	
---------	--

City	State/Province	
------	----------------	--

Zip/Postal Code	Country	
-----------------	---------	--

Phone	e-mail	
-------	--------	--

Denomination	
--------------	--

Your Signature

I certify that the information provided in this application is accurate and true	
--	--

Today's Date	
--------------	--

Work Skills	Youth With A Mission YWAM Ships OC Center
Questionnaire	www.ywamships.net

To better help us evaluate the possibility of placing you in a staff position, please fill out the following. Indicate beside a skill(s) or job(s) whether you have experience in the area or would be interested in that area of ministry.

Design: web development and graphic arts

Web Design		Comment	
Graphic Design		Comment	

Kitchen: Prep and procurement of meals as well as general upkeep of kitchen

Cooking		Comment	
Food Preparation		Comment	
Food Procurement		Comment	

Vehicles: Must be 25 years-old to drive YWAM vehicles. (insurance requirements)

Bus/Van Driver		Comment	
Mechanic		Comment	

Maintenance: General upkeep of buildings and grounds

General Maintenance		Comment	
Special Skills		Comment	

Hospitality: Responsible for guests. i.e. welcome baskets, room prep, baking, etc.

Hospitality		Comment	
-------------	--	---------	--

Housekeeping: General cleaning and overseeing of team clean-up duties

Housekeeping		Comment	
--------------	--	---------	--

Team Host: Hang with the team all the time; interact with the leaders and the team members

Host/Co-Host		Comment	
Previous Experience			

Translator: Travel with the team all the time; interact with leaders and team members

Translator		Language(s)	
Skill Level			

Concessions: Work in our concessions store. Must be honest and friendly

Concessions		Comment	
-------------	--	---------	--

Resource Room: Oversee/distribute creative arts resources to the teams. Must be organized

Housekeeping		Comment	
--------------	--	---------	--

Creative Arts Abilities			
--------------------------------	--	--	--

Drama/Dance		Comment	
Childrens' Ministries		Comment	
Sign Language		Comment	
Voice/Singing		Comment	
Musical Instruments		Comment	
Sound Equipment		Comment	
Other		Comment	

Other Skills			
---------------------	--	--	--

Maritime Experience		licences/tonnage	
Office Skills		List Skills	
Video/Film		Comment	
Leading Games		Comment	
CPR/First Aid		Comment	
Other		Comment	

Instructions:	Please complete the following so that we can have up-do-date information in case on an emergency situation
----------------------	--

Your Information

Full Legal Name			
	First	Middle	Last
Date of Birth		Age	
Gender		e-mail	
Present Address			
City		State/Province	
Zip/Postal Code		Country	
Home Phone		Work Phone	
Activity		Location	

Emergency Contact Information

Emergency Contact		Telephone	
Alternate Contact		Telephone	

Medical Information

Medical Insurance Co.			
Are you Allergic to any Foods or Medications?		If Yes, specify	
Are you currently taking any Medications?		If Yes, specify	
For What Reason			
Date of Last Tetanus:			

Waiver of Liability

The undersigned does hereby consent to taking part in noted activity organized by YOUTH WITH A MISSION-YWAM Ships OC (herein referred to as YWAM), a religious non-profit corporation, with full understanding insofar as such activity will involve missions and sporting activity and mingling with other individuals and groups, that treatments, and incidental loss and expense, and the undersigned does for him/herself assume the risk of such expense, does wholly release YWAM from any responsibility or liability, and waives any claims or causes of action against it, it's agents, it's employees, or volunteer assistants that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving him/herself and agrees to hold harmless YWAM in the event any such claims should arise; and

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by YWAM and it's agents, and does hereby authorize YWAM or it's staff members or other agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless YWAM for any such. The undersigned will furnish payment or insurance for any such payment, at his/her own expense.

Authorization	
----------------------	--

I have read the above Waiver of Liability and agree to it's provisions	
Today's Date:	