

# Guidelines to Completing SST Student Staff Application

Thank you for applying to one of YWAM Tyler's SST programs. In order for us to process your application, we must receive each of the following items (**ONLY** if there are changes since last time or if you have not filled one out before):

- 1. School Application Form.** Please make sure Sections A–G are completed. If you will be traveling out of the US on outreach and you do not have a passport, please apply for one and indicate that you have done so in the appropriate section.
- 2. One Recent Photo** (wallet-size).
- 3. Confidential Health Form.** A physician must sign this form. This form includes **Consent for Treatment/Liability Release** (each applicant must sign this; if the applicant is under 18 years of age, a parent or legal guardian must also sign) and **Legal Consent For Minors** for applicants under 18 years of age (a parent or legal guardian must sign this).
- 4. One Reference Form.** Please fill out the top portion of the reference form. Give it to your pastor/youth minister/spiritual leader, or a teacher/employer, or a mature Christian friend. Provide them with a stamped envelope addressed to:  

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771
- 5. Outreach Agreement Form.**
- 6. Photo/Testimony Release Form.** Each applicant must sign this form. If the applicant is under 18 years of age, a parent or legal guardian must also sign form.
- 7. Statement of Disclosure, Waiver, and Release of Information.**
- 8. Application Form to Work With Children and Youth in YWAM.** Please fill out Sections A and B, even if you have already given some of that information in the main application form, and attach a wallet-size photo.
- 9. SST Program Skills List.**
- 10. Supplemental Questions.** Please answer on a separate sheet of paper. These questions must be answered in addition to questions in Section G on the main application form, **even if you have previously submitted an application.**

Why do you want to work with the SST Program?

What are some of your giftings?

What are some of your challenges?

What do you want to learn/accomplish through working with SST?

Will you be committed to pursuing the highest good for the students coming to SST?

Will you be submitted to your school leader?

Will you take responsibility for your work and actions, being a godly example to the students?

What is God doing in your life now?

Do you have a long-term vision and if so, what is it?

What do you see as strengths and weaknesses in your relationship with God at this time?

**YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE ONCE ALL PORTIONS OF THE APPLICATION HAVE BEEN RECEIVED AND REVIEWED BY THE SST LEADERSHIP TEAM.**

## Note For Non-U.S. Residents

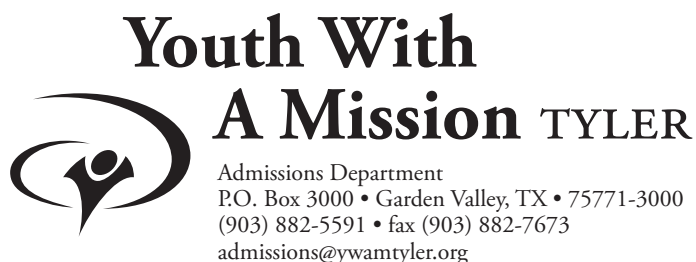
All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000  
(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

Revised 05/2011



Please staple  
wallet-size  
photo here.

# SST STUDENT STAFF APPLICATION

Dates I am applying for: \_\_\_\_\_

## SECTION A: Personal Information

(Please print or type) Please be sure to include the non-refundable registration fee.

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State/Province Zip Country

Email \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type/Class \_\_\_\_\_  
Please attach photocopy of driver's license

Marital Status:    Single    Engaged    Married    Separated    Divorced

List full name, age, schooling grade level and sex of children accompanying you \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone #

Address \_\_\_\_\_  
Street City State/Province Zip Country

How long have you been a "born again" Christian? \_\_\_\_\_

Do you have previous YWAM experience? If so, when and where? \_\_\_\_\_

## SECTION B: Church Information

Home Church \_\_\_\_\_ How long have you attended? \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Church Phone (     ) \_\_\_\_\_

## SECTION C: 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 \_\_\_\_\_  
non-U.S. residents only

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

## SECTION D: Confidential Health Form See attached.

### SECTION E: Education/Employment/Skills

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

Post-secondary school(s) attended \_\_\_\_\_

What languages do you speak? (most fluent to least) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Military service?  Yes  No (specify) \_\_\_\_\_

Present Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Other Occupational Skills \_\_\_\_\_ Years Experience \_\_\_\_\_

Musical Abilities/Other Talents \_\_\_\_\_

Are you presently ordained or licensed?  Yes  No (specify) \_\_\_\_\_

What are your plans after you complete this training?

- |   |   |                                       |  |  |
|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> Full-time missions | <input type="checkbox"/> YWAM Tyler staff | <input type="checkbox"/> Back to job  | <input type="checkbox"/> Further education | <input type="checkbox"/> Work with home church |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> Teaching         | <input type="checkbox"/> Refugee work | <input type="checkbox"/> Mercy Ships       | <input type="checkbox"/> Uncertain             |

### SECTION F: Financial Information

#### Non-U.S. Residents

All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars –the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.

### SECTION G: Supplemental 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? Include how they feel about your plans to attend this YWAM program. Please relate pertinent details of any past marriages or present marital separation.
- 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, occultic activities, petty theft, homosexual practices, or have you ever suffered from an eating disorder? Explain.
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about the YWAM campus in Tyler, Texas? Why do you desire to attend this program?
- K. Please list any special circumstances or situations we should know about.
- L. Please list the name, address and phone number of your reference.

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 understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at YWAM. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONFIDENTIAL HEALTH FORM

Name \_\_\_\_\_ Program applying for \_\_\_\_\_

In an emergency, contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Insurance # \_\_\_\_\_ Medical Insurance Co. Phone ( ) \_\_\_\_\_

## PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

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

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Veneral disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

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

Are you now under doctor's care for any condition?  Yes  No (specify) \_\_\_\_\_

Are you taking any medication at this time?  Yes  No (specify) \_\_\_\_\_

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

Do you have a history of receiving counseling or psychiatric treatment?  Yes  No (specify) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

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

## FAMILY HISTORY

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

Yes	No	Relationship	Yes	No	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions, epilepsy _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension _____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

## TO THE PHYSICIAN

Name of Applicant \_\_\_\_\_

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below, and make any additional comments.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 3-4 miles per day?  Yes  No

Comments \_\_\_\_\_

**PHYSICIAN RECOMMENDATION**  Acceptable  Not acceptable  Should remain in areas with adequate medical care

Acceptable with limitations (specify) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_

Full Address \_\_\_\_\_

## 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to applicant

## 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to applicant

## LEGAL CONSENT FOR MINORS

You may disregard this section if the SST you plan to attend is not traveling outside of the USA.

I hereby give my consent for \_\_\_\_\_ to travel outside of the United States of America with YOUTH WITH A MISSION. (Name of minor)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Revised 05/2011

# CONFIDENTIAL REFERENCE

Revised 05/2011

## TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to: **YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Program applying for \_\_\_\_\_ Starting date \_\_\_\_\_

## TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant?  Employer  Teacher  Pastor  Friend  
 Past YWAM leader  Other \_\_\_\_\_

How well do you know the applicant?  Very well  Well  Casually

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Please check the following and comment as necessary

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

Comments \_\_\_\_\_

Mental ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Teamwork	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Often causes friction
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?  
 Mature     Contagious     Genuine and growing     Over-emotional     Superficial  
Comments \_\_\_\_\_
  
2. With reference to his/her Christian service, is he/she     Dedicated     Average     Casual  
Comments \_\_\_\_\_
  
3. Does he/she display high moral standards?     Yes     No    Explain \_\_\_\_\_  
\_\_\_\_\_
  
4. What do you feel are the applicant's motives in applying to this program?  
 Christian service     Desire to spread the gospel     Receive help/ministry     Adventure  
 Desire to help others     Escape an unpleasant home situation     Travel  
 Other (Specify) \_\_\_\_\_  
\_\_\_\_\_
  
5. Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_
  
6. What do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_  
\_\_\_\_\_
  
7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
  
9. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_  
\_\_\_\_\_
  
10. Would you recommend the applicant for acceptance to this YWAM program?  
 Yes     With some reservations (Explain)     No (Explain) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone (       ) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000

(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

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# O U T R E A C H

# AGREEMENT

*Revised 05/2011*

Because my purpose in joining Youth With A Mission is to take the gospel to the nations, I agree to submit to its leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that outreach destinations and dates are subject to change and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis, and/or ministry-related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses.

In case of accidental death, Youth With A Mission, Tyler, Texas cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

Because YWAM is registered with the Internal Revenue Service as a 501(c)3 non-profit organization, donations made for school fees are considered tuition and are NOT tax-deductible. However, donations made for missions outreaches are tax deductible and non-refundable. In order for supporters to receive a tax deduction, checks must be made payable to YWAM and NOT to a specific participant (applies only to outreach fees not tuition fees e.g. SST, DTS, CDTS, SOE tuition). The participant's name MUST NOT appear anywhere on the check.

I understand that IRS regulations prohibit YWAM from refunding contributions it receives for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferable and any funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission, Tyler, Texas.

I understand that if I fail to abide by this agreement I will be asked to leave the field at my own expense.

My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

---

Signature of Participant

Date

---

Signature of Parent or Guardian  
(for participants under 18)

Date

# PHOTO/TESTIMONY RELEASE FORM

## Applicant's Full Name

(Please print or type)

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
City State/Province Zip Country

## Photo/Testimony Release

I, THE ABOVE MENTIONED APPLICANT, BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE SST PROGRAM, RELATED EVENTS, AND ACTIVITIES, AGREE THAT MY LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED AND THAT SUCH IMAGES MAY BE PUBLISHED IN AN OUTLET USED TO PROMOTE THE PROGRAM. IN ADDITION, I AGREE THAT ANY TESTIMONIES REGARDING MY EXPERIENCES DURING THE SST PROGRAM (EXCLUDING ANYTHING SHARED IN CONFIDENCE) MAY BE USED FOR THE SAME PURPOSE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000

(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

revised 05/2011

# STATEMENT OF DISCLOSURE, WAIVER, AND RELEASE OF INFORMATION

I, \_\_\_\_\_ agree to participation in this evaluation, and also give  
(print name)  
Youth With A Mission (YWAM) full and complete permission to disclose and release any and all information obtained through the references, application, and interview to those evaluating whether or not I am the best applicant to work in the role for which I am applying.

I agree that any information obtained through the references, application, and interview may be discussed by those evaluating whether or not I should be accepted for the position for which I am applying within YWAM.

I hereby waive any and all rights to privileged information. I release and hold free YWAM from any liability as a result of this evaluation.

I understand and agree that the results of this evaluation will not be discussed with me, that YWAM is the sole owner of this information, and that this information will not be shared with me at a later date.

I hereby waive any rights to privileged information contained in this evaluation. I understand that the references, application and interview are not confidential.

I completely re-affirm, in its entirety, my above statement and agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000  
(903) 882-5591 • fax (903) 882-7673 • [ywamtyler.org](http://ywamtyler.org)



# Youth With A Mission TYLER

Admissions Department  
P.O. Box 3000 • Garden Valley, TX • 75771-3000  
(903) 882-5591 • fax (903) 882-7673  
admissions@ywamtyler.org

Please staple  
wallet-size  
photo here.

## APPLICATION TO WORK WITH CHILDREN AND YOUTH IN YWAM

This application is to be completed by all applicants for any position involving the supervision or custody of children. It is being used to help YWAM provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This information is confidential and to be used only by authorized staff. It will be kept in a locked file. If you need more space to answer questions please use a separate sheet of paper.

### SECTION A: Personal Information

(Please print or type)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State/Province Zip Country

Email \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type/Class \_\_\_\_\_  
Please attach photocopy of driver's license

Marital Status:  Single  Engaged  Married  Separated  Divorced

What type of work are you applying for? \_\_\_\_\_

Are you willing to commit to orientation, training, and supervision?  Yes  No

Do you have any physical handicaps or conditions preventing certain types of activities?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What, if any, YWAM Schools have you attended?  SST  DTS  SOE  Other \_\_\_\_\_  
\_\_\_\_\_

### SECTION B: Background Information

Has another person ever reported you to the police or legal authorities in any country for child abuse, endangerment or neglect?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a victim of abuse—physical, sexual or emotional?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION B: Background Information cont'd

Have you ever committed a serious crime of which you have not been convicted?  Yes  No If yes, please explain.

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Are you currently, or have you ever been, in a homosexual relationship?  Yes  No If yes, please explain.

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Are you currently having, or have you ever had, problems with pornography?  Yes  No If yes, please explain.

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Are you currently, or have you ever been, involved in child pornography or molestation?  Yes  No If yes, please explain.

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Are you currently having, or have you ever had, a problem with substance or alcohol abuse?  Yes  No

If yes, please explain and indicate the last time you were under the influence of either.

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Is there anything you would like to tell us that you feel is important at this time?  Yes  No If yes, please explain.

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### Office Use Only

Interviewed by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000

(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

# SST PROGRAM SKILLS LIST

Name \_\_\_\_\_ Date of \_\_\_\_\_

Birth \_\_\_\_\_

Position applying for \_\_\_\_\_ Today's \_\_\_\_\_

Date \_\_\_\_\_

Please indicate your experience by checking the box on the left and your skill level by putting a number (on a scale of 1 to 5) in the brackets (1 being the lowest, 5 being the highest). Explain if necessary.

## Construction/Maintenance/Operator

Plumbing [ ] \_\_\_\_\_

Carpentry [ ] \_\_\_\_\_

Electrical [ ] \_\_\_\_\_

Mechanic [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Administration/Logistical

Data Entry [ ] \_\_\_\_\_

Phone Skills (answering/calling) [ ] \_\_\_\_\_

Receptionist [ ] \_\_\_\_\_

Typing/Filing/Clerical/General Office [ ] \_\_\_\_\_

Organizational [ ] \_\_\_\_\_

Personal Assistant [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Serving

Childcare [ ] \_\_\_\_\_

Food Service [ ] \_\_\_\_\_

Cooking [ ] \_\_\_\_\_

Sewing [ ] \_\_\_\_\_

Hospitality [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Ministry

Teaching [ ] \_\_\_\_\_

Children's Ministry (VBS) [ ] \_\_\_\_\_

Prison Ministry [ ] \_\_\_\_\_

Drama [ ] \_\_\_\_\_

Dance [ ] \_\_\_\_\_

Street Evangelism [ ] \_\_\_\_\_

Worship/Singing/Guitar/Other [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Other skills not listed

\_\_\_\_\_

\_\_\_\_\_

## Technical

Sound Equipment [ ] \_\_\_\_\_

Video Equipment [ ] \_\_\_\_\_

Lighting [ ] \_\_\_\_\_

Stage Hand [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Leadership

Small Group [ ] \_\_\_\_\_

Youth Group [ ] \_\_\_\_\_

Bible Study [ ] \_\_\_\_\_

Intercession [ ] \_\_\_\_\_

Obstacle Course [ ] \_\_\_\_\_

Outreaches [ ] \_\_\_\_\_

Foreign Missions [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Communications

Graphic Design [ ] \_\_\_\_\_

Web Design [ ] \_\_\_\_\_

Writing [ ] \_\_\_\_\_

Video [ ] \_\_\_\_\_

Video Editing [ ] \_\_\_\_\_

Photography [ ] \_\_\_\_\_

Photographic Editing [ ] \_\_\_\_\_

Other [ ] \_\_\_\_\_

## Driving Experience

15 Passenger Van [ ] \_\_\_\_\_

Bus [ ] \_\_\_\_\_

Foreign Driving Experience [ ] \_\_\_\_\_

CDL License [ ] \_\_\_\_\_

Other Driving Experience [ ] \_\_\_\_\_

Issuing State of Drivers License \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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