



Please staple  
wallet-size  
photo here.

# STAFF APPLICATION

Please fill out application form (answer all applicable questions) and return to the address above or email it to (Personnel@YWAMTyler.org) along with a recent, wallet-size photo. Husbands and wives should complete separate applications. Give one reference form to your pastor/elder and one to your YWAM DTS/CDTS/SOE leader, base leader, current YWAM supervisor, or current employer. Provide both references with a stamped envelope addressed to the details above.

## SECTION A: General Information

(Please print or type and use a separate sheet of paper when necessary.)

Date: \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
First Middle Last

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

Country of Birth \_\_\_\_\_ Passport # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date you wish to join staff \_\_\_\_\_ **Length of service anticipated** \_\_\_\_\_

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

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

## SECTION B: Family Information

Marital Status:  Single  Engaged  Married  Widowed  Separated  Divorced

Date of marriage (if applicable) \_\_\_\_\_ Name of Spouse \_\_\_\_\_

List below the full names, age, sex, and passport information of children accompanying you.

\_\_\_\_\_  
Name Date of Birth Sex Passport # Expiration Date

\_\_\_\_\_  
Name Date of Birth Sex Passport # Expiration Date

\_\_\_\_\_  
Name Date of Birth Sex Passport # Expiration Date

\_\_\_\_\_  
Name Date of Birth Sex Passport # Expiration Date

If you have been divorced or separated, please give relevant details on a separate sheet of paper.

Parents' Names \_\_\_\_\_

Parents' Address \_\_\_\_\_

Parents' Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Parents' Church Affiliation \_\_\_\_\_

## SECTION B cont'd

How does your family feel about your decision for mission?

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## SECTION C: Christain Life/Ministry/Work

1. Describe your present relationship and devotional life with the Lord

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2. How did you first come into contact with YWAM?

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3. Who or what influenced you to apply to YWAM Tyler?

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4. What do you think are you gifts and callings?

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5. What expectations do you have about serving at YWAM Tyler?

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6. Staff are generally required to work in an area of support as well as training /outreach ministries. Please indicate below which areas you are interested in the most.

(You may check more than one)

### Support Ministries

- Accounting
- Admissions
- Auto Mechanics
- Childcare
- Kitchen
- Landscaping
- Mercy Ministry
- Pastoral Care
- Performing Arts Team
- Personnel
- Restaurant
- Secretarial
- Strategic Frontiers
- Worship Team

### Informational Technology

- Computer Skills
- Networking
- Programming

### Building Maintenance

- Carpentry
- Construction
- Electrical

### Communications

- Video
- Graphics
- Writing/Editing
- Web Design

### Advancement

- Donor Relations
- Resource Development
- Promotions
- Mobile Teams

### Hospitality

- Hotel
- Housekeeping
- Hospitality Events

### Living Alternatives

- Fatherheart Maternity Home
- Loving Alternative Adoption Agency
- Crisis Pregnancy Center

### Training Schools

- Discipleship Training School (DTS)
- School of Evangelism (SOE)
- Crossroads DTS/SOE
- Korean Bilingual DTS/SOE
- Urban DTS/SOE
- School of Worship (SOW)
- School of the Bible (SOTB)
- Teachers for the Nations (TFN)
- Christian Heritage School (CHS)
- School of Strategic Missions (SOSM)
- English as a Second Language (ESL)
- SST
- Other

## SECTION D: Experience and Education

Have you completed high/secondary school?  Yes  No If not, up to what year did you complete? \_\_\_\_\_

Please give details below of any high/secondary school, college, university, or seminary you attended.

<i>Name</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Qualification</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously attended a YWAM school?  Yes  No If so, please give the following information:

Lecture Phase Location 1 \_\_\_\_\_ Dates \_\_\_\_\_

Outreach Phase Location 1 \_\_\_\_\_ Dates \_\_\_\_\_

Lecture Phase Location 2 \_\_\_\_\_ Dates \_\_\_\_\_

Outreach Phase Location 2 \_\_\_\_\_ Dates \_\_\_\_\_

Lecture Phase Location 3 \_\_\_\_\_ Dates \_\_\_\_\_

Outreach Phase Location 3 \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been on staff with YWAM?  Yes  No If so, please tell us your position and the dates you held it, the location of the YWAM base, and the name of your supervisor. Please include all bases where you have worked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an ordained/licenced minister?  Yes  No If so, please give details

\_\_\_\_\_  
\_\_\_\_\_

Describe any other ministry experience (use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Describe musical experience and proficiency (use separate sheet if necessary)

\_\_\_\_\_

## SECTION E: Finances

Are you in debt?  Yes  No If so, please explain

\_\_\_\_\_

Would your debt interfere with your long-term commitment?  Yes  No Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have monthly pledge support?  Yes  No How much? \_\_\_\_\_

If you do not have monthly support, how do you plan to support yourself on staff? \_\_\_\_\_

## SECTION F: Legal Information

Are you involved in any current or pending lawsuits or legal proceedings?  Yes  No If so, please explain

\_\_\_\_\_

Do you have a police record (civil or military)?  Yes  No If so, please explain

\_\_\_\_\_

## SECTION G: References

In order to process your application we need two reference forms, one from your pastor/elder and one from your YWAM DTS/CDTS/SOE leader, base leader, current YWAM supervisor, or current employer. In addition, please give us the following information:

Name of DTS/base leader \_\_\_\_\_

Address \_\_\_\_\_

Name of current employer \_\_\_\_\_

Address \_\_\_\_\_

Name of pastor/elder \_\_\_\_\_

Address \_\_\_\_\_

Denomination \_\_\_\_\_

Does your pastor/elder know that you are applying for YWAM staff?  Yes  No

Please describe your present relationship with your pastor/elder and home church

\_\_\_\_\_

\_\_\_\_\_

## SECTION H: Health Information

Do you now or have you ever received any compensation for disability from any source?  Yes  No If so, please explain below.

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions that require special attention?  Yes  No

If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any psychiatric treatment?  Yes  No If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

Do you have medical insurance?  Yes  No If so, please give the following details:

Name of insurer \_\_\_\_\_

Medical Insurance Number \_\_\_\_\_

Coverage \_\_\_\_\_

\_\_\_\_\_

## CONSENT FOR TREATMENT

I hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician are deemed necessary.

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

## RELEASE OF LIABILITY

I DO HEREBY RELEASE YOUTH WITH A MISSION, INC., ITS STAFF, AND VOLUNTEER ASSISTANTS FROM ANY LIABILITY WHATSOEVER ARISING OUT OF INJURY, DAMAGE, OR LOSS WHICH MAY BE SUSTAINED BY THE SAID PERSON DURING THE COURSE OF INVOLVEMENT WITH YOUTH WITH A MISSION. 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.

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

Parent's/Guardian's Signature (if applicant under 18) \_\_\_\_\_ Date \_\_\_\_\_

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