



MISSION BUILDER APPLICATION FORM

Youth With A Mission Perth



Application Form Guide

The following items must be submitted with all applications.

All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided.

Husbands and wives must complete separate application forms.

Please make sure you specify what period of time you are applying to be a Mission Builder.

1. APPLICATION FORM

The following application form is used when applying for any Mission Builder position with Youth With A Mission, Perth, Australia.

Please also note that all applicants must be 18 years old or above.

2. QUESTIONS (Section 11 of the form)

All questions must be answered on a separate sheet of paper and submitted with your application.

3. RELEASES (Sections 12 to 17 of the form)

All four releases must be signed before your application can be processed.

4. MEDICAL REQUIREMENTS

The confidential health form requires the applicant's attention and the Physician's Evaluation should then be given to your doctor for his/her completion and mailed or faxed directly to THE REGISTRAR.

Please note that dependents 16 years and over must also meet this requirement.

5. CONFIDENTIAL REFERENCES

A confidential reference form must be given to your:-

- (i) Employer
- (ii) (If applicable) Pastor/spiritual leader

Please request they complete the form and mail or fax it directly to THE REGISTRAR.

Please list the name and address of each referee on a separate sheet of paper.

6. CRIMINAL RECORD CHECKS

This is required from all applicants. This can be obtained from your local police station.

7. HEALTH INSURANCE / VISA

Please ensure that you discuss this with us before any visa application process is attempted.

ALL FORMS ARE TO BE MAILED OR FAXED TO:

THE REGISTRAR

Youth With A Mission

PO Box 8501

Perth Business Centre 6849

PERTH, WESTERN AUSTRALIA

Tel No: +61 8 9328 5321

Fax No: +61 8 9328 1324

Email: registrar@ywamp Perth.org.au



YOUTH WITH A MISSION
PERTH

Mission Builder

Applicant Details

Duration

I wish to be a Mission Builder for the following period
Minimum of 3 weeks – Maximum of 3 months

From to

Your Name (in full for visa purposes)

Mr Mrs Miss Ms

Surname/Family Name/Last Name

First Name

Middle Names

Preferred Name

Contact Details

Permanent Address (include country & postcode)

Present Address (include country & postcode)

Telephone (include country & area code)

Fax (include country & area code)

Email (please print legibly)

Please attach a recent photo of yourself here

Personal Details

Your Date of Birth

Age

Gender

Male

Female

Place of Birth

Marital Status

Single

Engaged

Married

Separated

Widowed

Divorced

Spouse's Name (if applicable)

Date of Marriage (if applicable)

Passport Details (n/a for AU & NZ citizens)

What is your Country of Citizenship?

Passport Number

Place of Issue

Date of Issue

Date of Expiry

Financial Support

Do you have sufficient finances to support yourself during your stay with us in Perth?

Yes

No

Children

Do you have any children accompanying you?

Yes No

List the names, dates of birth of children accompanying you. Please include additional children and details on a separate sheet of paper.

Child One (Name)

Date of Birth

day	month	year
/	/	

Gender

Male

Female

Child Two (Name)

Date of Birth

day	month	year
/	/	

Gender

Male

Female

Emergency Contact

Mr Mrs Miss Dr

Surname

First Name

Relationship (i.e. Father, Mother, Sister, etc)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Fax

Email address

9. Home Church Information

Name of Church:

Pastor's Name:

Address:

Telephone Number (include country & area code)

Fax

Email Address

10. Job Experience & Skills

What Mission Builder work are you most interested in? (select up to 3)

Construction Maintenance Grounds
 Kitchen Vehicles

If you have construction / culinary skills, please list your specific trade and corresponding experience level:

1 – Learner 2 – Handyman 3 – Residential Experience
4 – Commercial Experience

Maintenance

<input type="checkbox"/> Carpentry	_____	<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> DIY	_____
<input type="checkbox"/> Vehicles	_____		

Property Development

<input type="checkbox"/> Concrete	_____	<input type="checkbox"/> Formwork	_____
<input type="checkbox"/> Bricklayer	_____	<input type="checkbox"/> Carpenter	_____
<input type="checkbox"/> Plumber	_____	<input type="checkbox"/> Electrician	_____
<input type="checkbox"/> Cabinet Maker	_____	<input type="checkbox"/> Welder	_____
<input type="checkbox"/> Plasterer	_____	<input type="checkbox"/> Roofer	_____
<input type="checkbox"/> Tiler	_____	<input type="checkbox"/> Painter	_____
<input type="checkbox"/> Site Supervisor	_____	<input type="checkbox"/> Ground worker	_____
<input type="checkbox"/> Landscaper	_____	<input type="checkbox"/> Structural steel	_____
<input type="checkbox"/> Drywall	_____	<input type="checkbox"/> General labourer	_____

Kitchen

<input type="checkbox"/> Kitchen hand	_____	<input type="checkbox"/> Chef	_____
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If you have experience in equipment operation, please specify what type(s) of equipment? _____

Languages you speak / read / write (list the language you speak most fluently first) _____

11. Church Involvement & Spiritual Life

Please answer the following 2 questions on a separate piece of paper.

- i) Please describe your attendance and involvement with your local church.
- ii) Please describe your conversion experience and present spiritual relationship with the Lord.

12. Release of Liability

I do 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 myself or other persons during my/their course of involvements with Youth With A Mission.

Signed

Dated

13. Statuary Declaration

I hereby declare that:

- a) I have never been involved in, or convicted of violent, drug related, sexual assault or any other crime against a minor.
- b) I understand that spot checks may be carried out to verify the above and hereby give my permission for any police checks which might be necessary.
- c) I will provide police check from my home country & the countries I've lived in the last 5 years for more than 1 year.

Signed

Dated

14. Statement of Conduct

I hereby declare that I am willing to be dismissed from Youth With A Mission Perth if I display behaviour that is not fitting for the role as a Mission Builder.

Signed

Dated

15. Acknowledgement of Financial Responsibility

I confirm that I understand payment of the required fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to Youth With A Mission. I therefore accept all responsibility for my fees and personal expenses incurred during my time and Youth With A Mission.

Signed

Dated

16. Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary.

Signed

Dated

17. Declaration

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

Signed

Date



YOUTH WITH A MISSION
PERTH

Mission Builder

Confidential Health Form

TO THE APPLICANT: This information is treated confidentially. Answer all questions in ink or by typing IN ENGLISH. Arrange with physician to complete **Physician's Evaluation**. Medical forms are also required for all accompanying dependents 16 years and older.

1. Proposed Start Date:

2. Your Name

Mr Mrs Miss Ms
Surname

First Name

3. Personal History

Please answer all of the questions and comment on all questions with a "Yes" answer in the space provided below.

Have you ever had, or do you have, any of the following?

- | | Yes | No |
|---------------------------------|--------------------------|--------------------------|
| Eating Disorders..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Trouble..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear Trouble..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Injury..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent Headache..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting Spells..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Weakness..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Paralysis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Insomnia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergic reactions to: | | |
| Penicillin..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Sulphonamides..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Foods/Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay fever/Asthma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Conditions (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart trouble..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Anaemia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| High or low blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatism/Arthritis..... | <input type="checkbox"/> | <input type="checkbox"/> |

Question 3 Continued

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| Back problems..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Dislocation of joints..... | <input type="checkbox"/> | <input type="checkbox"/> |

- Broken bones.....
- Surgery.....
- Appendectomy.....
- Tonsillectomy.....
- Hernia repair.....
- Other (specify).....
- HIV positive.....
- Hepatitis A, B or C (specify).....
- Stomach/Duodenal Ulcer.....
- Jaundice.....
- Intestinal trouble.....
- Recurrent Diarrhoea.....
- Chronic constipation.....
- Diabetes.....
- Kidney disease.....
- Venereal disease.....
- Tumour/Cancer.....
- Counselling of any kind?(specify).....

FEMALES ONLY

- Irregular periods.....
- Severe cramps.....
- Excessive flow.....
- Are you pregnant.....

If you answered "Yes" to any of the above questions please describe in the field below

4. Mental/Nervous Disorders

If yes, please give details on a separate sheet including treatment and ongoing treatment/problems.

5. Medical Treatment

Please specify any condition that is currently under treatment by a doctor

Do you or have you ever received any compensation for disability, from any source? Yes No

Please specify

6. Communicable Diseases

Have you ever had any of the following:

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

Physician's Evaluation

TO THE PHYSICIAN: The applicant has applied to join Youth With A Mission. Can you please review the information on the applicant's Confidential Health Form and complete this section of the form.

1. Physical Assessment

Height (cm)	Weight (Kg)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Blood Pressure	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Hearing: Right	Left
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Vision	
Uncorrected: Right	Left
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Corrected: Right	Left
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2. Are there any abnormalities of the following systems?

	Yes	No
Head, ears, nose, throat.....	<input type="checkbox"/>	<input type="checkbox"/>
Eyes.....	<input type="checkbox"/>	<input type="checkbox"/>
Teeth.....	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system.....	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular.....	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory.....	<input type="checkbox"/>	<input type="checkbox"/>
Trunk & Back.....	<input type="checkbox"/>	<input type="checkbox"/>
Digestive tract.....	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal.....	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine (thyroid).....	<input type="checkbox"/>	<input type="checkbox"/>
Skin.....	<input type="checkbox"/>	<input type="checkbox"/>
Urogenital.....	<input type="checkbox"/>	<input type="checkbox"/>

If the answer was "Yes" to any of the previous questions please describe below or on a separate piece of paper

7. Family History

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

	Yes	No	Relationship (eg father)
Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma, Hay fever.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas?

4. Physician's recommendation for follow-up test/treatments

5. Physician's recommendation (please tick)

- Acceptable without limitations
- Acceptable with limitations (specify below)
- Not acceptable
- Should remain in areas where adequate medical care is provided

6. Immunisation History

	Date		Date
Typhoid _____		Cholera _____	
Polio _____		Pertussis _____	
Rubella _____		Diphtheria _____	
Mumps _____		Yellow Fever _____	
BCG _____		Hepatitis A _____	
Tetanus _____		Hepatitis B _____	

7. Physician's Name

Date:

Address/Stamp

Signature



Pastor/Pastoral Staff Reference

Mission Builder

Return all forms to:

The Registrar
Youth With A Mission
PO Box 8501
Perth BC WA 6849
AUSTRALIA

Fax: +61 8 9328 1324
Tel: +61 8 9328 5321

Name of Referee

Name of Applicant

Applicant Address
(include country & postcode)

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission ministry applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Pastor Other, please specify

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church?

In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious

Over-emotional Superficial

Genuine & Growing

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Emotional stability _____

Ability to follow _____

Flexibility _____

Reliability _____

Co-operation _____

Self discipline _____

Ability to cope with stress _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgement _____

4. Problem Areas

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

Does the applicant respond well to authority?

Yes No Please elaborate:

6. Family Background

Please comment briefly on the applicant's family background (if known)

7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

8. Recommendation

What is your overall evaluation of the applicant's promise as a Mission Builder?

- Definitely unsuited
- At this time, he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Unusually exceptional prospect

9. Referee Information

I declare that the contents of this confidential reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

day / month / year

Thank you for your assistance.
Would you like to receive further information about
Youth With a Mission, Perth?

Yes No



YOUTH WITH A MISSION
PERTH

Employer Reference

Mission Builder

Name of Referee

Name of Applicant

Applicant Address
(include country & postcode)

Return all forms to:

The Registrar
Youth With A Mission
PO Box 8501
Perth BC WA 6849
AUSTRALIA

Fax: +61 8 9328 1324
Tel: +61 8 9328 5321

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission ministry program.

1. Relationship With Applicant

What is your relationship to the applicant?

Employer Other please specify

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

2. Character

Have you enjoyed having the applicant with you?

Yes No Please elaborate:

Has the applicant been an asset to your business?

Yes No Please elaborate:

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Health _____

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Ability to follow _____

Flexibility _____

Academic ability _____

Attitude to work _____

Reliability _____

Co-operation _____

Self discipline _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgement _____

4. Emotional Stability

Please rate the applicant as to his/her maturity and stability (please check one):

- Outstandingly mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Doubtful. Experience has shown that the applicant might not be able to endure stress

- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways

5. Trying Situations

How does the applicant usually react in trying situations (please check one):

- Withdraws
- Gets discouraged
- Gets angry
- Meets constructively
- Accepts patiently
- Other (please specify)

6. Problem Areas

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

7. Skills

Please list the applicants skills, skill level and experience that you have observed.

8. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

9. Recommendation

What is your overall evaluation of the applicant's promise as a Mission Builder?

- Definitely unsuited
- At this time, he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Unusually exceptional prospect

10. Referee Information

I declare that the contents of this confidential reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Telephone (include country & area code)

Fax (include country & area code)

Email

Signed

Dated

Thank you for your assistance.
Would you like to receive further information about Youth With a Mission, Perth?

Yes No