



## *Base Staff Application*

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### **Personal and Contact Information**

Surname:..... First Name:.....

Age:..... Date of Birth:..... Sex: Male / Female

Place of Birth:..... Nationality .....

Permanent Address .....

Phone Number..... Email .....

Marital Status: Single/ Married/ Divorced/ Widowed

Name of Spouse ..... Date of Birth.....

Wedding Anniversary .....

Please give children's names, age, birth date, and gender on piece of paper.

Which form of education do you plan to enroll your children in?

..... Home School ..... U of N Pre-School (not yet)

..... Public School ..... Christian School

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### **I am applying for**

..... Long-Term Full Time Staff (2 years or more, +40 hrs/week)

..... Short-Term Full Time Staff (less than 2 years, +40 hrs/week)

..... Associate Staff (3 months / less than 2 years)

Desired date of arrival (If application is accepted): .....

What specific areas are you most interested in? .....

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### **Language**

Mother Tongue/First Language .....

Other languages you speak .....

English Level ..... Fluent (Native Tongue)  
..... Full Professional Proficiency  
..... Minimum Professional Proficiency  
..... Elementary Speaking  
..... Limited Word Proficiency

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### Passport Information

Exact Name Listed on Passport

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Passport Number ..... Expiration Date .....

Place of Issuance ..... Date Issued .....

Visa Type ..... Entry Date..... Visa Exp. Date .....

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### Church Information

Church Name ..... Denomination .....

Address.....

Pastor's Name ..... Phone .....

Describe your involvement with your local church.

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### Education and Experience

When and where did you attend your DTS Lecture Phase and Outreach?

.....

.....

DTS Lecture Phase: Location Date (month/year) .....

Outreach/Field Assignment: Location Date (month/year) .....

List U of N Degree or other YWAM/U of N schools you have completed:

.....

.....

List most recent YWAM positions, your involvement, location, leaders, dates:

.....  
.....  
.....

List any other YWAM or non-YWAM significant accomplishments, jobs, skills, degrees, and certificates: .....

.....  
.....

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### Skills List

Please indicate your skills in the following categories:

**H** – Willing Helper **F** – Fair **P** – Professional **O** – Able to oversee or direct

#### Construction / Maintenance / Operator

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Carpenter           | <input type="checkbox"/> Concrete       | <input type="checkbox"/> Electrical        |
| <input type="checkbox"/> Framer              | <input type="checkbox"/> Flooring       | <input type="checkbox"/> Sheet rock worker |
| <input type="checkbox"/> Mechanic            | <input type="checkbox"/> Welder         | <input type="checkbox"/> Roofer            |
| <input type="checkbox"/> Heavy Equipment     | <input type="checkbox"/> Backhoe        | <input type="checkbox"/> Tractor           |
| <input type="checkbox"/> Gardener            | <input type="checkbox"/> General labor  | <input type="checkbox"/> Appliance repair  |
| <input type="checkbox"/> Scraper             | <input type="checkbox"/> Sewage systems | <input type="checkbox"/> Insulator         |
| <input type="checkbox"/> Cabinetmaker        | <input type="checkbox"/> Mason          | <input type="checkbox"/> Rebar worker      |
| <input type="checkbox"/> Landscaping         | <input type="checkbox"/> Plumber        | <input type="checkbox"/> Painter           |
| <input type="checkbox"/> Heating / AC repair |   |  |

#### Administration / Logistical

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Typing   | <input type="checkbox"/> General office work |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Clerical | <input type="checkbox"/> Receptionist        |

#### Serving

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Childcare        | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Cooking          | <input type="checkbox"/> Sewing       | <input type="checkbox"/> Teacher      |
| <input type="checkbox"/> Teaching English |                                       |                                       |

#### Communications

- |   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Web design | <input type="checkbox"/> Writer |
|---|-------------------------------------|---------------------------------|

Other Skills Not Listed

.....  
.....

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## Emergency Information

In case of an emergency contact: .....

Relationship:.....

Address:.....

Phone:.....

In case of emergency, I agree to the performance of such treatment, including anesthesia and surgery as the attending doctor, or physician may say is necessary.

Applicants Signature:..... Date.....

Do you or members of your family have any limitations (i.e. physical or mental) that might influence a placement decision? Yes / No

If yes, please explain.....

.....

Do you or members of your family have any illness or physical impairment that would put others at risk? Yes / No

If yes, please explain.....

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## Health Information

Please circle if you have or have had any of the following?

Skin conditions	Dislocation of joints	Venereal disease
Broken bones	High blood pressure	Back Problems
Stomach / Duodenal ulcer	Low blood pressure	Surgery
Head injury	Recurrent headache	Tumor
Epilepsy	Hepatitis	Cancer
Intestinal troubles	Mental/Nervous disorders	Recurrent diarrhea
Asthma	Diabetes	Hay fever
Paralysis	Heart trouble	Insomnia

**Females Only:** Are you pregnant? yes/no Previous Pregnancies

If yes please explain.....

.....

**Allergies:** (please list any allergies you may have i.e. food, medication etc.)

.....

Have you been tested for HIV? Yes / No If yes, were the results - +

Do you have any physical disabilities we should be aware of?.....

.....

Are you taking any medication or under a doctor's treatment at this time?.....

.....

Do you have any special dietary needs? (i.e. vegetarian, lactose intollerant).....

.....

Have you seen or are you seeing a professional counselor for any issues? Explain.

.....

Blood type (if known)..... Do you smoke? .....

Do you have medical insurance? Yes / No

Medical Insurance Provider:.....

**Please photocopy your insurance card (front and back) or a copy of your insurance form and attach to application.**

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## Release of Liability

I release Youth With A Mission Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, sickness, death or loss which may be sustained by said person during involvement with Youth With A Mission Inc. *Parents sign if applicant is under 18 years of age.*

Signature: ..... Date: .....

Parent/Guardian Signature..... Date:.....

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## Financial Information

Your staff fees cover housing and 20 meals per week. Fees are determined by a per capita income scale depending on what country you are from. This helps staff from nations with lower economies to also staff. We will let you know what category you qualify for upon acceptance. Here are the costs for each category:

<b>World A</b>	<b>World B</b>	<b>World C</b>
Staff Fees: \$400 WST Per month/person	Staff Fees: \$300 WST Per month/person	Staff Fees: \$200 WST Per month/person

Complete the Estimated Monthly Expense Worksheet (amounts are in Samoan Tala).

#		x	=	#		x	=
	<b>Housing</b>				<b>Essentials</b>		
	House off campus	\$2000			Clothing		
	On campus	See staff fee chart above			Debt		
	Child 0-5	\$0			Savings		
	Child 6-12	\$100			Tithe/ Offerings		
	Child 13-18	See staff fee chart above			Toiletries		
	<b>Education</b>				Lecture Fees		
	Nanny	\$100-500 per week			Outreach		
	Uof N preschool	TBD			Airfare		
	Grade 1-12 tuition+extras	\$2000-3000 per year			Residency Permit	\$300	
	<b>Transportation</b>				<b>Extras</b>		
	Bus to town from campus	\$2 one way			Postage (overseas)	\$1.50 +	
	Taxi to town from campus	\$15-20 one way			Internet	\$8-15 per hour	
	<b>Food</b>				Entertainment		
	On campus meals included in staff fee				Vacation		
	Groceries (30-40% higher than USA)	\$50-250/ week			Gifts		
	<b>Medical Care</b>						
	Hospital stay/night	\$50-600					
	Doctor visit	\$5-60					
	Prescriptions						
<b>TOTAL EXPENSES PER MONTH</b>							
<b>Sources of Income</b>							
	Church				Rentals		
	Partners				Retirement		
	Gifts				Other		
<b>TOTAL INCOME PER MONTH</b>							

If no, how do you plan to raise the appropriate funds? .....

.....

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### Please answer the following questions.

Please prayerfully consider and answer these questions on a separate piece of paper.

1. Do you feel that you have a calling to another nation or other cultures? If so, please explain.
2. What influenced you to apply for staff at YWAM Samoa?
3. What are your hopes and expectations for serving at YWAM Samoa?
4. What can you offer the YWAM Samoa? What do you want to receive?
5. Define what a commitment to YWAM Samoa means to you.
6. What are your long-term ministry goals?
7. What would you do if not accepted?

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## For the Record

Are there any issues, traumas, or situations that may affect your calling and commitment to YWAM Samoa? (i.e. current/pending legal proceedings, domestic/family matters, divorce, deaths, and separations)? Yes / No

Have you ever been indicted or convicted of any crimes of sexual offense, including but not limited to, sexual abuse or indecent exposure? Yes / No

Have you ever been convicted, imprisoned, or placed on probation/parole? Yes / No

If yes, to either of the two questions, may we check into your background? Yes / No

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## Covenant

- In seeking God's guidance through prayer and counsel I hereby make a commitment to serve as a volunteer staff of YWAM Samoa.
- As a volunteer I commit to honor the calling of God on my life as well as YWAM Samoa. I voluntarily dedicate my labors and talents to the YWAM Samoa mission to impart vision and passion for discipling nations, to equip servant leaders and demonstrate God's ways in service through all spheres of society in the world.
- As a volunteer, I promise to serve the purposes and goals of YWAM Samoa and dedicate myself to YWAM's effort to carry out the Great Commission. I freely and voluntarily contribute my effort, talents and time to presenting Jesus Christ personally to this generation, mobilizing others to help in the task, training believers for their part in fulfilling the Great Commission and the Greatest Commandment.
- I agree that the call of God upon me as a volunteer carries with it the responsibility to secure financial contributions or provide support from my own resources sufficiently to cover my expenses. I have successfully completed a required YWAM Discipleship Training School and outreach and am at least 18 years old.
- I commit to walking in integrity specifically in the area of my corporate involvement at YWAM Samoa the expectations of me as a staff.
- I recognize that I have the responsibility to relate to my fellow workers with mutual love, respect and care. As a volunteer of a larger international family of Youth With A Mission, I will seek to live by biblical standards and promote YWAM foundational values. I will hold myself accountable to YWAM Samoa leadership, biblical standards, and moral conduct. I will conduct myself in the local community as an ambassador of Jesus Christ and will represent Him in love and in holiness.
- I agree to adhere to the standards and guidelines set forth in YWAM's "Statement of Purpose", "YWAM Samoa Community Guidelines" and the "YWAM Samoa Strategic Plan"

.....  
Print Full Name

.....  
Signature

.....  
Date



## REFERENCE FORM – YWAM Leader

**Applicant :** Fill in your name and sign below. Then give it to one of your YWAM Leaders past or present with a stamped envelope addressed to YWAM Samoa, P.O. Box 435, APIA, SAMOA.

Applicants Name.....

Applicants Signature ..... Date .....

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*The above applicant has applied to be on staff with Youth With A Mission (YWAM) Samoa. We would appreciate you filling out the form to assist us in assessing his/her suitability. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.*

What is your relationship/role to the applicant? .....

How long have you known the applicant?.....

Would you enjoy working on staff with the applicant? (please explain).....

.....  
.....

How does the applicant deal with community living?.....

.....

How does the applicant deal with relationships with the opposite sex?.....

.....

Have you noticed tobacco or alcohol use?.....

How does the applicant respond to correction?.....

.....

In your opinion, what are the applicant's giftings, strengths and weaknesses?

.....

.....



Please evaluate the applicant's character based on these qualities.  
 Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
Flexibility							
Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							
Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as staff for YWAM Samoa? Yes/No

Any other comments or reservations we should be aware of? .....

.....

***I declare that what I have written is correct to the best of my knowledge.***

Signed ..... Name .....

Address ..... Position .....

Phone ..... Email .....

Would you like more information about YWAM Samoa? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa  
 Phone 685.720.0669 or 685.720.4496 email : ywamsamoa@gmail.com**



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Personal Appearance							
Health							
Moral Standards							
Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

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Any other comments or reservations we should be aware of? .....

.....

***I declare that what I have written is correct to the best of my knowledge.***

Signed ..... Name .....

Address ..... Position .....

Phone ..... Email .....

Would you like more information on Youth With A Mission? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa  
 Phone 685.720.0669 or 685.720.4496 email : ywamsamoa@gmail.com**