



Base Staff Application

In order for your application to be processed, it *must* include:

1. The Application Form - Please complete ALL relevant questions on the application form. Husbands, wives, and Nanny should complete separate applications. Please type or print clearly in ink and use a separate sheet when necessary.
2. One recent photo
3. Two completed Confidential Evaluation Reference Forms. Remember to put your name and address on each reference form. Give both of these people one of the reference forms to fill out. When they're done with it, they can send it to us via e-mail (ywamsamoa@gmail.com) or post (YWAM Samoa Registrar, P.O. Box 435, Apia, Samoa).

Personal and Contact Information

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

Age:..... Date of Birth (spell out month):..... Sex: Male / Female

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

Permanent Address

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

Marital Status: Single / Married / Divorced / Widowed

Fill this section only if you marked "Married"

Name of Spouse Date of Birth.....

Wedding Anniversary Is your spouse joining you? Yes / No

If No, does he/she support your decision to apply? Yes / No

Do you have children that will accompany you? Yes / No

If "Yes", please give children's names, age, birth date, and gender on a separate piece of paper.

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

Home School..... Public School..... Christian School..... Nanny.....

How does your family feel about your decision to serve in YWAM Samoa?

.....
.....

I am applying for

(Please "X" the relevant box and fill in the duration you're committing to)

[] Years Months: Long-Term Full Time Staff (2 years or more, +40 hrs/week)

[] Years Months: Short-Term Full Time Staff (less than 2 years, +40 hrs/week)

[] Months Weeks: Associate Staff (volunteer for specific events only.)

Desired date of arrival (If application is accepted):

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

Language

Mother Tongue/First Language.....

Secondary Language (add more if have).....

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

Passport Information

Exact Name Listed on Passport

Given Name(s)..... Last Name.....

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

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

Visa Type Entry Date Visa Exp. Date

Church Information

Church Name Denomination

Address.....

Pastor's Name Phone

Describe your involvement with your local church.
.....
.....

Education and Experience

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

DTS Outreach: Location, Date (month/year).....

List UofN Degree or other YWAM schools you have completed:
.....
.....

List most recent YWAM positions, location, leaders, and dates:

.....
.....

List any non-YWAM jobs, degrees, and certificates:

.....
.....

Skills List

Please indicate your skills in the following categories.

H – *Willing Helper*

C – *Capable in essential basics*

P – *Professional*

CONSTRUCTION / MAINTENANCE

- | | | |
|--|---|--|
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Car/Truck Mechanic | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Cabinet-maker | <input type="checkbox"/> Plumber | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Drafter | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Construction worker |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Appliance repair | |
| <input type="checkbox"/> Electrical Engineer | <input type="checkbox"/> Brick/Stone Mason | |

LEARNING CENTER

- | | | |
|--|--|--|
| <input type="checkbox"/> Preschool Maths | <input type="checkbox"/> Preschool English | <input type="checkbox"/> Assistant Teacher |
| <input type="checkbox"/> Grade 1-6 Maths | <input type="checkbox"/> Grade 1-6 English | |
| <input type="checkbox"/> Grade 6-8 Maths | <input type="checkbox"/> Grade 6-8 English | |

KITCHEN

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Food Prep | <input type="checkbox"/> Kitchen Assistant |
|----------------------------------|------------------------------------|--|

PLANTATION & GROUNDS

- | | | |
|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Farming | <input type="checkbox"/> Landscaping |
|------------------------------------|----------------------------------|--------------------------------------|

HUSBANDRY

- | | | | |
|-------------------------------|-----------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Vet. | <input type="checkbox"/> Chickens | <input type="checkbox"/> Tilapia | <input type="checkbox"/> Pig |
|-------------------------------|-----------------------------------|----------------------------------|------------------------------|

OFFICE/ADMINISTRATION

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Media (website) | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Office Assistant |

HOSPITALITY/HEALTH CARE/GENERAL

- | | | |
|--|---|---|
| <input type="checkbox"/> Hospitality Assistant | <input type="checkbox"/> Primary Health | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Soccer | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Touch Rugby | <input type="checkbox"/> Writer |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Sports Coach | <input type="checkbox"/> **Driving (Manual) |

**License Type: _____ Expiry Date: _____

Other Skills Not Listed

.....
.....

Emergency Information

Emergency contact person: Relationship:.....

Address:.....

Phone: E-mail:

In case of emergency, I agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor/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.....

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? Yes / No

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? (e.g. vegetarian, lactose intolerant).....

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

.....
Blood type (if known)..... Do you smoke / Consume alcohol?

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.

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:.....

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:

World A	World B	World C
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	=
	Housing				Essentials		
	House off campus	\$2000			Tithe/ Offerings		
	On campus	Staff Fee Chart			Debt		
	Child 0-5	\$0			Savings		
	Child 6-12	\$100			Clothing		
	Child 13-18	Staff Fee Chart			Toiletries		
	Education				Lecture Fees		
	Nanny	\$100-500 / week			Outreach		
	Grade 1-12 tuition + extras	\$2000-3000 / year			Airfare		
					Residency Permit	\$300	
	Transportation				Extras		
	Bus (Base – Town)	\$2.50 one way			Postage (overseas)	\$1.50 +	
	Taxi to town from campus	\$15-20 one way			Internet	\$8-40/ hour	
	Food				Phone		
	On campus meals included in staff fee				Entertainment		
	Groceries (30-40% higher than USA)	\$50-250 / week			Vacation		
	Medical Care				Gifts		
	Hospital stay/night	\$50-600					
	Doctor visit	\$15-60					
	Prescriptions	Depending					
TOTAL EXPENSES PER MONTH							
Sources of Income							
	Church				Rentals		
	Partners				Retirement		
	Gifts				Other		
TOTAL INCOME PER MONTH							

Do you have the funds or support to cover your monthly expenses while with us? Yes / No

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

.....

Please answer the following questions.

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

1. Who, What, and Where do you feel that God is calling you? Please explain.
2. What is your long-term call?
3. What influenced you to apply for staff at YWAM Samoa?
4. What are your hopes and expectations for serving at YWAM Samoa?
5. Define what a commitment to YWAM Samoa means to you.
6. What would you do if not accepted?

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

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.....

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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Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

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Phone Email

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