



Basic Leadership School Application Form

Please fill in and mail, e-mail or fax it to YWAM Oxford.

Address: YWAM Oxford, PO Box 47, Oxford,
North Canterbury, 7443, New Zealand

Phone: +64 3 312 49 51
Fax: +64 3 312 49 55
E-mail: registrar@ywamoxford.org

BLS Start Date:

February May September

Personal Information

Date:

Given Name: _____

Middle Name: _____

Family Name: _____

Postal Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Birth Date : (day/month/year) _____ **Current Age** _____

Birth Place: _____

Sex: Female Male

Marital Status: Single Married Separated
Engaged Widowed Remarried

If you have separated or if you are divorced please explain for how long and give us some background on it.

Spouse's Name: _____ **Age:** _____ **Birth Date:** _____

Dependents: _____ **Age:** _____
_____ **Age:** _____
_____ **Age:** _____

Will your dependents come with you? Yes | No

Is there a domestic situation that might make it necessary to return home?



Passport

Primary Passport

Passport Number _____
 Country of Citizenship _____
 Expiry date _____
 Place of issue _____

Second Passport

Passport Number _____
 Country of Citizenship _____
 Expiry date _____
 Place of issue _____

YWAM Involvement:

Where did you do your DTS?

What Date did you graduate?

Have you completed any other Schools with YWAM?

Name:	Place:	Outreach Location	Date: from - to
			-
			-
			-

Have you worked with a YWAM Ministry?

Name:	Place:	Position	Date: from - to
			-
			-
			-

Educational Information

Highest school or university/college level completed:

Where: _____ When: _____

Work Experience:

Please make a list of jobs you have had: (max recent 5)

Name of workplace	Position Held	Dates	Where?

Languages:

What is your home language?

List any other languages you speak

If English is your second language, please rate your abilities below:

(1=unintelligible | 6=close to native speaker)

Speaking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Understanding spoken English	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Writing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



Where did you learn English?

How long have you been speaking English?

Personal Profile

Please assess the following:

	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Unknown</i>
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

Self-Assessment

What do you consider the strengths that you would bring to YWAM?

Include gifts/talents/ Musical abilities, etc.

What would you consider as your weaknesses? What areas are you struggling in?

What will be the biggest challenges for you as you join the team here?



How many and which schools do you want to staff?

What are your hopes and dreams for the next five years?

Why do you want to staff at YWAM Oxford?

Faith

When and how did you become a Christian?

How has your relationship with God been for the last 2 years?

What noticeable changes have you experienced during and since DTS?

How is your personal devotional life?



How do you hear God's voice?

Leadership Experience

Please describe all leadership experience you have had?

Please tick any of the following which describe you:

- | | | |
|---|--|--|
| <input type="checkbox"/> prefer working alone | <input type="checkbox"/> prefer following through on tasks others initiate | <input type="checkbox"/> people orientated |
| <input type="checkbox"/> prefer working on a team | <input type="checkbox"/> prefer initiating tasks | <input type="checkbox"/> project / task orientated |
| <input type="checkbox"/> good with details | <input type="checkbox"/> routine orientated | <input type="checkbox"/> methodical |
| <input type="checkbox"/> organised | <input type="checkbox"/> work well under pressure | <input type="checkbox"/> flexible |

Occupational Skills

Please list your occupational skills.

If you are applying for AW80DTS, have you travelled before and if so, where and what for?

If you are applying for BDTS do you Rock climb or Hike ?

If you are applying for SDTS Staff, do you Snowboard Ski or Skateboard ?

Staff Position for BLS

Please list which DTS that you are hoping to staff (AW80 March, SDTS June, or BDTS October) and/or if you are interested in possibly being on Base Staff instead of DTS Staff after your initial month of BLS.

Home Church Information

Name of Church

Pastor's Name

Address



Telephone _____
Fax _____
Pastor's E-mail _____

For how long have you attended on a regular basis?

What involvement have you had in the church, other than Sunday attendance?

Are your church leaders supportive of you working with YWAM Oxford?

Finances

Do you have the finances for your staff fees and your expenses? Yes No
If not, how will you arrange that?

Do you have debts to continue paying while you do this school? Yes No
If Yes, please explain

Emergency Information

In case of an emergency, who should we contact?
(name, address, phone & relationship to you)

Are you allergic to any drugs, bee stings, foods, or anything else?

Are you on any medication? What is it and what is it for?



Please add any other relevant remarks concerning medical, psychological, drug/alcohol/nicotine use or other areas of your life we should know more about to be of service to you.

Application Fee

Please post us a non-refundable application fee of \$50 NZD to us. This can be a personal cheque payable to “YWAM” in NZD, USD, CAD, AUD, Pounds, Sterling or Euros. Couples pay one fee of \$50 NZD. We strongly recommend not sending cash through the mail. You can also pay online at www.ywamoxford.org with a credit card. Please do not send a postal money order.

Thank you for taking the time to fill out this form. We will be in touch with you soon. God bless!



Disclaimer

Consent for treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the base director, or his or her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such a time as I am able to make the next decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/her authority as provided herein. I declare that I shall not hold Youth With A Mission, the base director or his/her delegate, liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Liability Release

"I release Youth With A Mission, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by myself during the course of my involvement with Youth With A Mission"

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, I wish that my next of kin be advised as soon as practical and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission in sufficient funds to carry out those wishes. In the case where Youth With A Mission is unable to contact my next of kin or that my next of kin are unable or unwilling to give directions at to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate. "

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Acknowledgement of Financial Responsibility

I understand that payment of the required lecture phase fees must be made in New Zealand currency upon my arrival, unless otherwise approved in writing by the course director, before my departure for New Zealand. Outreach fees must be paid in total by midway through the lecture phase.

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

* or responsible party if applicant is under the age of 18