



Base Staff/Mission Builder 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

Date Available to Start: _____

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 Engaged Married Remarried Widowed
Separated Divorced

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:** _____

_____ **Age:** _____

Will your dependents come with you? Yes | No

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



Area of Service

Base Staff (6+ months) Mission Builder (1 to 6 months)

Applying to serve in these possible areas on base: _____

Passport

Passport	Number: _____	Expiry Date: _____
	Country of Citizenship: _____	
	City and Country Passport Issued: _____	
	Do you have a 2 nd passport? Yes <input type="checkbox"/>	
	Number: _____	Expiry Date: _____
	Country of Citizenship: _____	
	City and Country Passport Issued: _____	

YWAM Involvement:

Where have you done your DTS?

Place _____ Date: _____

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
			-
			-
			-

Comments:

Educational Information

Highest school or university/college level completed:
 Where: _____ When: _____

Work Experience:

Please make a list of jobs you have had: (max recent 6)

Job description	Position	Period of time	Town/City
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Languages:

What is your mother tongue?

Do you speak any other languages? (please list)

Please choose your ability in the following English skills (if your mother tongue is NOT English)
(1=unintelligible | 6=close to native speaker)

What is your ability to speak? 1 2 3 4 5 6
 How well do you understand spoken English? 1 2 3 4 5 6
 How well can you write English? 1 2 3 4 5 6
 What is your ability to understand written English? 1 2 3 4 5 6
 Where did you learn English and for how long have you spoken it?

Personal Profile

Please write an assessment of your abilities on a scale 1-6.

	1 = poor			6 = excellent			Not Observed
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Not Observed <input type="checkbox"/>



Self-Assessment

What do you consider the strengths that you would bring to YWAM? Include gifts/talents.

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 long are you planning to serve with YWAM Oxford?

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

Do you see staffing at Oxford as a step in achieving your long term goals or do you see coming here as a step toward discovering what God has for you?

What is your motivation?

Why did you chose this base and why did you choose to staff on base / be a mission builder?



Faith

When did you become a Christian? How did it happen? (Please write 6-10 lines)

How has your relationship with God been for the last 2 years? (Please write 6-10 lines)

What noticeable changes have you experienced during and since DTS?

How is your personal devotional life and indicate whether you are meeting your own expectations for personal spiritual growth?

How do you hear God's voice?



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.

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 as a missionary with YWAM Oxford?



Finances

How is your financial support for your time here? Yes No

If not, how do you think you will arrange that?

Do you have debts to continue paying whilst you are serving with YWAM Oxford?

Yes No

If Yes, please explain



Emergency Information

In case of an emergency while you are working with YWAM Oxford, whom should we contact?

Include name, address, phone, and 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 YWAM Oxford, PO Box 47 Oxford, North Canterbury 7443, New Zealand. 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 as it gets stolen from time to time. If there is no other possibility, wrap it in carbon copy paper, so you can't see that it is paper as you scan it. You can pay online at www.ywamoxford.org with a credit card. Please do not send a postal money order unless it has the name of your bank on it. Upon acceptance, please send 2 actual passport photos in colour. Please also print out and sign the disclaimer form on page 9, and send this in with your passport photos upon acceptance. Thanks for filling out this form. We will be in touch with you. God bless!

Josie Smith
Training Co-ordinator



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