

Youth With A Mission Salem, Oregon Staff Application

Please Return To:
YWAM Salem ATTN: Personnel
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail personnel@ywamsalem.org

Thank you for applying to staff at YWAM in Salem, Oregon. The following items must be submitted and filled out in their entirety. Omitting any of the following information may result in your application not being processed. All of the questions must be completed. If a question does not apply to you please write N/A (not applicable).

Guidelines to completing application-

- ❖ **Application Form:** Fill this out completely, and sign the application form.
- ❖ **Photo:** Attach a recent photo of yourself.
- ❖ **Fees:** If this is your first time applying to YWAM Salem, there is a \$45.00 application fee or \$90 for couples and families. There is also a refundable room deposit of \$50.00 per person if it meets requirements upon departure.
- ❖ **Release of Liability Form:** All three of these sections must be signed; waiver and consent, release of liability, and consent for treatment.
- ❖ **Base Policy Agreement:** This must be read and signed.
- ❖ **Supplemental Questions Completed-** Please be open and honest.
- ❖ **Confidential References:** Three confidential references are enclosed. One reference should be given to each of the following: home church or friend, current employer or YWAM supervisor, and YWAM school leader or base director. Request that they fill it out and mail it directly to the personnel. It is helpful to include a self addressed and stamped envelope with the form.

Attention International Staff!

- ❖ **Visa:** Upon acceptance you will receive more details and a special letter with which formal application for a B-1/2 Visa can be made in the US Consulate or Embassy.
Please do not make your Visa application without the acceptance letter.
Please do not arrange airfare until you have your visa.

*Application for US citizens should be received no later than 4 weeks prior to wanting to come to YWAM Salem. For non-US citizens, application should be received 6 weeks prior.
We accept staff at the beginning of each quarter only.*

<h2 style="margin: 0;">Youth With A Mission</h2> <h3 style="margin: 0;">Salem, Oregon</h3> <h3 style="margin: 0;">Staff Application</h3>	<p>Entry Form Please Return To: YWAM Salem ATTN: Personnel 7085 Battlecreek Rd. S.E. Salem, OR 97317 USA Ph. (503) 364-3837 Fax (503) 378-7026 E-Mail: personnel@ywamsalem.org</p>	<p>IMPORTANT ATTACH RECENT PHOTO HERE</p>
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Name of Applicant _____
Last/Family First Middle Initial

Date of Application ___/___/___ Date of Arrival ___/___/___

<p>General Information</p> <p>Age _____ Date of Birth ___/___/___</p> <p>Country of Birth _____</p> <p>City of Birth _____</p> <p>Country of Citizenship _____</p> <p>Passport No. _____</p> <p>If yes, when does it expire? _____</p> <p>Name/birth date as it appears on your passport: _____</p> <p>If not a US citizen, do you have a Visa? _____</p> <p>If yes, what types? _____</p> <p>What are the dates/time periods? _____</p> <p>Drivers License Number _____</p> <p>Type _____ Country/State of Issue _____</p> <p>Do you currently have a vehicle? _____</p>	<p>Marital Status (please circle one)</p> <p>single engaged married</p> <p>separated divorced widowed</p> <p>Maiden Name _____</p> <p>Spouse's Name _____</p> <p>Anniversary ___/___/___</p> <p>Number of children accompanying you _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Birth</th> <th style="width: 40%;">Passport? Y/N</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> </tbody> </table> <p>If you have children, what are your plans for schooling them? _____</p>	Name	Birth	Passport? Y/N		/ /			/ /			/ /			/ /	
Name	Birth	Passport? Y/N														
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	/ /															
	/ /															
	/ /															
<p>Permanent Address</p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Phone _____</p> <p>Cell/Mobile _____</p> <p>E-Mail _____</p>	<p>Present Address (if different)</p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Current Address Until ___/___/___</p> <p>Phone _____</p> <p>Cell/Mobile _____</p> <p>E-Mail _____</p>															
<p>Emergency Contact</p> <p>Name _____</p> <p>Relationship _____</p> <p>Telephone _____</p> <p>Cell/Mobile _____</p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Phone _____</p> <p>E-Mail _____</p>																

Education History

High School or equivalent from which you graduated (or will be)

Name _____ Location _____
 ___ I have not completed high school Date of Graduation ___ / ___ / ___
 ___ I have my GED certificate

College/University/Vocational School

Name _____ Location _____ From _____ To _____
 Name _____ Location _____ From _____ To _____
 Other (Please Specify) _____

YWAM History (if applicable)

	Name of School	Dates Attended	Location city/state/country
DTS/CDTS		/ /	
Secondary School		/ /	
Secondary School		/ /	
Staff		/ /	

Ministry Opportunities

Below is a list of ministry opportunities. Please indicate the areas that you are interested in:

Administration	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	Networking/ IT	<input type="checkbox"/>
Audio-Visual	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Un-reached People Groups	<input type="checkbox"/>
Auto Mechanics	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Personnel	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	Intercession	<input type="checkbox"/>	Pioneering New Ministries	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	International Student Ministry	<input type="checkbox"/>	Reception/Office/Typing	<input type="checkbox"/>
Children's Programs	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Secondary Schools	<input type="checkbox"/>
Communication & Media	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Web Development	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Lawn Care	<input type="checkbox"/>	Worship Team	<input type="checkbox"/>
Discipleship Training School	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Writing/Editing	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Mobile Teams	<input type="checkbox"/>		<input type="checkbox"/>

Other: _____

Skills and Talents

Please list any occupational skills (Jobs and training that you have had in the last 5 years which could assist YWAM Salem) _____

Do you have any musical talent? Yes No

Do you speak any other languages? Yes No

Which languages? _____

Can you translate? Yes No

In which languages? _____

Confidential Reference Forms Information

Home Church or Friend

Name _____
Last/Family First Middle Initial

Address _____
Street/P.O. Box City State Zip/Postal Code

Phone _____ Cell _____

YWAM School Leader or Base Director

Name _____
Last/Family First Middle Initial

Address _____
Street/P.O. Box City State Zip/Postal Code

Phone _____ Cell _____

Current Employer or YWAM Supervisor

Name _____
Last/Family First Middle Initial

Address _____
Street/P.O. Box City State Zip/Postal Code

Phone _____ Cell _____

**Youth With A Mission
Salem, Oregon
Staff Application**

Release of Liability Form

Please Return To:

YWAM Salem ATTN: Personnel
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail: Personnel@ywamsalem.org

Commitment

When applying for full-time staff, we encourage all applicants to prayerfully consider making a minimum two-year commitment. Should you not feel this is possible for you at this time please state your reasons why, on another sheet of paper. There are a number of support ministries in which a six to twelve month commitment would be acceptable and where you could gain experience to help make a decision about a longer-term commitment.

What length of commitment to YWAM as a whole are you intending to make? _____

Are there any situations which might make it necessary for you to return home, please explain?

We have a 90-day probation period for all incoming staff. The main purpose of this is to allow you and our leadership to evaluate whether this is the right place and time for you to serve here as YWAM staff. Together we will decide whether you should continue serving as staff at YWAM Salem.

Do you understand this? Yes No

Finances

Full time staff will be charged \$175 (single), \$355 (couple) per month for rent, or \$5 per day per RV, along with a \$50 per person refundable room deposit. We have a policy at YWAM Salem for different financial obligations to be covered, therefore; in your best interest we ask that you have at least \$300.00 pledged monthly support in order to live on our campus. Are you able to cover this fee and other personal expenses (i.e. postage, telephone, electric, gas, groceries etc.)? Yes No

Do you have pledged monthly support? Yes No How much? _____

If you do not have monthly support, how do you plan to support yourself if accepted on staff?

Are you in debt? Yes No If yes, please explain: _____

*Questions concerning finances are for your benefit should you need to work in this area in your life. We have many resources to help you raise better support.

Release of Liability

I/We 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 said person during the course of involvement with Youth With A Mission.

Applicant's Signature

Date (Mo/Day/Yr)

Consent for Treatment

In case of emergency, I/We hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

Applicant's Name (please print)

Applicant's Signature

Date (Mo/Day/Yr)

Waiver and Consent

I, _____, hereby certify that the information I have provided on this application for volunteering is true and correct. I authorize Youth With A Mission Salem, to verify the information I have provided on this application by contacting the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the position, which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become a volunteer of Youth With A Mission Salem, I agree to abide by and be bound by the policies of Youth With A Mission Salem and to refrain from inappropriate conduct in the performance of my duties on behalf of Youth With A Mission Salem.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and not under duress or coercion.

Applicant's Signature

Date (Mo/Day/Yr)

**Youth With A Mission
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Staff Application**

Base Policy Agreement

Please Return To:

YWAM Salem ATTN: Registrar

7085 Battlecreek Rd. S.E.

Salem, OR 97317 USA

Phone (503) 364-3837 Fax (503) 378-7026

E-Mail: registrar@ywamsalem.org

Youth With A Mission is for Christians who are committed to the Great Commission (Matthew 28:18-19) which includes living a godly life worthy of example. Your time here will be enjoyable, rewarding and challenging. We are committed to helping you grow as a disciple of Jesus and we look forward to your being here. However, being a disciple of Jesus includes taking responsibility for your life and conduct. Please read the following carefully.

As we read the Bible, there are guidelines for those conducts that are absolutes, such as the Ten Commandments. However, there are areas that are not so clearly defined, and this is where we run into “cultural sins” such as Paul describes in Romans 14. These are situations relative to the way we have individually been taught, which may or may not be considered as a sin to others. We know that only God can judge the heart; but depending on the ways in which we were raised and what our parents, pastors, and other authority figures taught us, these issues can often be quite sensitive.

Approximately 90% of the evangelical community of the world (Africa, Asia, and the Americas) considers alcoholic drinks and tobacco products totally off limits. Often in these contexts, alcohol and tobacco use is viewed as a sign that someone either does not know God or is turning away from Him. God has blessed YWAM with training bases that draw in and send out “internationals: so it is important that as a family we understand and honor one another in our conversations and actions.

While you are here in Salem, and on outreach, we ask you to take the most conservative view in order not to stumble the largest percent of believers internationally. Whatever your personal convictions may be, **we ask that you refrain from drinking alcohol, as well as using tobacco products while on campus.** This is not meant to be legalistic, but to the law of love.

Along with taking the view of loving your neighbor as a reason to refrain, we also ask that you would be looking out for yourself as well. Within the world of drinking alcohol and using tobacco products, there is a fine line that we as Christians need to take into serious consideration. The Bible doesn't clearly say that alcohol and tobacco are off limits to God's people. But, what the Bible does say is that we should not get drunk, lose control, place other things above God, or become dependent on things other than God. Addiction is a clear indication that we are being controlled by something other than God.

As with all things in our Christian lives, we need to be asking the question **why?** Why are we drinking, why are we using tobacco. There are numerous reasons and only we truly know why. It could be because we are unfulfilled in life and our relationship with God, or because we want to convey a certain image, or it could simply be because we enjoy it. We want all our staff to be continually asking these questions about all aspects of life.

We also want our staff to be free from bondage. If you are struggling in any area, please be open and honest with your leaders. If you are asking these questions and realizing you are doing things out of unhealthy motivations, we want to be here to walk you through to freedom and discipleship. It is when we are not open and honest about these issues that we begin to get in trouble.

We do ask that during your time here, you agree to refrain from the use of alcohol or tobacco products on base. As well, we ask that you agree to absolutely no drunkenness during your time on staff, and no use of illegal drugs, or prescription drugs that are not yours. We also ask that if you are addicted to any substances or notice addictive patterns in your life that you would be open and honest with us from the beginning of applying.

I, _____ agree to abstain from the use of tobacco and alcohol on campus. I promise that when I am using alcohol or tobacco off campus, it will be done in a way that is respectful and honoring both to those around me and to God. I also agree to refrain from the use of illegal drugs, prescription drugs that are not my own, and drunkenness. If there is an issue with any of these things in my life, I will go to one of my leaders to be open, honest, and to welcome accountability in my life. I understand that if my leaders find out things regarding alcohol, tobacco or drugs about me from someone else, they have the right to question me as well as enforce the degree discipline they see fit. I understand that if I break this contract, it could be grounds for dismissal.

Signature

Date (Mo/Day/Yr)

**Youth With A Mission
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Applicants Supplemental Questions

Please Return To:

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Phone (503) 364-3837 **Fax** (503) 378-7026

E-Mail: personnel@ywamsalem.org

On a separate piece of paper; please write your name & address on the top, upper, right hand corner and type or print clearly the following information for the questions below;

1. Describe your present relationship and devotional life with God.
2. When and how did God call you into the mission field?
3. What, specifically, has God said to you that leads you to believe you should apply to join YWAM Salem's staff at this time?
4. What, do you feel are your gifts and your calling?
5. What expectations do you have about serving at YWAM Salem? Has anyone talked with you and suggested how you might be involved here? If so, who and how?
6. Where do you think God will lead you in 5 years (whether within or outside of YWAM Salem)?
7. If you have been separated or divorced, please give relevant history.

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Confidential Reference-Home Church or Friend

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The following applicant has applied to staff with Youth With A Mission (YWAM) Salem, Oregon campus. YWAM is an international, interdenominational Christian Mission organization. Founded in 1960, YWAM now has centers in over 1,000 locations in over 149 countries. Its purposes include training and challenging Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Salem is a training and pioneering base from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be give to your comments; therefore we ask that you complete this form carefully. We would appreciate honesty, a straightforward response, and an evaluation of both the assets and abilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you.

Applicant

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

Reference

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

I, the above applicant, waive any right to have or obtain copies of the recommendation knowing that this waiver is not required as a condition for admission.

Phone _____

E-Mail _____

Signature

Tendencies

Please check the appropriate space for each Tendency according to you knowledge of the applicant. The following is a guided key for possible responses:

0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent

Tendencies	0	1	2	3	4	5
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Dishonest						
Anxiety/Worry						
Irritability/Moody						
Dependant Relationships						
Eating Disorder						
Behavioral Disorders						
Drug Abuse						

Tendencies	0	1	2	3	4	5
Close-Minded						
Emotional Instability						
Sexual Immorality						
Easily Discouraged						
Projective						
Impatience						
Gives Into Peer Pressure						
Arrogant						
Frequent Exaggeration						
Infatuations						
Questionable Character						
Involvement with the Occult						

Character and Gifting Evaluation

Please check the appropriate space for each characteristic & gifting according to your knowledge of the applicant. Consider the average to be reasonably well adjusted individual who is qualified for full time Christian work. The following is a guided key for possible responses:

0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent

Personal Character	0	1	2	3	4	5
Self-discipline						
Teachable						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Response to Authority						
Health						
Other _____						

Skills & Gifting	0	1	2	3	4	5
Administration						
Hospitality						
Speaking & Teaching						
Motivation & Training						
Personal Evangelism						
One-on-one Discipleship						
Counseling						
Prayer						
Worship						
Music						
Working with Adults						
Working with Teens						
Working with Children						
Other _____						

Emotional Maturity	0	1	2	3	4	5
Self-confidence						
Ability to deal with stress						
Ability to deal with interpersonal problems						
Accurate view of personal strength/weakness						

Spiritual Maturity	0	1	2	3	4	5
Knowledge of the Bible						
Ability to Share Christ						
Consistency in Christian Walk						
Respect for Others						
Convictions						
Assurance of God's Calling						
Concern for Others						

Social Adaptability	0	1	2	3	4	5
Cooperation						
Tactfulness						
Communication Skills						
Neatness of Person						
Respected by Peers						
Positive, Contagious Spirit						

Leadership Potential	0	1	2	3	4	5
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate						

Relationship to the applicant:

My relationship to the applicant is: (check all that apply)

- Acquaintance
- Close Friend
- Peer
- Mentor

How well do you know the applicant? (On a scale from 1 to 5 being very well)

1 2 3 4 5

How long have you known the applicant? _____

Questionnaire

In answering the following questions, please comment base upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed".

1. Is the applicant reliable? Why or why not? _____

2. Comment briefly on how the applicant responds to conflict in relationships. _____

3. In the applicant's relationships do they tend to lead or follow? Explain briefly _____

4. How does the applicant respond to designated authority and standards? _____

5. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

6. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others. _____

7. Please comment on the applicant's ability to establish close, healthy relationships with others _____

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

9. Do you have reservations concerning the personal integrity of the applicant?

If yes please explain: _____

10. Do you have any reservation concerning the financial integrity of the applicant?

If yes, please explain: _____

11. Has the applicant ever been convicted of a crime? _____

12. Please comment on the applicant's family background: _____

13. If the applicant has a spouse and/or children how would you describe their relationship? _____

12. Do you think that working with YWAM would benefit the applicant? Yes Unsure No

Please explain: _____

13. Do you think that YWAM would benefit from having the applicant on staff?

Yes Unsure No

Please explain: _____

Additional Comments

If you have anything else you feel necessary to add, or any comments on any of the questions please do so here:

Recommendation

- Great prospect
- Average prospect
- Good prospect, but I have my reservations
- Unsuitable

Please check all that apply:

- Please call me; I would like to discuss the applicant over the phone.
- I would like to receive further information about YWAM in general.

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

Signature

Date (Mo/Day/Yr)

Youth With A Mission Salem, Oregon Staff Application

Confidential Reference-Current Employer or YWAM Supervisor

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Integrity						
Academic						
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Stewardship						
Industriousness						
Response to Authority						
Health						

Skills & Gifting	0	1	2	3	4	5
Administration						
Hospitality						
Speaking & Teaching						
Motivation & Training						
Personal Evangelism						
One-on-one Discipleship						
Counseling						
Prayer						
Worship						
Music						
Working with Adults						
Working with Teens						
Working with Children						
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Confidential Reference-YWAM School Leader or Base Director

Please Return To:
YWAM Salem ATTN: Personnel
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail: personnel@ywamsalem.org

The following applicant has applied to staff at a University of the Nations, Youth With A Mission (YWAM) Salem, Oregon campus. YWAM Salem is a training and pioneering base from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be give to your comments; therefore we ask that you complete this form carefully. We would appreciate hones, straight forward response, evaluation both the assets and abilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you.

Applicant

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

Reference

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

I, the above applicant, waive any right to have or obtain copies of the recommendation knowing that this waiver is not required as a condition for admission.

Phone _____
 Email _____

 Signature

Tendencies

*Please check the appropriate space for each Tendency according to you knowledge of the applicant. The following is a guided key for possible responses:
 0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent*

Have you noticed these tendencies?

Tendencies	0	1	2	3	4	5
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Dishonest						
Anxiety/Worry						
Irritability/Moody						
Dependant Relationships						
Eating Disorder						
Behavioral Disorders						
Drug Abuse						

Tendencies	0	1	2	3	4	5
Close-Minded						
Emotional Instability						
Sexual Immorality						
Easily Discouraged						
Projective						
Impatience						
Gives Into Peer Pressure						
Arrogant						
Frequent Exaggeration						
Infatuations						
Questionable Character						
Involvement with the Occult						

Character and Gifting Evaluation

Please check the appropriate space for each characteristic & gifting according to your knowledge of the applicant. Consider the average to be reasonably well adjusted individual who is qualified for full time Christian work. The following is a guided key for possible responses:

0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent

Personal Character	0	1	2	3	4	5
Self-discipline						
Teachable						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Industriousness						
Response to Authority						
Health						

Skills & Gifting	0	1	2	3	4	5
Administration						
Hospitality						
Speaking & Teaching						
Motivation & Training						
Personal Evangelism						
One-on-one Discipleship						
Counseling						
Prayer						
Worship						
Music						
Working with Adults						
Working with Teens						
Working with Children						
Other _____						

Emotional Maturity	0	1	2	3	4	5
Self-confidence						
Self-esteem						
Ability to deal with stress						
Ability to deal with interpersonal problems						
Accurate view of personal strength/weakness						

Spiritual Maturity	0	1	2	3	4	5
Knowledge of the Bible						
Concern for Others						
Ability to Share Christ						
Consistency in Christian Walk						
Respect for Others						
Convictions						
Assurance of God's Calling						

Social Adaptability	0	1	2	3	4	5
Cooperation						
Tactfulness						
Communication Skills						
Neatness of Person						
Respected by Peers						
Positive, Contagious Spirit						

Leadership Potential	0	1	2	3	4	5
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate						

Relationship to the applicant:

My relationship to the applicant is: (check all that apply)

- Acquaintance
- Close Friend
- Peer
- Mentor

How well do you know the applicant? (On a scale from 1 to 5 being very well)

1 2 3 4 5

How long have you known the applicant? _____

Questionnaire

In answering the following questions, please comment base upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed".

1. Was the applicant a reliable student/staff? Why or why not? _____

2. Comment briefly on how the applicant responds to conflict in relationships. _____

3. In the applicant's relationships do they tend to lead or follow? Explain briefly _____

4. How does the applicant respond to designated authority and standards? _____

5. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

6. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others. _____

7. Please comment on the applicant's ability to establish close, healthy relationships with others _____

8. How does the applicants deal with relationships with the opposite sex? _____

9. Do you have reservations concerning the personal integrity of the applicant?
If yes please explain: _____

10. Do you have any reservation concerning the financial integrity of the applicant?
If yes, please explain: _____

11. Has the applicant ever been convicted of a crime? _____

12. Please comment on the applicant's family background: _____

13. If the applicant has a spouse and/or children how would you describe their relationship? _____

12. Do you think that working with YWAM would benefit the applicant? Yes Unsure No

Please explain: _____

13. Do you think that YWAM would benefit from having the applicant on staff?

Yes Unsure No

Please explain: _____

Additional Comments

If you have anything else you feel necessary to add, or any comments on any of the questions please do so here:

Recommendation

- Great prospect
- Average prospect
- Good prospect, but I have my reservations
- Unsited

Please check all that apply:

- Please call me; I would like to discuss the applicant over the phone.
- I would like to receive further information about YWAM in general.

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

Signature

Date (Mo/Day/Yr)

**Youth With A Mission
Salem, Oregon
Staff Application**

Confidential Health Form

Please Return To:

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Phone (503) 364-3837 **Fax** (503) 378-7026
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Please print or type ALL answers to the following questions. Comment on all positive (yes) answers on a separate sheet of paper as certain medical conditions may prelude acceptance. The omission of health history problems or incomplete explanation can lead to removal of acceptance status.

Name of Applicant _____
Last/Family First Middle Initial

Birth Date ___/___/___

Medical History

Do you wear contact lenses or glasses? Yes ___ No ___

Are you presently under a doctor's care for any condition? Yes ___ No ___

If yes, please specify: _____

Are you taking any medication at this time? Yes ___ No ___

If yes, please specify: _____

(Please arrange to bring all necessary long-term medications with you)

Are you currently receiving or have you ever received any form of compensation for disability?

Yes ___ No ___ If yes, please specify: _____

I have specific need for counseling in the following areas: _____

Insurance Details

Do you have medical insurance: Yes ___ No ___

Name of insurance company: _____

Group/insurance number: _____

Brief explanation of benefits: _____

Personal History

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

Conditions	yes/no	Conditions	yes/no	Communicable Disease	yes/no
Mental/Nervous Disorder		Skin Condition		Chicken Pox	
Head Injury		Jaundice		Measles(Rubella)	
Paralysis		Rheumatism/Arthritis		Measles (Rubeola)	
Epilepsy		Back Problems		Mumps	
Insomnia		Dislocation of Joints		Pertussis	
Weakness		Broken Bones		Scarlet Fever	
Fainting Spells		Heart Problems		Tuberculosis	
Shortness of Breath		Diabetes		Hepatitis	
Asthma		Anemia		Venereal Disease	
Hay Fever		High Blood Pressure		Other(specify)	
Allergies(specify)		Low Blood Pressure			
Stomach/Duodenal Problems		Seeing Problems		FEMALE ONLY	yes/no
Intestinal Problems		Hearing Problems		Irregular Period	
Gall Bladder Problems		Speaking Problems		Severe Cramps	
Chronic Diarrhea		Chronic Headaches		Excessive Flow	
Kidney Disease		Chronic Ear Infections		Currently Pregnant?	
Tumor/Cancer		Chronic Nose Bleeds		Previous Pregnancy?	

Family History

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

Condition	yes/no	Relationship
Heart Disease		
Kidney Disease		
Stomach Disease		
Cancer		
Diabetes		
Arthritis		
Asthmas/Hay Fever		
Epilepsy/Convulsions		
Tuberculosis		

Surgeries Received

Date	Mo/Yr	Type of Surgery	Outcome/Long-Term Effects

X-Rays Performed

Date	Mo/Yr	Type of X-Ray	Outcome/Long-Term Effects