

Background Information (Continued):

Occupational Skills _____

Musical Ability or Other Talents _____

Highest Educational Level Completed _____

Languages (Please list in order of proficiency) _____

Financial Information:

Do you have sufficient support base established to cover staff fees and basic living expenses? Yes No
If answered 'No' please explain how you plan on generating support.

What source will the remaining fees come from? _____

Do you have any outstanding debts? No Yes (please explain) _____

Whom should we contact in case of emergency?

_____ Name

_____ Address Phone Number

Predominant Ethnic Background of Staff

This information is used for statistical purposes only and will not be used to determine eligibility. The federal government requires that we supply ethnic data.

- Asian or Pacific Islander White Hispanic
 N. American Indian African Mid-Eastern
 Other: Please specify background _____

I certify that all the information in this application is accurate and complete.

Signature _____ Date _____

Youth With A Mission -- Arctic Mercy
PO Box 959
Homer, AK 99603
Phone/FAX: 907 235-9339
www.ywamalaska.com

Reference List: Please list those to whom you will give your references.

1) Pastor/Spiritual Leader

Mr./Mrs./Miss _____ Phone _____

Complete Address _____

2) Employer/Teacher/Other

Mr./Mrs./Miss _____ Phone _____

Complete Address _____

3) Most Recent YWAM School Leader- (DTS or Secondary School)

Mr./Mrs./Miss _____ Phone _____

Complete Address _____

Dependants: Names of children accompanying you

Last/Family Name	First	Middle	Birthday	Sex (M/F)	Age

Passport/Visa Information

Country of Citizenship _____

Name as listed on Passport _____

City and Country where Passport Issued _____

Passport Number _____ Passport Expiry Date _____ Visa Type _____

Passport In Process Yes No If yes, date applied _____

Social Security Number ____/____/____

(Non-U.S. Students only)

Date Visa Issued _____

City and Country where Visa Issued _____ Visa Expiry Date _____

Have you ever been refused a visa? No Yes (Give nation and details) _____

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Personal Information

1) Please briefly summarize your spiritual history. (Use extra sheets of paper if needed.)

2) What Christian books or periodicals have significantly influenced you and why?

3) What people have influenced you the most and why?

4) What has been your previous leadership experience in church or YWAM ministry?

5) What is your ongoing vision in life and Christian ministry?

6) Why do you feel the Lord has called you to be a part of this ministry?

7) Describe your personal gifts/qualifications that would be of service to the team.

8) Is your church/family supporting you in this venture?

Confidential Health Form

(If you have had an exam within two years for other YWAM activities/schools, copy and send that form.)

Name _____
Last/Family Name First Middle

Address _____
Base Address City State Zip Code

Base _____
Base Location Dates

Are you allergic to any medications? No Yes If yes, please list _____

Personal History

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet.

Have you had, or do you have, any of the following:

	Yes	No		Yes	No		Yes	No
Allergy:			Surgery:			Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other-specify	<input type="checkbox"/>	<input type="checkbox"/>	Other-Specify	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Food-specify	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/ Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or		
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Mental or		
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tumor: Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	HIV+ <input type="checkbox"/> <input type="checkbox"/>			Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Do you have any special dietary needs? _____

Are you now under a doctor's care for any conditions? No Yes Specify _____

Are you taking any medications at this time? _____

Do you have any handicaps? No Yes Describe _____

Are you in good general health? Yes No If no, please describe _____

To the Physician

The above-named person has applied for service with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health:

1. Would the applicant be able to walk 3-4 miles per day? Yes No
2. Would you consider the applicant to be in generally good health? Yes No
3. Do you certify the applicant to be non-contagious? Yes No

Continued on next page...

Vaccination Record

In order to help the planning process for your outreach, we would like to know if you have had the following vaccinations and if they are up to date.

Vaccination	Date of last shot
Tetanus/Diphtheria	
MMR (Measles, Mumps, Rubella)	
Polio	

The following vaccinations are not essential, but beneficial for certain outreaches and it is helpful for us to have the information.

Vaccination	Date of Last Shot	Check here if series was completed
Hepatitis A (Series of 2 shots)		
Hepatitis B (Series of 2 shots)		
Typhoid		
Yellow Fever		

If you have been given any additional shots, please list below.

Vaccination	Date of last shot

Note: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Doctor's Signature or stamp _____

Doctor's full name printed _____ Date _____

Office Address _____

Phone _____

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YWAM Arctic Mercy Financial Policy

Youth With A Mission operating locations are faith ventures. We would like to be able to make the expenses for our staff as low as possible. Having the ability to pay staff fees is part of God's seal of blessing on your being a part of this ministry.

Your staff fee covers only a percentage of the costs involved. Staff fees cover costs of room and board. Your fees do not include potential outreach expenses or personal expenses (toothbrushes, laundry, required books or study materials, etc.)

Staff fees (currently \$200USD/mo) are to be paid at the beginning of each month. If you are unable to pay your fee, please make arrangements with the base director as soon as possible. If you would prefer to make a lump-sum payment every six months or once each year, please arrange this with the accounting office. Please contact the accounting office for the staff fee amount.

If for any reason you need to terminate your commitment to YWAM Arctic Mercy, prior to the end of your commitment term and you have paid in lump sum, a pro-rated refund will be returned to you.

YWAM Arctic Mercy Commitment Policy

All incoming staff will be placed on a three-month probation period. If at the end of this period the staff person wishes to continue their service at YWAM Arctic Mercy, and if the leadership of YWAM Arctic Mercy is in agreement, a one-year commitment is required. If a staff person wishes to be mentored into leadership positions (being a leader of a school or outreach, or other leadership role) a two-year commitment is required.

(Note: We, Scott and Barb, understand that serving at this location will take some customized commitments with the types of programs that we are running. As you consider how the Lord would have you be involved, please keep in mind that if God is placing something in your heart that does not adhere to the previously stated commitment, we encourage you to come talk with us about these issues. Our primary desire is to see what God wants to develop in and through you take place. If we sense that what is being developed within you would not be appropriate to have in operation at this location, we will help you find where God is directing you. We strongly encourage you to be proactive in communicating with us.)

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Release Form

Release of Liability

I/We do hereby release Youth With A Mission -- Arctic Mercy, 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 -- Arctic Mercy, Inc.

Applicant's Signature _____ Date _____
Month/Day/Year

Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Month/Day/Year

Acknowledgement of Financial and Commitment Responsibility

I/we have read the financial and commitment policies. I understand that payment of the required fees must be made in U.S. currency prior to, or upon my arrival, or according to schedule, unless approved by the Base Director before my staff commencement. Furthermore, I agree to meet in a timely manner all personal expenses incurred during my involvement with Youth With A Mission -- Arctic Mercy, Inc., including financial responsibility for neglect, loss or damage of property. I also understand the commitment policy and will honor my commitments given to YWAM Arctic Mercy.

Applicant's Signature _____ Date _____
Month/Day/Year

Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Month/Day/Year

Consent For Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I/we also accept full responsibility for expenses related to medical care.

Applicant's Signature _____ Date _____
Month/Day/Year

Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Month/Day/Year

I have completed all the portions of this application accurately for admission to the program for which I am applying. I have also read the policies, and if Youth With A Mission accepts me -- Arctic Mercy Inc., I will abide by the spirit, rules and schedules of the program.

Applicant's Signature _____ Date _____
Month/Day/Year

This form is valid for the duration of my involvement with Youth With A Mission -- Arctic Mercy Inc.

*"Lord, who may dwell in your sanctuary? Who may live in your holy hill?
He... who keeps his oath even when it hurts..." (Psalm 15:4b)*

Employer/Teacher Confidential Reference Form

To the Applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Arctic Mercy for the person filling out the reference form.

Name of Applicant _____ Applicant phone _____

Applicant's Current Address _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

The above applicant has applied for a staff position in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has over 900 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

1. How well do you know the applicant? Very well Well Casually
2. In what situations have you observed the applicant? At home At work At school
 In social activities In church relationships Other _____

Personal Profile – please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others' convictions					
Self-discipline					
Sound judgement					

Please give any comments to help us understand the applicant. _____

Continued on next page...

**Note: Your prompt handling of this form will speed the application process.
Please fill out and return it to YWAM Arctic Mercy within one week of receipt.**

Reference Form (Continued)

3. To what extent is the applicant involved in church/mission work? _____

4. Does he/she display high moral standards? Yes No (Please explain) _____

5. Does he/she show prejudice against any groups, races or nationalities? No Yes (Please explain) _____

6. Overall, what do you consider to be the applicant's strong points? (Include special abilities) _____

7. Please comment on the applicant's family background (if known). _____

8. In your opinion, what are the applicant's motives for applying to YWAM? _____

9. What could YWAM do to aid in the applicant's personal development? _____

10. Is the applicant financially responsible? _____

11. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of the applicant's life we should know about to be of service to him/her. _____

12. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
 No Yes (Please explain) _____

13. Would you recommend the applicant for acceptance by Youth With A Mission -- Arctic Mercy?
 Yes With some reservation No (Please explain) _____

I have known _____ for _____ years and believe he/she possesses the qualities indicated above.

Signed _____ Date _____

Name _____ Position _____

Address _____

Phone _____ Would you like more information about YWAM? Yes No

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Pastor's/Spiritual Leader's Confidential Reference Form

To The Applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Arctic Mercy for the person filling out the reference form.

Name of Applicant _____ Applicant's phone _____

Applicants Current Address _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

The above applicant has applied for a staff position in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has over 900 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

1. How well do you know the applicant? Very well Well Casually
2. In what situations have you observed the applicant? At home At work At school
 In social activities In church relationships Other _____
3. How long has the applicant attended your church? _____

Personal Profile – please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others' convictions					
Self-discipline					
Sound judgement					

Please give any comments to help us understand the applicant. _____

Continued on next page...

**Note: Your prompt handling of this form will speed the application process.
 Please fill out and return it to YWAM Arctic Mercy within one week of receipt.**

Pastor's/Spiritual Leader's Reference Form (Continued)

4. In what activities has the applicant participated since attending your church/ mission? _____

5. In your association with the applicant, what has been the level of commitment you have seen exemplified? _____

6. Were you aware of the applicant's intention to participate in this YWAM program? Yes No

7. Does he/she display high moral standards? Yes No (please explain) _____

8. Does he/she show prejudice against any groups, races or nationalities? No Yes (explain) _____

9. Overall, what do you consider to be the applicant's strong points? (Include special abilities) _____

10. Please comment on the applicant's family background (if known). _____

11. In your opinion, what are the applicant's motives for applying to YWAM? _____

12. What could YWAM do to aid in the applicant's personal development? _____

13. Is the applicant financially responsible? _____

14. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of the applicant's life we should know about to be of service to him/her. _____

15. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
 No Yes (please explain) _____

16. Would you recommend the applicant for acceptance by Youth With A Mission -- Arctic Mercy?
 Yes With some reservation No (Please explain) _____

I have known _____ for _____ years and believe he/she possesses the qualities indicated above.

Signed _____ Date _____

Name _____ Position _____

Address _____

Phone _____ Would you like more information about YWAM? Yes No
Would you be interested in a YWAM team visiting your church? Yes No

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YWAM School Leader's Confidential Reference Form

To The Applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Arctic Mercy for the person filling out the reference form.

Name of Applicant _____ Applicant's Phone _____

Applicant's Current Address _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

The above applicant has applied for a staff position in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has over 900 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

1. How well do you know the applicant? Very well Well Casually
2. In what situations have you observed the applicant? At home At work At school
 In social activities In church relationships Other _____
3. How long has the applicant attended your base? _____

Personal Profile – please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others' convictions					
Self-discipline					
Sound judgement					

Please give any comments to help us understand the applicant. _____

Continued on next page...

**Note: Your prompt handling of this form will speed the application process.
 Please fill out and return it to YWAM Arctic Mercy within one week of receipt.**

YWAM School Leader's Reference Form (Continued)

4. In your association with the applicant, what has been the level of commitment you have seen exemplified?

5. Were you aware of the applicant's intention to participate in this YWAM program? Yes No

6. Does he/she display high moral standards? Yes No (please explain) _____

7. Does he/she show prejudice against any groups, races or nationalities? No Yes (explain) _____

8. Overall, what do you consider to be the applicant's strong points? (Include special abilities) _____

9. Please comment on the applicant's family background (if known). _____

10. In your opinion, what are the applicant's motives for applying to YWAM? _____

11. What could YWAM do to aid in the applicant's personal development? _____

12. Is the applicant financially responsible? _____

13. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to them. _____

14. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

No Yes (please explain) _____

15. Would you recommend the applicant for acceptance by Youth With A Mission Arctic Mercy?

Yes With some reservation No (Please explain) _____

I have known _____ for _____ years and believe he/she possesses the qualities indicated above.

Signed _____ Date _____

Name _____ Position _____

Address _____

Phone _____

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