Guidelines to Completing SST Student Staff Application

Thank you for applying to YWAM Tyler's SST program. In order for us to process your application, we must receive each of the following items:

- ❑ **Application Form**. Please make sure Sections A–F are completed. If you will be traveling out of the U.S. on outreach and you do not have a passport, please apply for one and indicate that you have done so in the appropriate section.
- ❑ **One Recent Photo** (wallet-size).
- ❑ **Confidential Health Form**.
- ❑ **Physician's Evaluation**. This form includes a physical, which a physican must sign, and your immunization records.
- ❑ **One Reference Form**. Please fill out the top portion of the reference form. Give it to your pastor/youth minister/spiritual leader, or a teacher/employer, or a mature Christian friend. Provide them with a stamped envelope addressed to:

  YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771

- ❑ **Release Form.**
- ❑ **Statement of Disclosure, Waiver, and Release of Information**.
- ❑ **Application Form to Work With Children and Youth in YWAM**. Please fill out Sections A and B, even if you have already given some of that information in the main application form, and attach a wallet-size photo.
- ❑ **SST Program Skills List.**
- ❑ **Supplemental Questions.** Please answer on a separate sheet of paper. These questions must be answered in addition to questions in Section F on the main application form, **even if you have previously submitted an application**.

  Why do you want to work with the SST Program?
  What are some of your giftings?
  What are some of your challenges?
  What do want to learn/accomplish through working with SST?
  Will you be committed to pursuing the highest good for the students coming to SST?
  Will you be submitted to your school leader?
  Will you take responsibility for your work and actions, being a godly example to the students?
  What is God doing in your life now?
  Do you have a long-term vision and if so, what is it?
  What do you see as strengths and weaknesses in your relationship with God at this time?

YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE ONCE ALL PORTIONS OF THE APPLICATION HAVE BEEN RECEIVED AND REVIEWED BY THE SST LEADERSHIP TEAM.

Note For Non-U.S. Residents

All payments of application and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.

Please return form to
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registrar@ywamtyler.org

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Please staple wallet-size photo here.

SST Student Staff Application

Dates I am applying for: _____ **Group Name:** _____
If you are coming with one

SECTION A: Personal Information

(Please print or type)

Name _____ Phone ( ) _____
Last (Family) First (Given) Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Gender _____ Date of Birth _____ / _____ / _____ Age _____
Male/Female Day Spell Month Year

SSN # _____ Driver's License # _____ State _____ Type/Class _____
Please attach photocopy of driver's license

Emergency Contact _____
Last (Family) First (Given) Relationship Phone #

Address _____
Street City State/Province Zip Country

SECTION B: Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone ( ) _____

SECTION C: Passport/Visa Information

Country of Citizenship _____

Name as it appears on passport _____

City and country where passport was issued _____ Passport # _____

Passport Expiry Date _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only

City and country where visa was issued _____ Visa Expiry Date _____

Please return form to

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SECTION D: Education/Employment/Skills

Highest level of education completed _____

Post-secondary school(s) attended _____

What languages do you speak? (most fluent to least) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Military service? ❑ Yes ❑ No (specify) _____

Present Employer _____ Occupation _____

Other Occupational Skills _____ Years Experience _____

Musical Abilities/Other Talents _____

Are you presently ordained or licensed? ❑ Yes ❑ No (specify) _____

What are your plans after you complete this training?

❑ Full-time missions ❑ YWAM Tyler staff ❑ Back to job ❑ Further education ❑ Work with home church
❑ Construction ❑ Teaching ❑ Refugee work ❑ Mercy Ships ❑ Uncertain

SECTION E: Financial Information

Do you have the total fees required? ❑ Yes ❑ No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain _____

_____

Non-U.S. Residents

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SECTION F: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

A. How long have you been a born again Christian, and if applicable, describe your conversion experience and present relationship with the Lord.
B. Describe other significant spiritual experiences you have had in your walk with the Lord.
C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program Please relate pertinent details of any past marriages or present marital separation.
D. Describe your relationship with your local church. Include areas of service and leadership.
E. Are you presently employed or in school? Please specify.
F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in? Was any of it with YWAM?
H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultic activities, petty theft, homosexual practices, or have you ever suffered from an eating disorder? Explain.
I. What areas of your character are you presently seeking God to further develop and improve?
J. How did you hear about the YWAM campus in Tyler, Texas? Why do you desire to attend this program?
K. Please list any special circumstances or situations we should know about.
L. Please list the name, address and phone number of your reference.

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at YWAM. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____

Confidential Health Form

Name _____ Program applying for _____
Last (Family) First (Given) Middle

In an emergency, contact _____ Phone ( ) _____

Medical Insurance Co. _____

Insurance # _____ Medical Insurance Co. Phone ( ) _____

PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE ANY OF THE FOLLOWING?

	Yes	No		Yes	No		Yes	No
Skin conditions	❑	❑	Shortness of breath	❑	❑	Stomach/duodenal ulcer	❑	❑
Eye trouble	❑	❑	Asthma, hay fever	❑	❑	Gall bladder problems	❑	❑
Ear trouble	❑	❑	Heart trouble	❑	❑	Jaundice	❑	❑
Head injury	❑	❑	High blood pressure	❑	❑	Hepatitis	❑	❑
Recurrent headaches	❑	❑	Low blood pressure	❑	❑	Intestinal troubles	❑	❑
Epilepsy	❑	❑	Rheumatism/arthritis	❑	❑	Recurrent diarrhea	❑	❑
Fainting spells	❑	❑	Back problems	❑	❑	Diabetes	❑	❑
Mental/nervous disorders	❑	❑	Dislocation of joints	❑	❑	Kidney disease	❑	❑
Weakness	❑	❑	Broken bones	❑	❑	Anemia	❑	❑
Paralysis	❑	❑	Eating disorders	❑	❑	Venereal disease	❑	❑
Insomnia	❑	❑	Anorexia nervosa	❑	❑	Tumor/cancer	❑	❑
Allergies	❑	❑	Bulimia	❑	❑	FEMALES ONLY		
Penicillin	❑	❑	Surgery	❑	❑	Irregular periods	❑	❑
Sulfonamides	❑	❑	Appendectomy	❑	❑	Severe cramps	❑	❑
Serum	❑	❑	Hernia repair	❑	❑	Excessive flow	❑	❑
Other (specify below)	❑	❑	Tonsillectomy	❑	❑	Are you pregnant?	❑	❑
Food (specify below)	❑	❑	Other (specify below)	❑	❑	Previous pregnancies	❑	❑

Other/Explain _____

_____

Are you now under doctor's care for any condition? ❑ Yes ❑ No (specify) _____

Are you taking any medication at this time? ❑ Yes ❑ No (specify) _____

Do you have any physical handicaps or health conditions which require special attention? ❑ Yes ❑ No (specify) _____

_____

Do you have a history of receiving counseling or psychiatric treatment? ❑ Yes ❑ No (specify) _____

_____

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: ❑ Excellent ❑ Good ❑ Fair ❑ Poor

FAMILY HISTORY

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

Yes	No		Relationship	Yes	No		Relationship
❑	❑	Tuberculosis	_____	❑	❑	Arthritis	_____
❑	❑	Diabetes	_____	❑	❑	Stomach problems	_____
❑	❑	Kidney disease	_____	❑	❑	Asthma, hay fever	_____
❑	❑	Heart disease	_____	❑	❑	Convulsions, epilepsy	_____
❑	❑	Hypertension	_____	❑	❑	Cancer	_____

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No		Yes	No	
❑	❑	Chickenpox	❑	❑	Pertussis
❑	❑	Measles (Rubella)	❑	❑	Scarlet Fever
❑	❑	Measles (Rubeola)	❑	❑	Tuberculosis
❑	❑	Mumps	❑	❑	Other (specify) _____

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Physician's Evaluation

Name of Applicant _____ **Date** _____ **Program Applying For** _____

TO THE PHYSICIAN

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please fill out the portion below and make any additional comments.

Blood Pressure_____ Pulse_____

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	❑	❑	_____
Eyes	❑	❑	_____
Neurological	❑	❑	_____
Cardiovascular	❑	❑	_____
Respiratory	❑	❑	_____
Musculoskeletal	❑	❑	_____

Would he/she be able to walk 3-4 miles per day? ❑ Yes ❑ No

Comments _____

PHYSICIAN RECOMMENDATION ❑ Acceptable ❑ Not acceptable ❑ Should remain in areas with adequate medical care

❑ Acceptable with limitations (specify) _____

Physician's Signature _____Date_____

Physician's Name (printed) _____

Full Address _____

TO THE APPLICANT

Please complete the requested information below. These vaccinations are not required for acceptance; however, it is often helpful to have this information for your outreach planning. Not all outreach locations will require vaccinations, but health agencies (Center for Disease Control, etc.) usually recommend these regardless of where you travel. Due to the varied outreach locations, other immunizations, injections, or Malaria medication may be recommended and can be obtained before outreach. Please be prepared financially to cover the cost of possible additional injections. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you.

I have been vaccinated for the following:

❑ Cholera ❑ Typhoid ❑ Yellow Fever

VACCINATION RECORDS

Childhood Record of Immunizations: Basic — Adult Immunizations: Boosters

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Tetanus							
Hepatitis A							
Hepatitis B							
Typhoid							
Polio							
Meningitis							

Release Form

Name: _____ **Date:** _____ **School Applying To:** _____

Outreach Agreement

Initial Here

Because my purpose in joining Youth With A Mission is to take the gospel to the nations, I agree to submit to its leadership and policies to conduct myself in a way that brings honor to the Lord Jesus Christ. I understand that outreach destination and dates are subject to change, and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis, and/or ministry-related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses. In case of accidental death, Youth With A Mission, Tyler, Texas cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

Because YWAM is registered with the Internal Revenue Service as a 501©3 non-profit organization, donations made for school fees are considered tuition and are NOT tax-deductible. However, donations made for mission's outreaches are tax-deductible and non-refundable. In order for supporters to receive a tax deduction, checks must be made payable to YWAM and NOT to a specific participant (applies only to outreach fees, not tuition fees e.g. SST, DTS, CDTS, SOE tuition). The participant's name MUST NOT appear anywhere on the check.

I understand that IRS regulation prohibit YWAM from refunding contributions it receives for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferrable and any funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission Tyler, Texas. I understand that if I fail to abide by the agreement I will be asked to leave the field at my own expense. My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with is contents.

Photo/ Testimony Release

Initial Here

I, the above-mentioned applicant, being allowed to participate in any way in a YWAM Tyler training program, related events and activities, agree that my likeness may be photographed or videotaped and that such images may be published in an outlet used to promote the program. In addition, I agree that any testimonies regarding my experiences during the training program (excluding anything shared in confidence) may be used for the same purpose.

Consent for Treatment

Initial Here

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Liability Release

Initial Here

I/we 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, Inc. I/we agree to resolve any and all disputes with Youth With A Mission, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Legal Consent for Minors

Initial Here

I hereby give my consent for_____ to travel outside of the United States of America with Youth With A Mission.

Signature

_____ _____

Applicant's Signature | Parent/Guardian Signature (for applicants under 18)

_____ _____

Date | Date | Relationship to applicant

Please return form to

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registrar@ywamtyler.org

Please staple wallet-size photo here.

Application To Work With Children And Youth In YWAM

This application is to be completed by all applicants for any position involving the supervision or custody of children. It is being used to help YWAM provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This information is confidential and to be used only by authorized staff. It will be kept in a locked file. If you need more space to answer questions please use a separate sheet of paper.

SECTION A: Personal Information

(Please print or type)

Name_____Phone ( ) _____
Last (Family) First (Given) Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Gender _____ Date of Birth _____ /_____ /_____ Age _____
Male/Female Day Spell month Year

SSN # _____ Driver's License # _____ State _____ Type/Class_____
Please attach a photocopy of driver's license

Marital Status: ❑ Single ❑ Engaged ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

What type of work are you applying for? _____

Are you willing to commit to orientation, training, and supervision? _____ ❑ Yes ❑ No

Do you have any physical handicaps or conditions preventing certain types of activities? ❑ Yes ❑ No

If yes, please explain_____

_____

What, if any, YWAM schools have you attended? ❑ SST ❑ DTS ❑ SOE ❑ Other _____

_____

SECTION B: Background Information

Has another person ever reported you to the police or legal authorities in any country for child abuse, endangerment or neglect?

❑ Yes ❑ No If yes, please explain _____

_____

_____

Have you ever been a victim of abuse—physical, sexual or emotional? ❑ Yes ❑ No If yes, please explain _____

_____

_____

Have you ever been convicted of a felony? ❑ Yes ❑ No If yes, please explain _____

_____

_____

... continued on back

SECTION B: Background Information cont'd

Have you ever committed a serious crime of which you have not been convicted? ❑ Yes ❑ No If yes, please explain.

_____

_____

Are you currently, or have you ever been, in a homosexual relationship? ❑ Yes ❑ No If yes, please explain.

_____

_____

Are you currently having, or have you ever had, problems with pornography? ❑ Yes ❑ No If yes, please explain.

_____

_____

Are you currently, or have you ever been, involved in child pornography or molestation? ❑ Yes ❑ No If yes, please explain.

_____

_____

Are you currently having, or have you ever had, a problem with substance or alcohol abuse? ❑ Yes ❑ No

If yes, please explain and indicate the last time you were under the influence of either.

_____

_____

Is there anything you would like to tell us that you feel is important at this time? ❑ Yes ❑ No If yes, please explain.

_____

_____

_____

_____

Office Use Only

Interviewed by (print name) _____

Signature _____ Date _____

Please return form to

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SST Program Skills List

Name_____ **Date of Birth**_____

Position applying for_____ **Today's Date**_____

Please indicate your experience by checking the box on the left and your skill level by putting a number (on a scale of 1 to 5) in the brackets (1 being the lowest, 5 being the highest). Explain if necessary.

Construction/Maintenance/Operator

❑ Plumbing [ ] _____
❑ Carpentry [ ] _____
❑ Electrical [ ] _____
❑ Mechanic [ ] _____
❑ Other [ ] _____

Administration/Logistical

❑ Data Entry [ ] _____
❑ Phone Skills (answering/calling) [ ] _____
❑ Receptionist [ ] _____
❑ Typing/Filing/Clerical/General Office [ ] _____
❑ Organizational [ ] _____
❑ Personal Assistant [ ] _____
❑ Other [ ] _____

Serving

❑ Childcare [ ] _____
❑ Food Service [ ] _____
❑ Cooking [ ] _____
❑ Sewing [ ] _____
❑ Hospitality [ ] _____
❑ Other [ ] _____

Ministry

❑ Teaching [ ] _____
❑ Children's Ministry (VBS) [ ] _____
❑ Prison Ministry [ ] _____
❑ Drama [ ] _____
❑ Dance [ ] _____
❑ Street Evangelism [ ] _____
❑ Worship/Singing/Guitar/Other [ ] _____
❑ Other [ ] _____

Other skills not listed_____

_____

Technical

❑ Sound Equipment [ ] _____
❑ Video Equipment [ ] _____
❑ Lighting [ ] _____
❑ Stage Hand [ ] _____
❑ Other [ ] _____

Leadership

❑ Small Group [ ] _____
❑ Youth Group [ ] _____
❑ Bible Study [ ] _____
❑ Intercession [ ] _____
❑ Obstacle Course [ ] _____
❑ Outreaches [ ] _____
❑ Foreign Missions [ ] _____
❑ Other [ ] _____

Communications

❑ Graphic Design [ ] _____
❑ Web Design [ ] _____
❑ Writing [ ] _____
❑ Video [ ] _____
❑ Video Editing [ ] _____
❑ Photography [ ] _____
❑ Photographic Editing [ ] _____
❑ Other [ ] _____

Driving Experience

❑ 15 Passenger Van [ ] _____
❑ Bus [ ] _____
❑ Foreign Driving Experience [ ] _____
❑ CDL License [ ] _____
❑ Other Driving Experience [ ] _____
Issuing State of Drivers License _____

_____

_____

Please return form to
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Confidential Reference

Revised 5/2015

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference**. Give this form to the person filing the reference along with a stamped envelope addressed to: **YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant _____ Phone ( ) _____

Address _____ City _____ State _____ Zip _____ Country _____

Email _____ Gender _____ (Male/Female) Age _____

Program applying for _____ Starting date ____ (Day) / _____ (Spell Month) / _____ (Year)

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? ❑ Employer ❑ Teacher ❑ Pastor ❑ Friend ❑ Past YWAM leader ❑ Other_____

How well do you know the applicant? ❑ Very well ❑ Well ❑ Casually

How long have you known the applicant? _____years _____months

Please check the following and comment as necessary

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

Comments _____

_____

_____

Mental ability	❑ Quick to comprehend	❑ Average	❑ Slow
Industry	❑ Hard worker	❑ Average	❑ Lacks persistence
Reliability	❑ Meets obligations	❑ Average	❑ Neglects obligations
Teamwork	❑ Works well with others	❑ Average	❑ Often causes friction
Flexibility	❑ Open to change	❑ Average	❑ Unyielding
Christian character	❑ Well-balanced	❑ Average	❑ Unstable
Disposition	❑ Cheerful	❑ Average	❑ Passive
Punctuality	❑ Punctual	❑ Average	❑ Often late
Financial responsibility	❑ Honors obligations	❑ Average	❑ Neglectful

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?
   ❑ Mature ❑Contagious ❑Genuine and growing ❑Over-emotional ❑Superficial
   Comments _____

2. With reference to his/her Christian service, is he/she ❑ Dedicated ❑ Average ❑ Casual
   Comments _____

3. Does he/she display high moral standards? ❑ Yes ❑ No Explain _____

   _____

4. What do you feel are the applicant's motives in applying to this program?
   ❑ Christian service ❑ Desire to spread the gospel ❑ Receive help/ministry ❑ Adventure
   ❑ Desire to help others ❑ Escape an unpleasant home situation ❑ Travel
   ❑ Other (Specify) _____

   _____

5. Please comment on the applicant's family background. _____

   _____

6. What do you consider to be the applicant's strong points? (include special abilities) _____

   _____

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) _____

   _____

   _____

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

   _____

9. (**Pastors only**) Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

   _____

10. Would you recommend the applicant for acceptance to this YWAM program?
    ❑ Yes ❑ With some reservations (Explain) ❑ No (Explain) _____

    _____

Signature _____ Date _____

Name (please print) _____ Phone ( ) _____

Address _____ State _____ Zip _____ Country _____

Email _____

Please return form to

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