



## Institute for the Nations Youth With A Mission –Gold Coast Staff Application

### GUIDE TO COMPLETING STAFF APPLICATION

The following items must be submitted with all applications. All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling must complete separate application forms.

#### 1. **Application Form**

The following standard application form is used when applying to join YWAM Gold Coast, Australia.

#### 2. **Personal History**

Please prayerfully answer the questions on a separate sheet of paper (print clearly or type) and attach to your application.

#### 3. **Acknowledgment of Financial Responsibility**

All sections should be completed before your application can be processed.

#### 4. **Medical Requirements**

The Confidential Health Form requires some details to be completed by your doctor. Please note that if you have any dependants 16 years or older accompanying you on the school, you will need to make copies of this form for their use.

If you already have one on file, there is no need to complete this form as long as it is current within a one-year period.

**Overseas applicants** are required to purchase overseas health insurance for the duration of your commitment **before** leaving your home country as medical treatment and hospitalization costs can be very expensive. New Zealanders are eligible for free emergency treatment in Australia only, under a reciprocal agreement between the two countries.

#### 5. **Personal References**

A confidential reference form must be completed by someone other than a close relative and be given to the following:

1. Pastor/Spiritual leader
2. Current/Most recent YWAM leader
3. Friend (who knows you well)

Request that they complete the form and mail it **directly to the Registrar, YWAM Gold Coast**. To help us out, please list the names and addresses of these referees in the space provided in this application form when you mail it in.

#### 6. **Application Fee**

Your \$25.00 AUD (\$35.00 AUD married couple) registration fee must be forwarded with your application. This fee is **not refundable**. Your application will not be processed without the registration fee. If you are an **overseas applicant** please send registration fee by **bank draft in Australian dollars**. Do not send a personal cheque. If you are an Australian applicant you may pay by personal cheque.

**7. Other Documents**

Passport – Everyone attending YWAM should have a valid passport with an expiration date of at least six months after the *completion* of the commitment. Please send us a photocopy of your passport page with your photo and details.

Police Criminal Record Check – To comply with our Child Protection Policy we require a local police check (from your home country). You must send the **original** to us so it can be verified. (If sending your application by fax/email for faster processing please mail original after fax/email is sent.)

**8. Visas (for overseas applicants except New Zealanders)**

Please do not apply for a visa until you receive notification and appropriate papers from the YWAM Immigration Officer. You will have to pay the Australian Embassy or Consulate a fee of at least \$250 AUD, which could vary depending on the visa we apply for you.

**9. English Proficiency Test**

If English is not your first language, please include one of the following as proof of your English language level.

- Test of English as a Foreign Language (TOEFL) test with score of 5.5 or higher
- International English Language Testing System (IELTS) test of 4.5 or higher
- Studied in an English speaking school for at least 2 years
- Studied English for at least 3 years in school with a passing grade of at least 80%

Please provide a copy of the **original** transcript and a translation into English with an explanation of the grading scale.

**Please direct all forms to the following address:**

**The Registrar  
Youth With A Mission  
P.O. Box 1560  
Surfers Paradise, QLD  
4217 Australia**

**Phone: 61 7 5597 0169  
Fax: 61 7 5597 0169  
Email: [goldcoast@ywamgc.com.au](mailto:goldcoast@ywamgc.com.au)**

Please print in **BLOCK** letters.

<b>PART 1- Personal Details</b>			
<b>You are applying for:</b>	<b>Staff</b>		
<b>Start Date: month/year</b>			
<b>Name:</b> (write your name as found in passport)	Title:	Family/Surname:	Preferred:
	Legal First Name:		Middle Name:
<b>Permanent Address</b>	Street Address		
	City	State/Province	Post/Zip Code Country:
<b>Current Address</b> (if different from above)	Street Address:		
	City	State/Province	Post/Zip Code Country:
<b>Contact Info:</b>	Home phone:		Work Phone:
	Fax number:		Email:
<b>Emergency Contact</b> Who do we need to contact in case of an emergency	Name: Phone: Address: Email: Relationship:		
<b>Birth Details</b>	Date of Birth: (day/spell month/year)	Country of Birth	Age
<b>Citizenship</b>			
<b>Passport details</b>	Passport number:	Expiry Date	Place of issue
	Write name as found in passport:		
<b>Languages Spoken</b>		How well do you speak English? <b>Bad 1 2 3 4 5 6 7 8 9 10 Good</b>	
<b>Marital Status</b>	Single/ Married/ Divorced/ Engaged/ Remarried/ Widowed		Spouse's name (if applicable)
<b>Children's Details</b> Names, birth details, passport details, citizenship (attach extra page if necessary)			

<b>Part 1- Personal Details (continued)</b>	
<b>Education</b> (give a brief overview of your educational history)	
<b>Occupational Skills</b> (Give a brief overview of your employment history) <b>Attach a C/V or resume</b>	
<b>Have you ever been convicted of a crime?</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No Details:
<b>Do you have any current or recent struggles with substance abuse?</b> (drugs, alcohol, smoking, etc.)	<input type="checkbox"/> Yes → <input type="checkbox"/> No Details:
<b>Musical abilities</b>	
<b>Other Skills, Talent, Hobbies</b>	
<b>Have you had any training with YWAM or any other mission agency?</b> (If yes, where and when?)	
<b>Do you have the complete staff fees?</b>	(If no, how much do you presently have in Australian dollars?)
<b>How do you anticipate the provision of the remaining amount?</b>	Do you have financial support?
<b>If English is not your first language, have you:</b>	<input type="checkbox"/> Studied for more than 2 years in an English speaking school? <input type="checkbox"/> Studied English for more than 3 years in school, with a passing grade of at least 80%? <input type="checkbox"/> Undertaken TOEFL or IELTS and completed with a passing grade? <b>Please provide details:</b>
<b>Do you currently hold a Blue Card for Working with Children in Queensland?</b>	(If yes, please give number. If no, you will be required to apply for one and we will send you a form.)

## English Proficiency

Please complete the following questions if English is **not** your first language.

All courses at YWAM Gold Coast are conducted in English. A sufficient standard of oral and written English proficiency is needed in order to benefit from the training. You will need to fulfill at least one of the three entry level criteria in English proficiency – (a), (b) **or** (c).

**(a) A minimum of 3 years study conducted predominantly in English**

Give an outline of your study, name & address of educational institution & attach relevant documentation.

Type of study: \_\_\_\_\_

Name of educational institution: \_\_\_\_\_

Address/Location: \_\_\_\_\_

**(b) Minimum of 3 years studying English as a foreign language, with a pass rate of at least 80%**

Give an outline of your study, name & address of educational institution & attach relevant documentation.

Type of study: \_\_\_\_\_

Name of educational institution: \_\_\_\_\_

Address/Location: \_\_\_\_\_

**(c) Completed formal independent testing with a minimum level at or equivalent to the following:**

**TOEFL: 5.5**  
**IELTS: 4.5**

If you have completed any of the following tests please indicate the score you received and attach a copy of your test results.

Test of English as a Foreign Language (TOEFL) Score: \_\_\_\_\_

International English Language Testing System (IELTS) Score: \_\_\_\_\_

Other form of testing (please specify) Score: \_\_\_\_\_

If you have not taken a formal independent test we may ask you to do so.

**Declaration**

I declare that the information submitted is correct and complete.

**Signature:** \_\_\_\_\_

(Applicant or Parent/Guardian)

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Month Year

**Relationship:** \_\_\_\_\_

(if applicant is under 18 years of age, signature of parent or responsible party is required)

## PART 2 – Personal History

Please prayerfully and concisely answer the following questions on a **separate** sheet of paper (print or type) and attach it to this application form.

1.	What is your relationship with God presently?
2.	Write a statement describing your call. Include the following: a) How did you first come in contact with YWAM and what influenced you to apply to YWAM? b) What influenced you to apply to Gold Coast in particular? c) What specific expectations do you have about serving with the Gold Coast base? d) What area of service do you feel you will be initially involved?
3.	What training and any other staff positions have you undertaken with YWAM?
4.	Are your plans to be with us short or long term and/or what is your short or long term vision?
5.	What is your relationship with your home church?
6.	Do you have support from churches/individuals? Is it regular support? Monthly amount? Do you have any debts( ie schooling)
7.	In serving you best, are there any specific questions that we could answer for you? Is there anything that you would like to makes us aware of?

## PART 3 - Personal References

Please find attached three *Personal Reference Forms*. Give one form each to your pastor, current/most recent YWAM leader, and a friend. Ask them to complete the form and mail it to the address below (or fax to the number below).

**Note:** One of your three referees must be your pastor or minister and we must receive at least **two** of the three reference forms (one of which must be your pastor's form) **before** we can process your application

Please list the names and addresses of your referees below:

<b>Referee 1</b>	Name	Address/Email Address	Pastor/Spiritual Leader
<b>Referee 2</b>	Name	Address	Current/Most Recent YWAM Leader
<b>Referee 3</b>	Name	Address	Friend

**Check list for completion of application:**

- Part One- Personal Details
- Part Two- Answers to Personal History Questions
- Part Three- References handed out to respective persons
- Part Four- Payment Schedule and Refund Policy read  
Financial Responsibility and Other Declarations Signed
- Part Five- Personal Medical History filled out  
Doctor's evaluation completed
- Proof of English language (second language speakers only)
- Photo of self attached
- Photocopy of passport attached
- Police Criminal Record Check attached
- Enclosed \$25 Application fee (in form of bank draft)

## Part Four – Financial Responsibility and Other Declarations

### Staff Fees:

\$65/ week rent (excluding food), \$10/month local phone use, \$15/month hospitality fee (toilet paper, coffee, tea, dish soap etc)

Suggested minimum for monthly support is \$500/month

**Acknowledgement of Financial Responsibility-** I confirm that I have read and understand my financial responsibilities. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the base. I therefore accept all responsibility for my fees and personal expenses incurred during my involvement with Youth With A Mission.

**Release of Liability-** I 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.

**Consent for Treatment-** I hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician if deemed necessary on.

**Consent for Burial-** I agree that, in the case of my death while with Youth With A Mission, Youth With A Mission may carry out the burial in the place of the deceased. If my family desires to have my body shipped home, my family will pay for it. I hereby absolve Youth With A Mission and all its staff and associates of any burial costs.

**Working with Children-** I understand that to work with children in Queensland I must hold a "Blue Card" to prove my suitability to work with children. I will be committed to carrying my Blue Card with me when ministering in the local schools and other children's events.

**Advertising -** I will allow my name, photo, quotes or testimonies to be used by Youth With a Mission Gold Coast and Institute for the Nations, for the purposes of advertising their courses and news articles.

**Disclosure of Personal Details-** I understand and agree that, if required, Institute for the Nations, Australia may disclose my personal files to relevant government departments for purpose of audits and quality assurance checks and to the University of the Nations (YWAM's international Training and accrediting arm).

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**If under 18, signed by parent or guardian:**

\_\_\_\_\_  
**Name:** \_\_\_\_\_



## PART 5 – Medical and Health Evaluation

**To the Applicant:**

<b>Step 1</b>	Please fill in Part A of this form
<b>Step 2</b>	After you have filled in Part A of the form you will need to make an appointment for a full medical examination with your own doctor
<b>Step 3</b>	Give the form to your doctor to fill in at the examination and have him/her forward it to the Registrar at YWAM Gold Coast.

**Note:** All staff and students in YWAM are required to have a full medical. The purpose for this is to have centralized medical details available should any person become sick while away from their personal physician and in YWAM care. All information is confidential to your leaders and this form is kept separately from your academic records.

PART A- Personal Details and Medical History			
<b>You are applying for:</b>	<b>Staff</b>	Start Date: (m___/y___)	
<b>Name</b>	Title:	Family/Surname:	First/Given name:
<b>Email Address</b>			
<b>Phone</b>	Home:	Work:	

Please answer all questions. Comment on all positive answer at the end of this form or on a separate sheet.

**Have you ever had any of the following?**

	N	Y		N	Y		N	Y
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chronic constipation	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>

**Have you ever had any of the following?**

	No	Yes		No	Yes		No	Yes
<b>Allergy</b>			<b>Surgery</b>			<b>Females Only</b>		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe Cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Flow	<input type="checkbox"/>	<input type="checkbox"/>
Foods(specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>						

<b>Do you have any special dietary needs?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Are you presently under a Doctor's care for any condition?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Are you taking any medication at this time?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Do you now or have you ever received compensation for disability from any source?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
<b>Please provide details for any POSITIVE answers and give details of any other illnesses you have had.</b>	

**Have you ever had any of the following communicable diseases?**

- Chicken Pox       Measles (Rubella)       Measles (Rubeola)       Mumps  
 Scarlet Fever       Pertussis       Tuberculosis       Hepatitis  
 AIDS/HIV       Other (specify)

**FAMILY HISTORY**

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

	No	Yes	Relationship:
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	

**PART B - Physician's Evaluation**

This person has applied for a student/staff position with Youth With A Mission. In your recommendation, please bear in mind that he/she may travel and work in almost any country, often in primitive and/or stressful situations. Please review the information in PART A and complete the following physical assessment. Once this form is complete, please mail/fax it to the Registrar, Youth With A Mission Gold Coast, at the address below. Thank you.

<b>Name of Applicant:</b>	
<b>Email address:</b>	
<b>Course/Position and Date Applying for:</b>	

**Physical Assessment**

<b>Height (cm):</b>		<b>Weight (kg):</b>	
<b>Blood Pressure:</b>		<b>Hearing:</b>	
<b>Vision Uncorrected:</b>	<b>R:</b>	<b>L:</b>	<b>Vision Corrected:</b>
			<b>R:</b>
			<b>L:</b>
<b>Colour Perception:</b>			

**General Health**

Is the patient able to walk 8 kilometers/ 6 miles in a day?  No  Yes (explain)

Could the patient carry out reasonable strenuous physical work on a daily basis  No  Yes (explain)

Is the patient under any medical supervision?  No  Yes (explain)

Is the patient free from infectious diseases?  No  Yes (explain)

Does the applicant have any physical or psychological disorder that would limit his/her ability to participate fully in studies or field assignments, locally or overseas?  No  Yes (explain)

List any medication the applicant is taking.

**Does the patient suffer or has he/she ever suffered from any of the following? (Explain positive answers)**

Epilepsy/fits	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Anemia	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Hypertension	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Mental Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Dental Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Adverse reactions to stressful situations	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Eating disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any other serious condition	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**Are there any abnormalities of the following systems? Please describe fully.**

Head, Ears, Nose, Mouth	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Eyes	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Nervous System	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Cardiovascular	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Respiratory	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Trunk and Back	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Digestive Tract	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Musculoskeletal	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Endocrine (Thyroid) <sup>1</sup>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Skin	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Urogenital *	No <input type="checkbox"/> Yes <input type="checkbox"/>	

\*Gynecological examinations of female applicants with a Papanicolaou smear are left up to the Physician's discretion.

**Notes**

Physician's Recommendation for any follow up tests/treatments:

**Physician's recommendation regarding suitability for involvement with YWAM:**

- Acceptable without limitations
- Acceptable with limitations (specify)
- Not acceptable
- Should remain in areas where adequate medical care is provided

**Immunization History**

	Date		Date		Date		Date
Typhoid		Rubella		Tetanus		Mumps	
Polio		BCG		Cholera		Pertussis	
Diphtheria		Yellow Fever		Other		Other	
Other		Other		Other		Other	

<b>Physician's Signature/Stamp:</b>	
<b>Date:</b>	
<b>Physician's Name (please print):</b>	
<b>Address:</b>	

**DETAILS OF PERSONAL REFEREES**

**Referee – Pastor/Spiritual Leader**

Mr Mrs Miss Ms	
First Name:	Phone (h):
Last Name:	Phone (b):
Street:	Mobile:
	Email:
City:	Fax:
State/Prov:	
Post code:	Position:
Country:	Church:

**Referee – Current/Most recent YWAM Leader**

Mr Mrs Miss Ms	
First Name:	Phone (h):
Last Name:	Phone (b):
Street:	Mobile:
	Email:
City:	Fax:
State/Prov:	
Post code:	Position:
Country:	Occupation:

**Referee – Friend**

Mr Mrs Miss Ms	
First Name:	Phone (h):
Last Name:	Phone (b):
Street:	Mobile:
	Email:
City:	Fax:
State/Prov:	
Post code:	
Country:	

**Personal Reference Form – Staff Applicant**

**PASTOR/SPIRITUAL LEADER/SPIRITUAL MENTOR**

Name of applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Email Address: \_\_\_\_\_

The above applicant has applied for a staff position at the Youth With A Mission Gold Coast Base. This staffing position will involve living in community, discipling students at the base, day-to-day duties of running schools and the base, ministry in the local community and overseas missions work, possibly in third-world conditions. We ask that you thoughtfully answer each of the following questions with regard to your opinions of the applicant’s suitability to this training and experience. Please note that this form is not necessarily confidential to the applicant due to Australian Privacy Laws, so if you have matters of sensitive nature, please feel free to request that we talk with you on the phone. Please fax, mail or email this form (2 pages) to the contacts listed at the bottom of this page.

What is your relationship with the applicant? \_\_\_\_\_

For how long have you known the applicant? \_\_\_\_\_

How well do you feel you know the applicant? *Little* 1 2 3 4 5 6 7 8 9 10 *Very Well*

**Evaluation of the Applicant’s Character**

From your knowledge of the applicant, please comment on any or all of the following areas you feel would be helpful in our assessment of the applicant's suitability for a staff position.

- Initiative/self starter: \_\_\_\_\_
- Social adaptability: \_\_\_\_\_
- Concern for others: \_\_\_\_\_
- Ability to follow: \_\_\_\_\_
- Leadership capabilities: \_\_\_\_\_
- Judgment: \_\_\_\_\_
- Emotional stability: \_\_\_\_\_
- Personal grooming: \_\_\_\_\_
- Health: \_\_\_\_\_
- Moral Standards: \_\_\_\_\_
- Reliability: \_\_\_\_\_
- Cooperativeness: \_\_\_\_\_
- Flexibility: \_\_\_\_\_
- Disposition: \_\_\_\_\_
- Punctuality: \_\_\_\_\_
- Academic ability: \_\_\_\_\_
- Work capacity: \_\_\_\_\_
- Financial responsibility: \_\_\_\_\_

Please comment on the applicant's family background (if known):

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What involvement does the applicant have with his/her local church?

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How would you describe the applicant's Christian experience?

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Any additional comment or concern arising out of the above is welcome:

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**Declaration**

I have known the applicant for \_\_\_\_\_ months/years.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive more information about YWAM Gold Coast and our ministries?

Yes  No

**Youth With A Mission** is an international, interdenominational Christian mission reaching out to the world with the Gospel of Jesus Christ through evangelism, training and mercy ministries. **The University of the Nations** is Youth With A Mission's global university dedicated to the multiplication of missions by equipping students and inspiring them to use their God-given abilities to communicate the Good News in all nations. It is one university, offering courses in 70 nations around the globe.

## PERSONAL REFERENCE

### CURRENT/MOST RECENT YWAM LEADER

Name of applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

The above applicant has applied for a staff position at the Youth With A Mission Gold Coast Base. This staffing position will involve living in community, discipling students at the base, day-to-day duties of running schools and the base, ministry in the local community and overseas missions work, possibly in third-world conditions. We ask that you thoughtfully answer each of the following questions with regard to your opinions of the applicant's suitability to this training and experience. Please note that this form is not necessarily confidential to the applicant due to Australian Privacy Laws, so if you have matters of sensitive nature, please feel free to request that we talk with you on the phone. Please fax, mail or email this form (2 pages) to the contacts listed at the bottom of this page.

#### 1. Relationship With Applicant

What is your relationship to the applicant?  YWAM Leader Other: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

How well do you feel you know the applicant? *Little* 1 2 3 4 5 6 7 8 9 10 *Very Well*

#### 2. Character

Have you enjoyed having the applicant work under you?  Yes  No – Please elaborate: \_\_\_\_\_

Has the applicant been an asset to your class?  Yes  No – Please elaborate: \_\_\_\_\_

Is the applicant dependable and trustworthy with responsibility given to him/her?  Yes  No – Please elaborate: \_\_\_\_\_

#### 3. Personal Profile

From your knowledge of the applicant, could you please comment if necessary on a separate piece of paper on any or all of the following areas. This will be helpful in our assessing of the applicant's suitability for a staff position and also help us effectively meet the needs of the applicant should they be accepted on staff. It is in the applicant's best interest that you give a realistic view of them. If you can write more than a 1 or 2 word summation for each that would be appreciated.



Initiative: \_\_\_\_\_  
 Social adaptability: \_\_\_\_\_  
 Concern for others: \_\_\_\_\_  
 Ability to follow: \_\_\_\_\_  
 Leadership capabilities: \_\_\_\_\_  
 Judgment: \_\_\_\_\_  
 Emotional stability: \_\_\_\_\_  
 Personal grooming: \_\_\_\_\_  
 Health: \_\_\_\_\_  
 Moral Standards: \_\_\_\_\_  
 Reliability: \_\_\_\_\_  
 Cooperativeness: \_\_\_\_\_  
 Flexibility: \_\_\_\_\_  
 Disposition: \_\_\_\_\_  
 Punctuality: \_\_\_\_\_  
 Academic ability: \_\_\_\_\_  
 Work capacity: \_\_\_\_\_  
 Financial responsibility: \_\_\_\_\_

**4. Emotional Stability**

Due to the cultural and environmental context of missions, adjustments may have to be made as to diet, social customs, climate change, living arrangements. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability (please check one).

- Outstanding mature. Has proven his/her ability to operate under stress and pressure.
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Doubtful. Experience has shown that the applicant might not be able to endure stress.
- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

**5. Trying Situations**

How does the applicant usually react in trying situations (please check one):

- Withdraws
- Gets angry
- Accepts patiently
- Gets discouraged
- Meets constructively
- Other (please specify)

**6. Problem Areas**

Please note that we are seeking to help the applicant grow. Please circle words or descriptions if they apply to the applicant:

Impatient	Intolerant	Argumentative
Domineering	Critical of Others	Easily Embarrassed
Offended	Discouraged	Easily Worried
Anxious	Nervous/Tense	Given to moods
Prejudiced towards groups/races/nationalities	Addictive Behavior	Unable to cope with Stress
Erratic in Attitudes or Actions		

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

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### 7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary):

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### 8. Recommendation

What is your overall evaluation of the applicant's promise as a YWAM worker?

- |  |   |
|--|---|
| <input type="checkbox"/> Definitely unsuited                         | <input type="checkbox"/> At this time, he/she is unsuited |
| <input type="checkbox"/> Good prospect, but I have some reservations | <input type="checkbox"/> Average prospect                 |
| <input type="checkbox"/> Above-average prospect                      | <input type="checkbox"/> Unusually exceptional prospect   |

### 9. Referee Information

Name (block capitals please) : \_\_\_\_\_

Address (include country & postcode): \_\_\_\_\_

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Home Telephone (include country and area code): \_\_\_\_\_

Work Telephone (include country and area code): \_\_\_\_\_

Email: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Dated: (d/m/y) \_\_\_\_\_

Would you like to receive more information about YWAM Gold Coast and our ministries?

Yes  No

**Youth With A Mission** is an international, interdenominational Christian mission reaching out to the world with the Gospel of Jesus Christ through evangelism, training and mercy ministries. **The University of the Nations** is Youth With A Mission's global university dedicated to the multiplication of missions by equipping students and inspiring them to use their God-given abilities to communicate the Good News in all nations. It is one university, offering courses in 70 nations around the globe.

**PERSONAL REFERENCE**

**FRIEND**

Name of applicant:

\_\_\_\_\_  
(First) (Middle) (Last)  
Email Address: \_\_\_\_\_

The above applicant has applied for a staff position at the Youth With A Mission Gold Coast Base. This staffing position will involve living in community, discipling students at the base, day-to-day duties of running schools and the base, ministry in the local community and overseas missions work, possibly in third-world conditions. We ask that you thoughtfully answer each of the following questions with regard to your opinions of the applicant's suitability to this training and experience. Please note that this form is not necessarily confidential to the applicant due to Australian Privacy Laws, so if you have matters of sensitive nature, please feel free to request that we talk with you on the phone. Please fax, mail or email this form (2 pages) to the contacts listed at the bottom of this page.

What is your relationship with the applicant?  
Friend Other: \_\_\_\_\_

**Personal Profile**

From your knowledge of the applicant, please comment on any or all of the following areas you feel would be helpful in our assessment of the applicant's suitability for a staff position.

- Initiative: \_\_\_\_\_
- Social adaptability: \_\_\_\_\_
- Concern for others: \_\_\_\_\_
- Ability to follow: \_\_\_\_\_
- Leadership Capabilities: \_\_\_\_\_
- Judgment: \_\_\_\_\_
- Emotional stability: \_\_\_\_\_
- Personal grooming: \_\_\_\_\_
- Health: \_\_\_\_\_
- Moral Standards: \_\_\_\_\_
- Reliability: \_\_\_\_\_
- Cooperativeness: \_\_\_\_\_
- Flexibility: \_\_\_\_\_
- Disposition: \_\_\_\_\_
- Punctuality: \_\_\_\_\_
- Academic ability: \_\_\_\_\_
- Work capacity: \_\_\_\_\_
- Financial responsibility: \_\_\_\_\_

Please comment on the applicant's family background (if known):

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What involvement does the applicant have with his/her local church?

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How would you describe the applicant's Christian experience?

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Any additional comment or concern arising out of the above is welcome:

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**Declaration**

I have known the applicant for \_\_\_\_\_ months/years.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Yes  No

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