



MISSION BUILDER APPLICATION FORM

Intended Date of Arrival: _____ Intended Date of Departure: _____
Personal Details: (as appears on passport) First Name: _____ Middle: _____ Last Name: _____ Preferred Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: D ___ M ___ Y ___ Birthplace: _____
Permanent Address: Street: _____ City/Town: _____ State/Country: _____ Zip/ Postcode: _____ Country: _____ Phone (Home): _____ Phone (Mobile): _____ Email: _____
Mailing Address: Street: _____ City/Town: _____ State/ Country: _____ Zip/Postcode: _____ Country: _____
Passport/Visa Information: Country of Citizenship: _____ Passport Number: _____ Expiry Date: D ___ M ___ Y ___ City and Country of Issue: _____ Visa Type (if currently holding Australian Visa): _____ Expiry Date: D ___ M ___ Y ___ Where will you apply for your Visa? _____ Accredited Course Applicants can apply online for a Student Visa. DIAC Office locations can be found online at: http://www.immi.gov.au/contacts/overseas
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged D ___ M ___ Y ___ <input type="checkbox"/> Married D ___ M ___ Y ___ <input type="checkbox"/> Separated D ___ M ___ Y ___ <input type="checkbox"/> Divorced D ___ M ___ Y ___ <input type="checkbox"/> Remarried D ___ M ___ Y ___ <input type="checkbox"/> Widowed D ___ M ___ Y ___ Spouse First Name: _____ Middle: _____ Last Name : _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: D ___ M ___ Y ___ Will your spouse be accompanying you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Information: In case of emergency contact: _____ Relationship: _____ Street: _____ City/Town: _____ State/ Country: _____ Zip/Postcode: _____ Country: _____ Phone (Home): _____ Phone (Mobile): _____ Email: _____



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Church Information:

Home Church: _____ Pastor: _____
Denomination: _____
Mailing Address: _____ Phone: _____
City/Town: _____ State/County: _____ Zip/Post Code: _____ Country: _____

Languages: Please indicate your English language proficiency: Very well Well Not well Not at all
Native Language Spoken: _____ List any other languages spoken: _____

Criminal Record: (If answer to either question is YES, please explain details on a separate sheet of paper.)

Have you ever been convicted of a felony? Yes No If so, when and where?

Have you ever been convicted of a sexual crime? Yes No If so, when and where?

Educational Experience:

What grade level have you completed of Secondary/High School? _____
Name of Institution: _____

Address: _____
Country: _____

Please list any other education you have received:

Name of Institution: _____ D ___ M ___ Y ___
Degree/Qualification: _____

Address: _____
Country: _____

Work Experience: (Please list your three most current occupations)

Position: _____ Company: _____ M ___ Y ___ to M ___ Y ___

Skills Needed and Acquired: _____



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General Health:

(Answer all questions. Explain positive answers below or on a separate sheet of paper.)

Height : _____ (meters) Weight: : _____ (kilograms) Are you able to walk 5km/3 miles in a day? Yes No

Can you perform reasonably strenuous work on a daily basis? Yes No

Are you currently under medical supervision? Yes No Specify: _____

Are you presently taking any medication? Yes No Specify: _____ Dose: _____

Are you allergic to any drugs or medication? Yes No Specify: _____

Do you have any special dietary needs? Yes No Specify: _____

Do you consider yourself to have a disability, impairment, or long-term condition? Yes No

If Yes, please indicate which areas:

- Hearing/deaf Physical Intellectual Mental illness Learning
 Acquired brain injury Vision Medical condition Other

Do you now have, or have you ever had any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Skin Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No Head Injury |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No Hay Fever/Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ear Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Intestinal Troubles | <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Recurrent Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No Low Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Tumors |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Gall Bladder Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No Insomnia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting Spells | <input type="checkbox"/> Yes <input type="checkbox"/> No Back Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Mental/Nervous Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis | <input type="checkbox"/> Yes <input type="checkbox"/> No HIV |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Menstrual Cycle Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnancy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Stomach/Duodenal Ulcer | <input type="checkbox"/> Yes <input type="checkbox"/> No Paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No Other |

Explanations for above: _____

Any other illnesses or conditions: _____



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How would you rate your overall health condition? Excellent Good Fair Poor

Disease History:

Do you now have, or have ever had, any of the following?

Yes No Chicken Pox Yes No Measles Yes No Mumps
Yes No Tuberculosis Yes No Other Specify: _____

Family History:

Have any of your immediate family members ever had any of the following?

Yes No Tuberculosis Yes No Diabetes Yes No Kidney Disease Yes No Heart Disease
Yes No Hyper Tension Yes No Arthritis Yes No Stomach Disease Yes No Cancer
Yes No Asthma/ Hay Fever Yes No Epilepsy/Convulsions Specify: _____

Immunizations:

DISEASE	BASIC (Year Received)			BOOSTER (Year Received)		
	1 st Dose	2 nd Dose	3 rd Dose	1 st Dose	2 nd Dose	3 rd Dose
Tetanus						
Diphtheria						
Hepatitis A						
Hepatitis B						
Polio						
Typhoid						
Measles/ Mumps/Rubella						
Rabies						
Other (Specify)						

Note: Please ensure that you have adequate health cover/insurance for your stay in Australia. Please see the Staff and Student Handbook for further details.



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Personal History – Prayerfully answer the following questions using the space provided:

1. How do you see God's call on your life?

2. Why do you desire to serve at YWAM Gold Coast?

3. Briefly describe your interests (Artistic, Musical, Sports, Hobbies, etc.)

4. How did you hear about YWAM Gold Coast?

5. Are you acquainted with any current YWAM Gold Coast staff members?



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Please indicate your areas of interest for the following:

- Community and Staff Guest Services Mission Adventures Youth Worship Events Kitchen
 IT (Information Technology) Communications Mercy Ministries Maintenance Ships

6. Are there any unresolved conflicts in your relationships that you can identify?

7. How do you feel you adapt and respond to changes in situations and new environments?

8. Have you previously been involved in missions? If so, please explain your experience. (IE Short-term missions trips, overseas outreaches or similar)

Applicant Signature: _____ Date: D ___ M ___ Y ___



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Financial Information:

Will you be able to cover your weekly fees during your stay here? (\$15/day for accommodation and \$5/day for meals excluding breakfast which you need to organize) Yes No

NOTE: It is not compulsory for all meals to be eaten on base. You may provide your own meals if you desire, but it is your personal responsibility.

Acknowledgment of Financial Responsibility

All fees are in Australian Dollars (AUD) and must be paid in Australian dollars. You will be notified of any changes to this fee schedule prior to arrival

FEE PAYMENT TO YWAM Gold Coast

1. Registration Fee: N/A single – N/A married

PAYMENT DUE:

Upon receipt of application. It cannot be processed otherwise.

2. Food and Accommodation \$20/day

NOTE: Applicants are able to supply their own food if they desire, but costs will vary and it is the applicants personal financial responsibility

To be paid into accounts in advance each week

Note: All fees are non-refundable

Please be able to pay at least the first 3 weeks of your stay upon arrival. We also ask that you have personal Health Cover before arrival. We do not provide coverage for your time here. Please ensure that you are covered for the full duration of your stay. Also make sure that you are covered for ambulances by land or air. If you do not have the above amount, please contact us prior to arrival.

Other Expenses to Note

Personal Transportation – Airplane, bus and/or train tickets needed to get you to the Gold Coast are not included in the cost quoted.

Personal Living Expenses – You will need to budget for all personal costs (toiletries, postage, phone calls, etc.) Also the purchasing for your own food, although meals can be purchased on the base.

Ministry Events – Your department/ ministry area may also require you to attend events or ministry that require additional living and travel costs

Burial Release:

YWAM Gold Coast Inc. does everything possible to protect staff and students on the field. Although death is extremely rare in service with Youth With A Mission internationally and with YWAM- Gold Coast Inc., it nevertheless needs to be considered.

In case of death, YWAM- Gold Coast Inc. cannot commit to cover the costs of shipping the body to another country for purposes of burial or to ultimately cover costs of burial in the country of death. If the family desires that the body be transported home, the family must arrange this.

Please note: the OSHC insurance that covers DTS, IPHC, BCC and SOMM students in Australia is only medical coverage. You may choose to obtain travel insurance while you are in Australia to cover burial costs. The Overseas Outreach Insurance is medical cover as well as travel cover. As this is the case, the Overseas Outreach Insurance would cover a portion of the burial costs but only while overseas from Australia.

It is strongly advised that every individual, regardless of age, have a will.



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Burial Statement

I agree that, in the case of my death while in Youth With a Mission- Gold Coast Inc., Youth With A Mission- Gold Coast Inc. may carry out the burial in the location 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 – Gold Coast Inc. and all its staff and associates of the burial costs.

Release of Liability

I/We do hereby release Youth With A Mission- Gold Coast Inc its agents, employees, and volunteer assistants from any liability whatsoever arising out of injury, illness, damage, or loss which may be sustained by the said person during the course of involvement with Youth With A Mission – Gold Coast Inc.

Consent for Treatment

I/We hereby agree to the performance of such treatment, anaesthetics, and operations as, in the opinion of the attending physician, is deemed necessary on: (applicant's full name)

First Name: _____ Middle: _____ Last Name: _____

Signature: _____ Relationship: _____ Date: D ___ M ___ Y ___

Applicant or Parent/ Guardian If Applicant is under 18 years of age, signature of Parent/Guardian required.

Release of Information:

Please check any information you **DO NOT** release or agree to allow YWAM Gold Coast to use:

- After arrival, photos, video footage, quotes or testimonies provided by me or obtained during my involvement with YWAM Gold Coast, to be used for the YWAM Gold Coast website and advertising material.
- Personal phone contacts to be compiled into a phone contact list for YWAM Gold Coast base community.
- Personal contact information to be compiled into a contact list for distribution to the participant on my course.

In addition, enrolment information (name, country of origin, home state, age) and photo provided by me to be used for internal administrative use including airport pickups, student cards, and photo boards of the course participants for orientation day preparation

Any gathered information will, in no manner, be solicited for profit or personal gains.

Signature: _____ Relationship: _____ Date: D ___ M ___ Y ___

Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.



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Signature of Agreement

All Mission Builders are Christian **volunteers** who receive no salary for their work with YWAM Gold Coast.

In addition to the personal needs, as partners together in the ministry of YWAM Gold Coast, each member of the staff contributes underwriting their own expenses.

Be prepared for a maximum workload of a 50 hour week. Physical fitness is required to a standard necessary for the position one is applying for. The appropriate clothing standards for the various ministry opportunities need to be upheld for our culture.

Accommodation for singles will be a shared room; couples will have one room where possible. This will of course vary depending on whether you are on the road or at the centre in the Gold Coast. It is our desire to make your home as comfortable as possible.

To provide your own travelling expenses from home to the base and return.

Provide your own health insurance for the extent of your stay in Australia (we have information if needed).

Signature of Agreement if I am accepted by Youth With A Mission – Gold Coast Inc., I will abide by the spirit, rules and schedule of the ministry. I confirm that I understand payment of the required fees must be made on a regular basis arranged with leadership, and I agree to do so. I am fully aware of my financial obligations, both to the Lord and to the students and staff. I therefore accept all responsibility for my staff fees, tuition and personal expenses incurred during my involvement with Youth With A Mission – Gold Coast Inc.

I agree to all of the above statements.

I certify that all the information provided in this form is true and accurate. I understand that if any information given is found to be false it could result in my removal or exclusion from the course.

Signature: _____ Relationship: _____ Date: D ___ M ___ Y _____

Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Photos:

Please include two (2) recent photographs for our records (This does not have to be an official passport photo)

ATTACH PHOTOGRAPH HERE

Do not staple or clip

ATTACH PHOTOGRAPH HERE

Do not staple or clip



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How did you find the application process? Did you find it simple or difficult? Please give us any feedback.

References

We request that all Mission Builders provide a reference by their Pastor or Spiritual Leader. The included reference form is to be handed personally to your referee with a stamp-addressed envelope or he can email it to info@ywamgc.com.au. We ask that the form be completed as soon as possible and sent directly to the YWAM Gold Coast Registrar. We would also like to contact them upon your acceptance. If you feel it would be inappropriate to contact them further, please tick the box below.

Pastor Reference Details:

First Name: _____ Last Name: _____

Street: _____ City/Town: _____

State/ County: _____ Zip/ Post Code: _____ Country: _____

Phone (Home): _____ Phone (Mobile): _____ Email: _____

Position: _____ Church: _____

Do not send updates beyond initial information pack.

Please send completed forms to:

**Youth With A Mission – Gold Coast
Institute for the Nations, Australia
PO Box 1560 Surfers Paradise, QLD 4217 AUSTRALIA**

Please do not hesitate to contact us if you have any queries:

Email: goldcoast@ywamgc.com.au

Telephone: (61) – 7 – 5597 0169



PASTOR REFERENCE FORM

APPLICANT: Please provide the following information on this form, and present it, with a stamped-addressed envelope to your pastor to complete.

Applicant Name: _____ School Applying For: _____

Referee Details:

Name: _____ Address: _____

City/State: _____ Zip/Postcode: _____ Country _____

Primary Phone Number: _____ Email: _____

Position: _____ Church: _____

The above applicant has applied for admission to YWAM Gold Coast, a ministry of Youth With A Mission (YWAM). YWAM is an international, interdenominational movement of Christians dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task, and to the training and equipping of believers for their part in fulfilling the Great Commission.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance.

NOTE: Under the Australian Privacy Act, students may request to see this form.

How long have you known the applicant? _____ Years _____ Months

On a scale of 1-10, how well do you feel you know the applicant?
(1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How would you rate the applicant in the following areas?

Initiative/Self-starter: Superior Above Average Average Below Average Inferior

Concern for Others: Superior Above Average Average Below Average Inferior

Ability to Follow: Superior Above Average Average Below Average Inferior

Leadership: Superior Above Average Average Below Average Inferior

Judgment/

Decision Making: Superior Above Average Average Below Average Inferior:

Response to Authority

Figures: Superior Above Average Average Below Average Inferior

General Health: Superior Above Average Average Below Average Inferior

Personal Appearance/

Grooming: Superior Above Average Average Below Average Inferior

Comments: _____



PASTOR REFERENCE FORM

- Academic/Mental Ability: Superior Average Inferior
- Industry: Superior Average Inferior
- Reliability: Superior Average Inferior
- Cooperativeness: Superior Average Inferior
- Flexibility: Superior Average Inferior
- Disposition: Superior Average Inferior
- Punctuality: Superior Average Inferior
- Time Management: Superior Average Inferior
- Financial Responsibility: Superior Average Inferior
- Willingness to be Accountable: Superior Average Inferior

Comments: _____

In your observations, how does the applicant adapt to changing social atmospheres?

Excellent - Applicant adapts to various social environments quickly and genuinely, engaging in relationships.

Normal – Applicant settles into different environments at a pace and initiates and maintains relationships.

Reserved - Applicant is hesitant to engage in groups but tends to become more comfortable once a relationship has been initiated with him/her.

Withdrawn - Applicant appears anxious in groups and tends to withdraw, does not engage in any relationship and isolates self.

Please rate the applicant as to his/her maturity and stability.

- Outstanding - Mature. Has proven 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 may not be able to endure stress.
- Applicant has frequently demonstrated signs of inability to cope with stress.

Comments: _____

How does the applicant react in trying situations?

- Withdraws Gets Angry Accepts Patiently Gets Discouraged Meets Constructively
- Other (specify) _____

Please comment on applicant's strengths and weaknesses.

Strengths: _____

Weaknesses: _____



PASTOR REFERENCE FORM

In your opinion, which of the following areas of ministry is the applicant gifted. (Please check all that apply)

- | | | | | |
|---|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Pastoring | <input type="checkbox"/> Teaching | <input type="checkbox"/> Doctor | <input type="checkbox"/> Children's Work |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Encourager | <input type="checkbox"/> Drama | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Youth Ministries | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Music | <input type="checkbox"/> Counselling | <input type="checkbox"/> Art |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Worship | <input type="checkbox"/> Preaching | <input type="checkbox"/> Nursing | <input type="checkbox"/> Servant-Hearted |

Please list any other gifting you have observed: _____

Are there any other areas of ministry or service that you would recommend this applicant for? _____

Please add any relevant remarks.

(IE Medical, psychological, drug or alcohol related, or any other life situations we should be aware of)

Please comment on the applicant's family background, if known.

Would you have this person on your staff? Yes No Comment: _____

Would you recommend the applicant for acceptance by YWAM Gold Coast? Yes, unreservedly Yes No

Comment: _____

I certify that the information provided is complete and accurate according to my knowledge of the applicant.

Signature: _____ Date: D__ M__ Y__

We would like to keep you informed and updated on the progress of the applicant and the broader ministry. If you would **NOT** like to receive these updates please tick the following box: