



MISSION BUILDERS APPLICATION FORM

General Information:

Name: _____
Last First Middle

Address: _____

Postal Code: _____ City: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

Birth Date: _____ Age: _____ Place of Birth: _____ Male Female

Passport #: _____ Expiry Date: _____ Nationality: _____

Marriage Status: Single Married Divorced Widowed

If married, is your spouse intending to accompany you? : Yes No

If Yes, please complete separate application form.

Personal Information

A; Health

Is your health: Good Moderate Poor (explain): _____

Do you carry health Insurance? Yes No

Are you presently under medical treatment that would affect your working? _____

B; Work

I am able to work from _____ through to _____.

I can work in the following areas. Please indicate your level of skill in each area (1 = minimal 5 = very competent)

Carpentry: <input type="checkbox"/>	Plumbing: <input type="checkbox"/>	Electrician: <input type="checkbox"/>	Painting: <input type="checkbox"/>	Cooking: <input type="checkbox"/>
Administration: <input type="checkbox"/>	Child Care: <input type="checkbox"/>	Hospitality: <input type="checkbox"/>	Sewing: <input type="checkbox"/>	

Other skills or qualifications (please specify): _____

C; Spiritual Life

How long have you been a Christian? _____

How did you become a Christian (use separate piece of paper if needed)? _____

Have you worked with YWAM (Youth With A Mission) before? (If so, give dates and locations)?: Yes No

If your answer to the previous questions was no, then when and how did you hear about YWAM? _____

Why do you want to be a Mission Builder with YWAM? _____

To which church do you belong? _____

Denomination: _____ Pastor's Name: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

Have you discussed your interest in being a Mission Builder with your pastor? Yes No

Please hand the attached reference form to your pastor and ask him to return it directly to us. (Please provide him with an addressed return envelope with proper postage or our fax number.)

D; Emergency

In case of an emergency, whom shall we notify?

Name: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

Relationship: _____

RELEASE OF LIABILITY:

I/We do hereby release YOUTH WITH A MISSION (YWAM) – CANBERRA, INC., it's 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; or any liability connected with death in the field.

Signature: _____ Date: _____

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:

Name: _____ Date: _____

Applicants Signature: _____ Date: _____

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

Signature: _____ Relationship: _____ Date: _____

Please direct all forms to:

Personnel

Youth With A Mission Canberra Inc.
P.O. Box 7, Mitchell, ACT, 2911, Australia
Telephone #: + 61 - (2) - 62415500
Fax #: + 61 - (2) - 62416098
Email: personnel@ywamcanberra.org



www.YWAMCanberra.org



PASTOR'S REFERENCE for a MISSION BUILDER

Applicants Name: _____

The above named person has applied to join as a Mission Builder with Youth With A Mission, Canberra, Australia. Youth With A Mission is an international movement of Christians from many denominations dedicated to present Jesus Christ personally to this generation, to mobilizing as many as possible to help in this task, and to training and equipping of believers for their part in fulfilling the Great Commission. As citizens of God's Kingdom, we are called to love, and to serve His body, the Church, and to present the whole Gospel for the whole person throughout the world. Will you kindly aid us in judging the applicant's fitness for such service by supplying the information requested in this form? We suggest that you answer only those questions about which you are reasonably certain. We shall appreciate an early reply giving your candid appraisal of the applicant. It will be kept strictly confidential.

Your Name: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Telephone #: _____ Fax #: _____ Email: _____

1; How long have you known the applicant? _____

2; Were you aware of the applicant's intensions to work with us? _____

3; Please describe his/her relationship with the Lord: _____

4; Does the applicant have the ability to get along with others? _____

5; Is he/she willing to follow instructions? _____

6; Please give a description of the applicant's general work skills and abilities or disabilities: _____

7; Please add any other comments which may assist in this application: _____

Signature: _____

Date: _____

Please direct all forms to:

Personnel
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