



Dear Applicant,

Greetings from the OneStory Partnership and Youth With A Mission! We were excited to receive your inquiry regarding the OneStory Partnership ministry opportunity. We would like to explain the unique strategy with which God has entrusted our partnership in order to reach the untargeted and unreached people groups of the world.

OneStory Partnership is a historic partnering of Wycliffe Bible Translators, Campus Crusade for Christ, International Mission Board of the Southern Baptist Convention, Trans World Radio, and Youth With A Mission International. This partnership was formed to coordinate a united effort to help fulfill the Great Commission to “make disciples of all nations.”

Seventy percent of the world’s peoples are functionally illiterate, with even greater concentrations of illiteracy found in those areas that are least evangelized. The OneStory Partnership uses Chronological Bible Storying to present the gospel to these oral cultures.

The OneStory Partnership combines the strengths and skills of all five agencies to train, place, and assist motivated field workers among the Bibleless and least reached people groups. OneStory Quest/Venture teams of two or three people work with mother-tongue speakers to develop and record 25-40 crafted, worldview-sensitive Bible story sets that communicate the heart of the Gospel for each people group. OneStory Quest teams spend two-and-a-half years developing story sets in completely new ministry locations. OneStory Venture teams spend about one year assisting an existing ministry team to complete a Chronological Bible Story set.

OneStory Quest/Venture participants receive extensive on-the-field training and on-site consultations in all areas necessary to complete their goals. Each of the partnering OneStory organizations will mobilize workers into OneStory opportunities.

Further questions can be e-mailed to askus@ywamonestory.org or call (903) 509-5373.

Sincerely,

Dean Lundberg
YWAM OneStory Partnership Representative

Enclosed in this packet:

- OneStory Quest/Venture YWAM requirements
- OneStory Partnership Quest/Venture Training/Field Timeline
- OneStory Quest/Venture Field Placement
- OneStory Quest/Venture Financial requirements
- YWAM OneStory Partnership application



OneStory QUEST/VENTURE YWAM REQUIREMENTS

1. Minimum age of 18.
2. Minimum one year of YWAM training, including a DTS and one other relevant secondary training program. (Examples would be SOSM, SOFM, FCD, SOE, etc.) Appropriateness of the secondary school will be determined by the OneStory YWAM representative. Previous missions experience will be considered in lieu of a secondary YWAM school on an individual basis.
3. Successful completion of the application process. The application will include the following:
 - a. Application form.
 - b. Confidential health form.
 - c. Supplemental questions.
 - d. Evaluations from three references, including a former YWAM school or staff leader.
 - e. Interview by OneStory YWAM staff, either via phone or in person.
4. Very good to excellent physical and mental health. Adaptability to rugged physical conditions and uncertain diet.
5. Valid international health insurance. (Contact us for information if needed.)
6. Appropriate immunizations, including Hepatitis A & B, and other shots relevant to your location. (Hepatitis A & B vaccinations require a series of shots. Applicants without these shots are recommended to begin the series ASAP.)
7. Time commitment: OneStory Quest—two years, OneStory Venture—one year (average).
8. Ability to use a computer and learn new software programs with instruction.
9. Financial requirements—see separate sheet.



www.ywamonestory.org

A Story
Worth Telling

P.O. Box 3000 • Garden Valley, TX • 75771
phone (903) 509-5373
fax (903) 882-7673
askus@ywamonestory.org

OneStory QUEST/VENTURE FIELD PLACEMENT

The placement on OneStory Quest/Venture teams involves dialogue between the Partnership leaders, YWAM leaders, and the applicant. This dialogue takes place once the application process is started and will be determined in advance of the General Orientation. This will afford candidates time to raise funds and obtain visas.

In most locations, the OneStory Partnership utilizes existing training facilities for ongoing OneStory trainings. Field training will be held regionally in areas where clusters of projects are located. Training cycles begin twice a year in spring and fall.



A Story
Worth Telling

www.ywamonestory.org

P.O. Box 3000 • Garden Valley, TX • 75771
phone (903) 509-5373
fax (903) 882-7673
askus@ywamonestory.org

OneStory QUEST/VENTURE TRAINING/FIELD TIMELINE

OneStory Quest is a two-year adventure developing a set of chronological oral Bible stories where there is no present missions endeavor.

OneStory Venture comes alongside an existing missions work in oral cultures to develop the story set.

The OneStory Quest/Venture Project is a comprehensive combination of training and field involvement. Throughout the one- to two-year process participants receive “just in time” training on all topics necessary to successfully craft a Chronological Bible Story (CBS) set. Training cycles at a hub center alternate with time on the field developing CBS sets with the people group.

Venture workers participate in the training cycles that are necessary for them to complete their project. An assessment of the progress of current missions efforts in areas such as language acquisition, cultural understanding, etc., determines the training cycles that are relevant to a Venture Project.

Initial training covers a broad area of topics including spiritual walk, complete technical training, language acquisition, translation principles, and introductions to orality and storying. On field training locations will vary according to the location of OneStory project clusters. Each OneStory partner organization contributes to the training cycles.

The first year goal of the OneStory Quest Project is a set of crafted Old Testament stories that are back-translated, tested, recorded, and consultant checked. At this stage, mother-tongue storyers are telling the stories to others. The 18-month goal is a similar set of crafted Gospels and Acts stories. At the completion of the second Quest year, the goal is to begin the broad sowing of the CBS set by mother-tongue storyers resulting in a church planting effort that will spread throughout the people group.

<p>Months 1 – 2 General Orientation, spiritual walk, worldview, language issues, translation principles, and technical training. Field orientation.</p>
<p>Month 3 Receive church planting movement training, language and culture learning among people group, research on indigenous storying and art forms.</p>
<p>Months 4 – 5 Teams begin working with preliminary stories within the people group.</p>
<p>Month 6 Visit hub center—debriefing, spiritual retreat, story set selection, redemptive themes, translation principles, key terms, and comprehension training.</p>
<p>Months 7 – 11 Crafting, testing, and refining OT stories. Coaching mother-tongue storyers.</p>
<p>Month 12 Visit hub center—debriefing, spiritual retreat, consultant check of recording training, and back-translation.</p>
<p>Months 13 – 17 Crafting, testing, and refining stories from Gospels and Acts.</p>
<p>Month 18 Visit hub center—debriefing, spiritual retreat, consultant check of back-translation, testing, and recording of Gospels.</p>
<p>Months 19 – 23 Mother-tongue storyers telling stories. Discipleship and church planting. Stories revised and tested. Final recordings and picture booklets.</p>
<p>Month 24 Final debrief, spiritual retreat, archive files, and transcripts of stories.</p>



OneStory QUEST/VENTURE FINANCIAL REQUIREMENTS

YWAM OneStory staff will provide communication tools and ideas to empower individuals, churches, and YWAM bases to raise funds needed for OneStory projects.

Personal Monthly Support

For expatriate workers, the estimated personal monthly support is \$1,000 (single) and \$1,800 (married couple). Amounts may vary (higher or lower) depending on the cost of living in your field location.

One-Time Expenses Per Person

One-time personal expenses may include some or all of the following: field-networking trip made in advance of the project, immunizations, visas, health insurance, fundraising materials, and travel.

Participant travel, room, and board for necessary trainings may be included as a separate budget item to be raised in advance of the project. If monthly support is adequate funds may be saved on a regular basis for this item.

Project Expenses

Costs per project cover items both one-time and recurring.

One-time costs include items such as a computer and digital recording device, high-quality recording costs, consultations, advance trainings, assessments, spiritual retreats, and OneStory partnership central operations support.

Project costs are estimates and vary greatly according to the proximity of resources and OneStory Partnership personnel. YWAM OneStory representatives work with assigned OneStory workers to develop a customized budget for each project.

Recurring project costs factored into the individualized budget includes consultations, advanced training, spiritual retreats, etc.

An itemized breakdown of costs considered per project is available upon request from the OneStory office.

Estimated OneStory Project Costs:

Quest Projects: two-year commitment in new locations: \$8,000 - \$15,000.

Venture Projects: one-year commitment in an existing ministry location: \$5,000 - \$14,000.

Locally Funded Projects: Projects begun in areas with other fully developed projects and trained resource personnel available locally, approximately \$2,500 per project.

* Project costs are customized and vary greatly according to the proximity of resources and OneStory Partnership personnel. YWAM OneStory will work with team members to develop their customized project budget.



A Story
Worth Telling

GUIDELINES TO COMPLETING PROGRAM APPLICATION

Thank you for applying to the OneStory Partnership Quest/Venture Project. In order for us to process your application, we must receive each of the following items.

- 1. **Application Form.** Please answer every question. (If one does not apply to you, write N/A)
- 2. **Registration Fee.** A non-refundable registration fee of \$55 for singles or \$65 for a married couple is to be sent in with the application.
- 3. **Confidential Health Form.** This form must be signed by a physician.
- 4. **Consent For Treatment/Liability Release Form.** Each applicant must sign this form (*on back of Health Form*).
- 5. **Supplemental Questions.** Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.
 - A. Describe your conversion experience, how long you have been a Christian, 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 program.
 - 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. Describe your ministry experience? Where and what type of ministry have you been involved in? Include experience both in and outside of YWAM.
 - H. Have you ever been involved in: a felonious crime, drug or alcohol abuse, pornography, occultic activities, or homosexual practices? Explain.
 - I. What areas of your character are you presently seeking God to further develop and improve?
 - J. This partnership requires close interaction with other Christian agencies and denominations. Describe how you would approach theological and organizational differences.
 - K. How did you hear of this program? Why are you interested in this program and how have you received God's guidance to participate?
 - L. Please list any special circumstances or situations we should know about.
 - M. Please list the names and addresses of your three references.
- 6. **Three Reference Forms.** Please fill out the top portion of each reference form and give one to your pastor or spiritual leader, one to an employer or teacher, and one to a friend. If you are presently in YWAM, or have been, please have at least one reference completed by your most recent YWAM school/work leader.

Please give each reference a stamped envelope addressed to:

OneStory Partnership
c/o YWAM, P.O. Box 3000, Garden Valley, TX 75771
- 7. **Two Recent Photos.** Wallet size, 2½" x 3½".
- 8. **A Personal Interview.** If at all possible, this should be done in person with YWAM Tyler/OneStory staff. If not, a phone interview will be arranged.

NON-U.S. CITIZENS

All payments of registration 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.



A Story Worth Telling

APPLICATION

PERSONAL INFORMATION (Please print or type.) Please be sure to include the non-refundable application fee.

Name _____ Phone () _____
Last First Middle

Present Address _____
Street Address City State/Province Zip Country

Email _____ Sex _____ Date of Birth _____

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

Marital Status: Single Engaged Married Separated Divorced

Emergency contact _____
Name Relationship Phone #

Address _____
Street Address City State/Province Zip Country

CHURCH INFORMATION

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone () _____

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 _____

EDUCATION/EMPLOYMENT/SKILLS

What higher education have you had? What was your major/minor? Where did you obtain your degree? _____

Summarize your resume and work experiences _____

Describe your computer skills. Be specific _____

Present Employer _____ Occupation _____

Musical Abilities/Other Talents _____

PREVIOUS YWAM EXPERIENCE

Where did you do your DTS? _____
Location Date of Completion

Please list all secondary YWAM training you have completed.

Beginning with the most recent, fill out as completely as possible. If you are missing information, please describe details as best as possible.

Dates Attended <small>Month/Year, list most recent first</small>	School Name	Location <small>YWAM Center, City/Country</small>	School Leader	Contact Info <small>Email, Website, Address, etc.</small>

Please list all YWAM outreaches you have completed.

Beginning with the most recent, fill out as completely as possible. If you are missing information, please describe details as best as possible.

Dates <small>Month/Year, list most recent first</small>	Location	Leader	Outreach Focus <small>Summary of main objectives i.e. medical, building project, teaching, orphanage, etc.</small>

Please list all YWAM staff positions you have held.

Beginning with the most recent, fill out as completely as possible. If you are missing information, please describe details as best as possible.

Dates <small>Month/Year, list most recent first</small>	Location	Immediate Supervisor	Job Description <small>Main duties or responsibilities</small>

FINANCIAL INFORMATION

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

Do you have the total fees and monthly support? Yes No If not, what percentage do you have? _____

If you do not have the necessary finances, please explain your action plan for raising your one-time and monthly support. _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION AND ONESTORY PARTNERSHIP, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES AND REQUIRED FEES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION AND ONESTORY PARTNERSHIP.

Signature _____ Date _____

CONFIDENTIAL HEALTH FORM

Name _____ Program applying for _____
 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	<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"/>	Asthma, 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"/>	Heart trouble	<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"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Veneral disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<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"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions, epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

CONFIDENTIAL HEALTH FORM CONT'D

TO THE PHYSICIAN

Name of Applicant _____

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please review the "Personal History" information on the opposite side, 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 3-4 miles per day? YES NO

Comments _____

PHYSICIAN RECOMMENDATION Acceptable without limitations Not acceptable

Should remain in areas where adequate medical care is provided

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I 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.

Applicant's Signature

Date

LIABILITY RELEASE

I hereby release YOUTH WITH A MISSION and OneStory Partnership, 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 and OneStory Partnership. I agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors or staff, and OneStory Partnership staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature

Date

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 _____



Please return form to:

OneStory Partnership
P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 509-5373 • fax (903) 882-7673
askus@ywamonestory.org