



Please staple  
wallet-size  
photo here.

# VOLUNTEER APPLICATION

Please fill out application form and return to the address above, along with a recent, wallet-size photo and the completed skills list. Give one reference form to your pastor/minister/spiritual leader and one to a teacher, employer, or mature Christian friend. Provide both references with a stamped envelope addressed to the details above.

## SECTION A: Personal Information

(Please print or type)

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Province Zip Country

Email \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Passport # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type/Class \_\_\_\_\_  
Please attach photocopy of driver's license

Marital Status:    Single    Engaged    Married    Separated    Divorced

List full name, age, schooling grade level, and sex of children accompanying you \_\_\_\_\_  
 \_\_\_\_\_

Length of time you can volunteer \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name 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: Health Information

Do you have any physical handicaps, health conditions, or dietary needs requiring special attention? (Explain) \_\_\_\_\_  
 \_\_\_\_\_

Are you under a doctor's care or taking medication?    Yes    No   (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had psychiatric treatment?    Yes    No   (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_

Do you have medical insurance?    Yes    No   If yes, please supply the following information:

Name of Insurer \_\_\_\_\_

Medical Insurance \_\_\_\_\_

What does the insurance cover? \_\_\_\_\_

*continued on back...*

## SECTION D: Consent for Treatment

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to applicant

## SECTION E: Liability Release

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to applicant

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 volunteer 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Please return form to

YWAM Tyler • Administration Department • P.O. Box 3000 • Garden Valley, TX 75771-3000  
(903) 509-5321 • fax (903) 882-7673 • ywamtyler.org

# VOLUNTEER SKILLS LIST

Revised 05/2008

Name \_\_\_\_\_ Date \_\_\_\_\_

Please indicate your experience by checking the box on the left and your skill level by entering the following letters in the brackets:

F = Fair P = Professional O = Overseer

If you have no experience but are willing to help, enter "H" in the brackets. Explain if necessary.

## Construction/Maintenance/Operator

- Plumbing [ ] \_\_\_\_\_
- Carpentry (finish or rough?) [ ] \_\_\_\_\_
- Electrical (commercial or simple?) [ ] \_\_\_\_\_
- Mechanics (auto or diesel?) [ ] \_\_\_\_\_
- Appliance Repair [ ] \_\_\_\_\_
- Cabinetry [ ] \_\_\_\_\_
- Concrete (flat or structural?) [ ] \_\_\_\_\_
- Framing (steel or wood?) [ ] \_\_\_\_\_
- Gardening [ ] \_\_\_\_\_
- General Laboring [ ] \_\_\_\_\_
- Heavy Equipment (specify) [ ] \_\_\_\_\_
- Heating/AC Repair [ ] \_\_\_\_\_
- Insulating [ ] \_\_\_\_\_
- Masonry [ ] \_\_\_\_\_
- Landscaping [ ] \_\_\_\_\_
- Painting [ ] \_\_\_\_\_
- Rebar [ ] \_\_\_\_\_
- Sheet Rocking (install or mud?) [ ] \_\_\_\_\_
- Flooring (carpet or linoleum?) [ ] \_\_\_\_\_
- Ceramic Tiling [ ] \_\_\_\_\_
- Welding (electric or acetylene?) [ ] \_\_\_\_\_
- Roofing (metal, shingles, or tile?) [ ] \_\_\_\_\_
- Sewerage [ ] \_\_\_\_\_
- Other [ ] \_\_\_\_\_

## Serving

- Childcare [ ] \_\_\_\_\_
- Food Service [ ] \_\_\_\_\_
- Cooking [ ] \_\_\_\_\_
- Sewing [ ] \_\_\_\_\_
- Housekeeping [ ] \_\_\_\_\_
- Teaching [ ] \_\_\_\_\_
- Teaching English [ ] \_\_\_\_\_
- Other [ ] \_\_\_\_\_

## Communications

- Graphic Design [ ] \_\_\_\_\_
- Web Design [ ] \_\_\_\_\_
- Writing [ ] \_\_\_\_\_
- Video [ ] \_\_\_\_\_
- Video Editing [ ] \_\_\_\_\_
- Photography [ ] \_\_\_\_\_
- Photographic Editing [ ] \_\_\_\_\_
- Other [ ] \_\_\_\_\_

## Administration/Logistical

- Data Entry [ ] \_\_\_\_\_
- Receptionist [ ] \_\_\_\_\_
- Typing/Filing/Clerical/General Office [ ] \_\_\_\_\_
- Organizational [ ] \_\_\_\_\_
- Other [ ] \_\_\_\_\_

## Other skills not listed

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## Tools I can bring

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# CONFIDENTIAL REFERENCE

Revised 05/2008

## 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 • Administration Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant \_\_\_\_\_ Phone (        ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Program applying for \_\_\_\_\_ Starting date \_\_\_\_\_

## 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	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Teamwork	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Often causes friction
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> 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 \_\_\_\_\_



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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone (       ) \_\_\_\_\_

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