



Volunteer & Staff Application Form

Application Checklist

Thank you for applying to join the YWAM Saint Lucia' team as a volunteer staff. to enable us to process your application, follow the steps below to complete your application:

- 1- **Fill the Staff application form:** Please answer all questions. If one does not apply to you, write N/A (not applicable) in the space. Husbands and wives must use separate forms. Make sure you answer all the Supplementary questions.
- 2- **Print the Confidential health form:** This form must be signed by a Physician.
- 3- **Print and sign the Consent for treatment, and the Release of Liability forms:** Each applicant must sign these forms.
- 4- **Photographs:** Please send with your application a recent photo of yourself(No group photos). In addition also send a scan of your passport' information page
- 5- **Three reference forms:** Please complete Section1 of each reference form and give one to your current YWAM leader /or pastor and one to your DTS leader if applicable and one to a mature Christian friend, or employer. Please give each referee a stamped envelope, addressed to:YWAM Saint Lucia **P.O. Box 4029 Bocage Castries, SAINT LUCIA (Eastern Caribbean)**. The referees can email us a scan copy of the form but we will still need the sign originals.
- 6- **Immigration:** We will work with you on getting the necessary documents if any require once your application approved. Keep in mind that there could be some more paper work require for work permit.

If you need further assistance or have any Question , please feel free to contact us and we will gladly help.

Telephone: (758) 450-9926 or (758) 286-2967

Skype : YWAMSAINTLUCIA

Email: [YWAMSAINTLUCIA\[at\]gmail.com](mailto:YWAMSAINTLUCIA[at]gmail.com)

Web: www.ywamsl.org



Personal Details

I would like to apply for:

- Short Term Volunteer position Give any details on duration
A short term is any thing less than 24 months
- Long term volunteer position Give any details on duration
A Long term is any thing from 36 months and over
- Other Volunteer position Give any details
this may include - part time volunteer – or any other type of volunteer to indicate



Starting Date: _____
Please indicate the date you plan to start Month / Year

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Date of Birth: _____ Place of Birth: _____
DD / MM / YYYY

Age: _____ Sex: Male Female

Nationality: _____ Passport Number: _____ Expiration Date: _____
DD / MM / YYYY

Marital Status: (please check the appropriate box)

- Single Married Anniversary Date: _____
DD / MM / YYYY
- Divorce Date: _____
- Separated Date: _____
DD / MM / YYYY
- Widow(er) Date: _____
- Re-married Date: _____
DD / MM / YYYY
- Engaged Wedding Date: _____
DD / MM / YYYY

If Married or Re-married

Spouse's Name: _____ Will your spouse be accompanying you? Yes No

Spouse's Nationality: _____ Passport Number: _____ Exp. Date: _____
DD / MM / YYYY

Spouse's: _____ Sex: Male Female

Emergency Contact Information:

Complete Name: _____ Relationship to Applicant: _____

Mailing Address: _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Country: _____

Telephone: _____ Email: _____



Family Information:

Do you have children (Indicate Number): Will any of your Children accompanying you? Yes No

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date:

DD / MM / YYYY

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date:

DD / MM / YYYY

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date:

DD / MM / YYYY

Indicate additional informations on a separate page to attache

Church Information:

Church Name: Pastor's Name:

Church Affiliation denomination:

Church mailing Address:

City: State / Province: Zip / Postal Code:

Country:

Telephone: Fax:

Email: How long have you attended this church?

Personal Finances:

All our staff are volunteer and have to raise they own support this means most ministry fees and personal expenses are to be raised this can be done through partnership with other person (family, friends...) or institution (church businesses, etc...) or other means. Often our single full time volunteer live in community and this among other help reduce cost. To cover room and board each volunteer contribution is base on their country categories ([see details on our web site](#)) and typically you should consider in your budget: - your personal expenses and between – US\$25 and US\$ 6 per day depending on the duration of commitment and your country category . Volunteers can also help in raising support for some major ministry expenses such as airfare or transportation for outreaches or other.

Do you have all the money for your monthly volunteer fees and personal expenses? Yes No

If not, what percentage do you currently have?

Please explain:

Do you have any persons or churches committed to supporting you during this program? Yes No

Please explain:

Do you have any debt at this time? Yes No How do you plan to eliminate this debt while with YWAM?

Please explain:

I certify that all information in this application is complete and accurate . If accepted by Youth With A Mission Saint Lucia, I will abide by the Spirit, rules and schedule of the program. I confirm that I understand that the payment of the required program fees/tuition must be made upon or before arrival.. I also confirm that I am fully aware of my obligations, both to the lord and to YWAM. I therefore commit myself to paying all personal expenses required during my involvement with Youth With A Mission Saint Lucia

Name & Signature of the Applicant : Date:

DD / MM / YY



Education and Skills

Education & Languages:

What is the highest grade level you have completed?

What languages do you speak? Please indicate your level of proficiency.

A = Basic B = Limited C = Minimum Professional D = Professional E = Native Tongue

Languages

Written

Speaking

Experience & Interests:

In which of the following do you have experience or a special interest? Experience = E Interest = I

E	I		E	I		E	I		E	I	
<input type="checkbox"/>	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	Discipleship	<input type="checkbox"/>	<input type="checkbox"/>	Writer	<input type="checkbox"/>	<input type="checkbox"/>	Church Planting
<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>	Singer	<input type="checkbox"/>	<input type="checkbox"/>	Multimedia Communications
<input type="checkbox"/>	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	<input type="checkbox"/>	Nursing	<input type="checkbox"/>	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	<input type="checkbox"/>	Community Development
<input type="checkbox"/>	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	Journalism	<input type="checkbox"/>	<input type="checkbox"/>	Sports	<input type="checkbox"/>	<input type="checkbox"/>	Video Production
<input type="checkbox"/>	<input type="checkbox"/>	Computers	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Arts	<input type="checkbox"/>	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	Working with Children
<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	Translation	<input type="checkbox"/>	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	<input type="checkbox"/>	Working with Teens
<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	Working with Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	Art	<input type="checkbox"/>	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Farming	<input type="checkbox"/>	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	Theater	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Preaching	<input type="checkbox"/>	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	<input type="checkbox"/>	Sound	<input type="checkbox"/>	<input type="checkbox"/>	Beautician / Hair Stylist
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	Others:								



Personal questions

1- Please describe your conversion experience, and the turning point in your walk with God and Jesus Christ

2- Describe any other special experiences you have had during your walk with the Lord.

3- How would you describe your relationship with your family? Please include how they feel about your plans to serve with YWAM Saint Lucia.

4- Describe your relationship with your local church. And include any areas of leadership or service that you were involved in.

5- Are you in school or working at this time? Please explain.

6- Describe your long-term goals and what God has been speaking to you about His plan for your life..

7- How did you hear about YWAM Saint Lucia?

8- What areas of your character do you want to change with God's help?

9- Have you ever had any missions experience? Please explain when & where.



10- Have you ever been involved in a crime use of drugs, alcohol abuse, homosexuality, or the occult? Please explain.

11- Why do you desire to get involve with YWAM Saint Lucia programs?

12- Please list all YWAM Program you have ever attended, which location and what year you attended them.

13- Please write the name of the persons completing your reference form, be sure to include their telephone number and address including Email.

14- Mention any other area or aspect of your life you believe would be important for us to know about.

15- do have any tension with your past leaders and in what area ?. To your view what was the cause?

15- if you have done a YWAM DTS, what were major challenges to you during your DTS

16- What did you did not like during your DTS

17- at What base did you done your DTS? Please indicate address and phone number

18- Who was the Director for your DTS ?



Medical History

This section must be completed by the applicant. (Please answer all questions as clearly as possible. This information is treated confidential and is kept apart from your academic records)

Applicant's Name:

Are you currently being treated by a doctor for any medical condition? Yes No If so, please explain:

Medical insurance company

Insurance number:

Are you taking any medications at this time? Yes No If so, please explain:

Do you have any physical disability or other health issue that requires special attention? Yes No

If so, please explain:

In emergency, contact:

Telephone:

Allergy Information:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	corn	<input type="checkbox"/>	<input type="checkbox"/>	milk	<input type="checkbox"/>	<input type="checkbox"/>	pollen
<input type="checkbox"/>	<input type="checkbox"/>	oats	<input type="checkbox"/>	<input type="checkbox"/>	soy	<input type="checkbox"/>	<input type="checkbox"/>	mold
<input type="checkbox"/>	<input type="checkbox"/>	peanut	<input type="checkbox"/>	<input type="checkbox"/>	tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	cosmetic
<input type="checkbox"/>	<input type="checkbox"/>	wheat	<input type="checkbox"/>	<input type="checkbox"/>	Sulfonamide	<input type="checkbox"/>	<input type="checkbox"/>	Insect sting
<input type="checkbox"/>	<input type="checkbox"/>	garlic	<input type="checkbox"/>	<input type="checkbox"/>	Serum	<input type="checkbox"/>	<input type="checkbox"/>	perfume

Other Allergies:

Contagious Diseases:

Have you ever had any of the following contagious diseases?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)						

Have you had an HIV test done? If so, what were the results?

Women Only:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Period	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Flow	<input type="checkbox"/>	<input type="checkbox"/>	Severe Cramps
<input type="checkbox"/>	<input type="checkbox"/>	Previous Pregnancies	Are your Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is your due date:		

DD / MM / YYYY

Explanations:



Personal Health History:

Have you had or do you currently have any of the following: (Please explain for any "YES" answers)

Table with 3 columns of YES/NO checkboxes for various health conditions: Jaundice, Hepatitis, Tumor / Cancer, Fainting / Dizziness, Diabetes, Hay Fever, Low Blood Pressure, Venereal Disease, Hearing Problems, Epilepsy / Convulsions, Anemia, Weakness, Paralysis, Insomnia, Shortness of Breath, Asthma, High Blood Pressure, Head Injury, Arthritis, Back Problems, Recurrent Diarrhea, Heart Disease, Skin Problems, Intestinal Problems, Kidney Disease, Eye Trouble, Recurrent Headaches, Nervous Disorders.

Explanations:

Immunization Records:

this is just an information record and not a request to take all the vaccine... require vaccines are recommended by your doctor but all depend of the type of ministry involve and their locations

Table with 4 columns: YES, NO, Date (DD/MM/YYYY), YES, NO, Date (DD/MM/YYYY). Rows include: DPT/Td (series of 3), Td Booster, Tetanus Booster, Polio (series of 3), Polio Booster, Mumps, Measles, Typhoid (series of 3), Cholera, Chicken Pox, Yellow Fever, BCG (Tuberculosis), Hepatitis A (series of 2), Hepatitis B (series of 3).

Important note regarding immunizations:

Please respond yes or no to each type of vaccination received. It is very important that we have a correct record of all the immunizations you have or have not received, including the specific date of each vaccine.

I attest, to the best of my knowledge, that the above information is true and correct.

Applicant's Signature:

Date:

DD / MM / YEAR



Health Form

FOR THE PHYSICIAN

The applicant mentioned below is applying to be part of Youth With A Mission Saint Lucia in the Caribbean. This is a volunteer service that requires that this person is in good health and your evaluation will be considered in the acceptance of the applicant.

Applicant's Name:

For how long has the applicant been your patient? Years Months Weeks First Visit

Height: Weight: Kg. Blood Pressure:

Blood Type: O A B AB + -

Do any of the following problems exist?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Dermalogical	<input type="checkbox"/>	<input type="checkbox"/>	Gastric / Intestinal	<input type="checkbox"/>	<input type="checkbox"/>	Head / Neck Problems
<input type="checkbox"/>	<input type="checkbox"/>	Urological	<input type="checkbox"/>	<input type="checkbox"/>	Ears / Nose / Throat	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive Problems
<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmological	<input type="checkbox"/>	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	<input type="checkbox"/>	Mouth / Teeth
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular

Will he / she be able to walk 3 to 4 Km. daily? YES NO

COMMENTS: _____

Doctor's Name:

Mailing Address:

City: State / Province: Zip / Postal Code:

Country:

Physician's recommendation:

This applicant is: Acceptable without limitations Not acceptable

Acceptable with limitations (please specify):

Doctor's Signature & Seal:

Date:

DD / MM / YYYY



Release of Liability and consent Form

Youth With A Mission is a volunteer missionary organization. Some of its work includes manual labour, walking to remote locations as well as going to Countries where medical care and legal procedures may differ from the standards to which you are accustomed. Also, some specialized medical services may not be easily available and substitution necessary.

With this in mind, we must ask you to be assured in your heart and to understand the sacrifice, which that may entail. By signing this form you are giving your acknowledgement of these potential risks.

Release of Liability:

I / We will not hold Youth With A Mission (YWAM), it's agents, employees or volunteers liable for any and all accidents, damages or loses that may happen to the applicant, named below, as a result of his/her involvement or participation with YWAM.

Applicant's Name:

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian: Date:
DD / MM / YYYY

Signature of Applicant: Date:
DD / MM / YYYY

Home Phone: Work Phone:

Consent for Treatment:

In case of a medical emergency, I hereby give YWAM permission to authorize any emergency medical treatment by a physician as he or she may deem necessary.

Applicant's Name:

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian: Date:
DD / MM / YYYY

Signature of Applicant: Date:
DD / MM / YYYY

Home Phone: Work Phone:



Confidential Form

the Applicant must make at least two copy of this Reference Form, complete the section 1 below and submit the form to the different reference persons with a stamped envelope addressed to YWAM Saint Lucia

Confidential Volunteer Reference Form

Section 1:

Applicant's Name:

Applying for:

Starting Date:

Month / Year

Section2: to be completed and signed only by the indicated Referee

To the Person completing this reference form:

This applicant has applied for the above mentioned volunteer position with Youth With A Mission –Saint Lucia (YWAM). YWAM Saint Lucia is part of Youth With A Mission International. YWAM is an international and interdenominational Christian missions organization, founded in 1960. We thank you for taking the time to complete this reference form and we will seriously consider your reference in making our decision. We keep all references in complete confidence and will not share them with the applicant.

Please send this completed reference to the following address:

YWAM Saint Lucia P.O. Box 4029 Bocage Castries

Or to the following email address: [YWAMSAINTLUCIA\[at\]GMAIL.COM](mailto:YWAMSAINTLUCIA[at]GMAIL.COM)

1. What is your relationship to the applicant?

Pastor Teacher Friend Employer YWAM Leader Other:

2. How well do you know the applicant? Very Well Average Very Little

3. For how long have you known the applicant? Years Months

4. To your knowledge, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine & Growing Very Emotional Superficial

5. In regards to dedication the applicant is: Dedicated Average Casual

6. Does the applicant show strong moral standards? YES NO Please Explain below:

7. What do you believe is the applicant's motivation for applying for this position?

Further Training To Serve God Adventure Desire to help Others Travel

To escape a difficult situation at home Other:

8. In your opinion, what are the applicant's strong points? (special skills or abilities)

9. What could YWAM do to help the applicant with his / her personal development?

10. **(Pastors Only)** Is your church supporting the applicant in his / her decision, with prayer, enthusiasm & finances?



Please evaluate the following areas of the applicant's life based on your observations:

	Excellent	Above Average	Average	Below Average	Poor
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Alertness	<input type="checkbox"/> Quick Learner	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Learn
Work Ethic	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Trustworthiness	<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"/> Causes Friction
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Refuses Change
Christian Character	<input type="checkbox"/> Very Stable	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Happy	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Rarely on Time
Finances	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Irresponsible

Would you recommend that the applicant be accepted in this program with YWAM?

YES With Some Caution NO Please explain below:

Your Name (Name of the referee):

Mailing Address:

City: State / Province: Zip / Postal Code:

Email:

Signature:

Date:

DD / MM / YEAR