

Staff Application

YWAM PNEUMA SPRINGS - Monroe



PLEASE PRINT CLEARLY

I am applying for:

- Long-Term Full Time Staff** (more than 2 years, +40 hrs/week)
- Short-Term Full Time Staff** (less than 2 years, +40 hrs/week)
- Associate Staff**

Please attach
a current
photograph of
yourself.

What length of service at YWAM PNEUMA SPRINGS do you intend to commit to? (Months/Years) _____

Desired date of arrival (If application is accepted): _____

What specific areas are you most interested in? _____

Have you been in contact with anyone in YWAM PNEUMA SPRINGS regarding this interest? _Yes__No

If yes, whom? _____

PERSONAL AND FAMILY INFORMATION

Name _____ ()Male ()Female
 First Middle Last

Birthdate _____ US Social Security # _____ Nationality _____
(mm/dd/yy)

Birth City _____ Language (mother tongue) _____

English Level:

_____Native Speaking Proficiency _____Full Professional Proficiency
_____Minimum Professional Proficiency _____Limited Word Proficiency
_____Elementary Speaking

Present Address _____

Telephone _____ Email _____

Exact Name Listed on Passport _____

Passport Number _____ Expiration Date _____
(mm/dd/yy)

Place of Issuance _____ Date Issued _____
(mm/dd/yy)

Visa Type _____ Entry Date _____ Date Visa Expires _____
(mm/dd/yy) (mm/dd/yy)

Name of Spouse _____ Birthday _____ Wedding Anniversary _____
(mm/dd/yy) (mm/dd/yy)

Children: _____ Birthday _____ Female _____ Male _____ School Grade _____
NAME (mm/dd/yy)

_____ Birthday _____ Female _____ Male _____ School Grade _____
NAME (mm/dd/yy)

_____ Birthday _____ Female _____ Male _____ School Grade _____
NAME (mm/dd/yy)

Which form of education do you plan to enroll your children in?

____ Home School

____ Christian School

____ Public School

EMERGENCY AND HEALTH INFORMATION

In case of emergency, contact:

Name _____ Relationship _____

Address _____ Phone _____

_____ Email _____

_____ Fax _____

Do you or members of your family have any limitations (i.e. physical or mental) that might influence a placement decision? ____ No ____ Yes If yes, please explain:

Do you or members of your family have any illness or physical impairment that would put others at risk? ____ No ____ Yes If yes, please explain:

Do you have medical insurance? ____ No ____ Yes

Medical Insurance Provider: _____

Please photocopy your insurance card (front and back) or a copy of your insurance form and attach to application.

Have you ever had any of the following?

	Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Stomach / Duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problem	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Mental or Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Anemia Hay	<input type="checkbox"/>	<input type="checkbox"/>
fever	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>	<u>Females Only:</u>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism / Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Tumor / Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Previous Pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>

Allergies (please check and/or list any allergies you may have):

- | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Food: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sulfonamides | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Serum | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Have you been tested for HIV? ____ Yes ____ No If yes, were the results ____ Neg. ____ Pos.

Past Surgeries:

Date: _____	Type of Surgery: _____	Outcome & long-term effects: _____
_____	_____	_____

Are you presently under a doctor's care for any condition?

- Yes (Please specify): _____
- No

Are you taking any prescription medication?

- Yes (Please specify): _____
- No

Do you have any physical handicaps?

- Yes (Please specify): _____
- No

Do you have or have you ever had an eating disorder?

- Yes (Please specify): _____
- No

Volunteer Skills List

Please indicate your skills in the following categories:

- H** – Willing Helper
- F** – Fair
- P** – Professional
- O** – Able to oversee or direct

Construction / Maintenance / Operator

- ___Appliance repair
- ___Cabinetmaker
- ___Carpenter___finish___rough
- ___Concrete ___flat___structural
- ___Electrical___commercial___simple
- ___Framer___steel___wood
- ___Gardener
- ___General labor
- ___Heavy Equipment
 - ___Backhoe ___Tractor
 - ___Bulldozer___Scraper
- ___Heating / air conditioning repair
- ___Insulator
- ___Mason
- ___Landscaping
- ___Painter
- ___Plumber
- ___Rebar worker
- ___Sheet rock worker___install___mud
- ___Flooring___carpet___linoleum
- ___Ceramic Tiling
- ___Mechanic ___auto ___diesel
- ___Welder___electric___acetylene
- ___Roofer___metal ___shingles___tile
- ___Sewage system specialist

Administration / Logistical

- ___Data entry
- ___Typing / filing / clerical / general office
- ___Receptionist

Serving

- ___Childcare
- ___Housekeeping
- ___Food service
- ___Cooking
- ___Sewing
- ___Teacher
- ___Teaching English

Communications

- ___Graphic design
- ___Web design
- ___Writer

Other Skills Not Listed

EDUCATION & EXPERIENCE

1. When and where did you attend your DTS Lecture Phase and Outreach?

DTS Lecture Phase: _____
Location Date (month/year)

Outreach/Field Assignment: _____
Location Date (month/year)

2. List U of N Degree or other YWAM schools you have completed: (list separately, if needed)

U of N Degree

YWAM Date (month/year)

YWAM Date (month/year)

3. List most recent YWAM staff positions, your involvement, location, leaders, dates:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4. List any other YWAM or non-YWAM significant accomplishments, jobs, skills, degrees, and certificates:

PERSONAL CALL TO MISSIONS

Please prayerfully consider and answer the following questions. If necessary, use a separate piece of paper.

1. What region(s) of the world do you feel most drawn to in terms of how you feel called to do ministry?

2. What influenced you to apply for staff at YWAM PNEUMA SPRINGS, Monroe?

3. What are your hopes and expectations for serving at YWAM PNEUMA SPRINGS, Monroe?

4. What can you offer the YWAM PNEUMA SPRINGS, Monroe? What do you want to receive?

5. Define in your own words what a commitment to YWAM PNEUMA SPRINGS, Monroe means to you.

6. As you invest in YWAM PNEUMA SPRINGS, we want to try to invest in you through offering many opportunities for staff and leadership training (some of which are required). What kind of opportunities are you seeking?

7. If you have taken *Strengthsfinders* (www.strengthsfinder.com) what are your 5 Themes?

8. What are your long-term ministry goals?

9. What would you do if not accepted?

FOR THE RECORD

Are there any issues, traumas, or situations that may affect your calling and commitment to YWAM PNEUMA SPRINGS (i.e. current/pending legal proceedings, domestic/family matters, divorce, deaths, and separations)? No Yes

If yes, please explain:

Have you ever been indicted or convicted of any crimes of sexual offense, including but not limited to, sexual abuse or indecent exposure? No Yes

If yes, to either of the two preceding questions, may we check into your background? No Yes

Have you ever been convicted, imprisoned, or placed on probation or parole? No Yes

CHURCH BACKGROUND

Church Name _____ Denomination Affiliation _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Pastor's Name _____ Phone Number _____

Describe your involvement with your local church:

FINANCIAL INFORMATION

Complete the Estimated Monthly Expense Worksheet on next page

Do you have the financial support base to enable you to fulfill your intended commitment to the YWAM PNEUMA SPRINGS ? Yes No

If not, how much more monthly support do you need to raise? _____

Do you need information on how to raise your support? Yes No

YWAM PNEUMA SPRINGS STAFF COVENANT

Terms of the Covenant

- In seeking God's guidance through prayer and counsel I hereby make a commitment to serve as a volunteer staff of the YWAM PNEUMA SPRINGS.
- As a volunteer I commit to steward and honor the calling of God on my life as well as to steward and honor the calling of God upon the ministry of YWAM PNEUMA SPRINGS.
- I voluntarily dedicate my labors and talents to the YWAM PNEUMA SPRINGS's mission to impart vision and passion for discipling nations, to equip servant leaders and demonstrate God's ways in service through all spheres of society in the world.
- As a volunteer, I promise to serve the purposes and goals of YWAM PNEUMA SPRINGS and dedicate myself to YWAM's effort to carry out the Great Commission. I freely and voluntarily contribute my labors, talents and time to presenting Jesus Christ personally to this generation, mobilizing others to help in the task, training believers for their part in fulfilling the Great Commission and the Great Commandment. (Mark 12:28-31 and Matthew 28:16-20)
- I agree that the call of God upon me as a volunteer carries with it the responsibility to secure financial contributions or provide support from my own resources sufficiently to cover my expenses. I have successfully completed a required YWAM Discipleship Training School and outreach and am at least 18 years old.
- I commit to walking in integrity specifically in the area of my corporate involvement at the YWAM PNEUMA SPRINGS of the expectations of me as a staff.
- I recognize that I have the responsibility to relate to my fellow workers with mutual love, respect and care. As a volunteer of a larger international family of Youth With A Mission, I will seek to live by biblical standards and promote YWAM foundational values. I will hold myself accountable to YWAM PNEUMA SPRINGS leadership and biblical standards and moral conduct. I will conduct myself in the local community as an ambassador of Jesus Christ and will represent Him in love and holiness.
- I agree to adhere to the standards and guidelines set forth in YWAM's "Statement of Purpose", "YWAM PNEUMA SPRINGS Community Guidelines".

Print Full Name

Signature

Date

8. Please rate the following character qualities of the applicant.

	Excellent	Good	Fair	Poor	Comments
Personal Motivation					
Self-discipline					
Self-image					
Teamwork					
Seeks to serve					
Tactfulness					
Creativity					
Personal Appearance					
Planning					
Communication Skills					
Dependability					
Emotional Stability					
Faithfulness					
Responsibility					
Enthusiasm					
Ability to follow others					
Wisdom with money					
Adaptability & Flexibility					
Perseverance					

Questions 9,10, and 11 apply to Pastors / Church Leaders

9. How long has the applicant attended your church? _____ to _____
 month/year month/year

10. In what ways has the applicant been involved in your church and its programs?

11. Will your church be supporting the applicant? ____ Financially ____ Prayer ____ Other

12. Does the applicant display high moral standards? ____ Yes ____ No If no, please explain:

13. Is the applicant prejudiced against groups, races, or nationalities? ____ Yes ____ No

If yes, please explain: _____

14. Which of the following would best describe the applicant's Christian character?

Mature Contagious Genuine and Growing Over-emotional Superficial

15. What do you consider to be the applicant's strengths? _____

16. In what areas do you consider the applicant may still need growth? _____

17. What could YWAM PNEUMA SPRINGS, Monroe do to aid in the applicant's personal development?

18. Would you enjoy having this person work with/under you? Yes No

If no, please explain: _____

19. Please give any other relevant information concerning home conditions or family background of applicant: _____

20. Please add any other remarks about the applicant's background family, health, etc., that might have a bearing on his/her suitability for service at YWAM PNEUMA SPRINGS, Monroe:

21. Do you recommend the applicant to work with YWAM PNEUMA SPRINGS, Monroe?

Wholeheartedly With some reservation Not at all

Please explain: _____

I declare that the contents of this confidential reference are correct to the best of my knowledge.		
Name _____	Home Phone _____	Address _____
_____ Day Phone _____		
City _____	State _____	Zip Code _____
Signature _____	Date _____	

Would you like to receive more information about YWAM PNEUMA SPRINGS, Monroe? Yes No

Please mail this form to:

YWAM PNEUMA SPRINGS Staff Application

10211 Bollenbaugh Hill Rd

Monroe, WA 98272 USA

Phone:360-794-6043

Email: ywampneumasprings@gmail.com

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	Excellent	Good	Fair	Poor	Comments
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Self-discipline					
Self-image					
Teamwork					
Seeks to serve					
Tactfulness					
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City _____	State _____	Zip Code _____	
Signature _____		Date _____	

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