



YOUTH WITH
A MISSION
Los Angeles

MISSION ADVENTURES STAFF APPLICATION

PERSONAL INFORMATION

Application Date _____

Name _____ Preferred Name _____
(first) (middle initial) (last)

Male Female Birth date _____ Age _____
(month/day/year)

Citizenship _____ Passport Number _____

Address _____ City _____

State/Province _____ Zip Code/Postal Code _____ Country _____

Phone (home) (_____) _____ Work (_____) _____

Cell/Pager (_____) _____ E-mail Address _____

Marital Status: Single Engaged Married Separated Divorced

Are you currently in a relationship with someone who is applying for staff? Yes No Who? _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Phone (home) (_____) _____ Work (_____) _____

CHURCH BACKGROUND

Home Church _____ How long have you attended there? _____

Church Address _____

Pastor's Name _____ Church Phone (_____) _____

Describe your present involvement in this church _____

YWAM EXPERIENCE

Have you ever been involved in a YWAM short-term outreach or training program?

No Yes Specify date, location, and leader _____

Have you ever been on YWAM staff? No Yes Specify date, location, position, and supervisor _____

Send all forms to: Mission Adventures, 11141 Osborne St., Lake View Terrace, CA 91342 U.S.A.
◆ phone: (818) 896-2755 ◆ fax: (818) 897-6738 ◆ email: ma@ywamla.org

CHRISTIAN EXPERIENCE

Describe how and when you met Jesus Christ as your personal Savior. _____

Describe your present relationship with the Lord. _____

Describe your devotional life/quiet times. Are you meeting your own expectations for personal Spiritual growth? _____

What is the most significant thing God has taught you lately or is teaching you? _____

What area(s) of your character are you presently seeking God to further develop and improve? _____

What is your greatest struggle/challenge/hindrance in your walk with the Lord? _____

In what ministry activities are you currently involved? _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| Have you: | Led a prayer group? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Done any public speaking? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Participated in a worship group? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Held any leadership position(s)
in church or youth group? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Which Christian books, music, or resources have influenced you most? _____

Why do you desire to serve as Summer Staff? What will you uniquely add to the program? _____

Describe the relationship you have with your family. _____

TALENTS, SKILLS, AND ABILITIES

To better help us evaluate the possibility of placing you in a Summer Staff position, please fill out this page. Indicate to the *left* of the stated skill if you have **E** (experience) or **I** (interest) in that area of ministry. In the space to the *right* of the skill, elaborate on your talent or ability in that area. Leave blank if you have no experience or interest.

CREATIVE ARTS

- _____ Drama/Skits _____
- _____ Dance (What style?) _____
- _____ Choreography _____
- _____ Tambourines _____
- _____ Puppetry _____
- _____ Clowning _____
- _____ Balloon Art _____
- _____ Sign Language _____
- _____ Magic/Illusions _____
- _____ Directing/Staging _____
- _____ Creating/Writing _____
- _____ Illustrating _____
- _____ Voice/Singing _____
- _____ Worship Team _____
- _____ Musical Instrument _____
- _____ Sound Systems/Equipment _____
- _____ Other (_____) _____

OTHER SKILLS

- _____ Computer Operator _____
- _____ Accounting _____
- _____ Reception/Secretarial _____
- _____ Cooking/Food Prep _____
- _____ Hospitality _____
- _____ Sewing _____
- _____ Sports _____
- _____ Leading Games _____
- _____ Foreign Language(s) _____
- _____ Carpentry/Construction _____
- _____ Maintenance/Repair _____
- _____ Landscaping/Gardening _____
- _____ Mechanics _____
- _____ Bus/Commercial Van License _____
- _____ CPR/First Aid _____
- _____ Other (_____) _____

What are your top 3 Spiritual gifts or strengths? _____

List 5 words or phrases that best describe you: _____

11) Please check all of the phrases that specifically describe the applicant:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Leader | <input type="checkbox"/> Creative | <input type="checkbox"/> Heart for Youth |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Domineering | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Critical | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Team player |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Patient | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Self-motivated | <input type="checkbox"/> Needs supervision |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Shy | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Cooperative |

12) Please check the following and comment as necessary:

	Superior	Average	Poor	Not Observed	Comments
Social adaptability/poise					
Mental ability/intelligence					
Willingness to serve					
Maturity					
Concern for others					
Work habits					
Dependability/reliability					
Crisis/stress management					
Communications skills					
Punctuality					
Emotional stability					
Personal appearance/health					
Judgment/decision making					
Financial responsibility					
Moral conduct/integrity					
Ability to receive counsel					
Perseverance/task completion					
Disposition/enthusiasm					

13) How does the applicant respond/relate to authority? _____

14) Would you recommend the applicant for acceptance to this YWAM program?

- Yes No (explain) With some reservation (explain)

Signature _____ Date _____
 Name (please print) _____ Position _____
 Address _____ Phone (_____) _____ (home)
 City _____ State _____ Zip _____ Phone (_____) _____ (work)