

Thank you for applying to YWAM Los Angeles Mission Adventure summer staff! We are glad to hear of your interest and desire to impact the hearts of youth for the cause of world missions. In order for us to process your application, we must receive the following completed forms.

Checklist for Completing Application

Important: Answer each question on all forms.

- MA Application form.** Section A must be filled out either on-line or in printed form. This section B, must be completed in full.
- Consent for treatment/liability release form.** Please read carefully and sign each portion of the form. Also, if you are a minor (under 18 years of age), please have your parent or guardian sign as well.
- Personal health questionnaire.** Please provide this information, failure to do so completely could affect your chances of acceptance.
- Photocopy of your medical insurance card,** both front and back.
- Pastor or youth leader reference form.** Please send this form to your pastor your youth leader for completion. Provide them with a stamped and addressed envelope.
- Employer/teacher/leader reference form.** Please send this form to your employer/teacher/leader for completion. Provide them with a stamped and addressed envelope.
- Passport size picture.**

Applications will not be reviewed until all parts are received.

Mail all application items to:

**Youth With A Mission
attn: Mission Adventures
11141 Osborne St.
Lake View Terrace, CA 91342, U.S.A.
phone: +1 818-896-2755, fax: +1 818-897-6738
email: ma@ywamla.org**

CONSENT FOR TREATMENT / LIABILITY RELEASE FORM

Applicant's name: _____

Program Applying for: _____ **Dates:** _____

CONSENT FOR TREATMENT

I hereby agree to the performance of such treatment, anesthetics, and operations as deemed necessary in the opinion of the attending physician on the above named person.

_____	_____
Applicant's Signature	Parent/Guardian's Signature (if applicant is under 18 years old)
_____	_____
Date	Date

	Relationship to Applicant

LIABILITY RELEASE

I hereby release YOUTH WITH A MISSION - Los Angeles, 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. The undersigned waives any claims or causes of action against YOUTH WITH A MISSION and its agents that might arise on account of circumstances involving the above named individual. The undersigned will furnish payment or insurance for any such incident at his / her own expense.

_____	_____
Applicant's Signature	Parent / Guardian's Signature (if applicant is under 18 years old)
_____	_____
Date	Date

	Relationship to Applicant

TRAVEL CONSENT FOR MINORS

I hereby give my consent for _____ to travel outside the United States with YOUTH WITH A MISSION. (complete name of minor)

_____	_____	_____
Parent or Guardian's Signature	Date	Relationship to Applicant

I have submitted my reference forms to the following 2 people:

1) _____

(Name)

(Address)

(City) (State/Province) (Zip/Postal Code)

(_____) _____

(Phone)

2) _____

(Name)

(Address)

(City) (State/Province) (Zip/Postal Code)

(_____) _____

(Phone)

MISSION ADVENTURES STAFF APPLICATION - sect B
PERSONAL HEALTH QUESTIONNAIRE

TO THE APPLICANT

Please answer all questions honestly and accurately. This information remains confidential. Withholding important information could result in reevaluation of acceptance.

Name _____ Birthdate _____ / _____ / _____

Height _____ Weight _____ Blood Type _____

A, B, AB, O (+ or -)

Describe any allergies you have (food, drug, bee stings etc.) _____

Are you currently under medical supervision or taking medication? Yes No

If yes, please explain: _____

Date of last tetanus inoculation: _____

Are there any physical limitations or health conditions that require special attention of which we should be aware? _____

Have you ever had a severe emotional upset, struggled with depression, undergone psychiatric treatment or counseling?

Yes No Please explain: _____

Do you drink alcoholic beverages? Yes No How much/often? _____

Do you smoke? Yes No Please explain: _____

Have you used drugs for purposes other than medical? Yes No When? _____ What? _____

Rate your overall health at present: Very good Good Fair Poor

Are you able to walk 3-4 miles per day? Yes No

Are you contagious? Yes No

MEDICAL INSURANCE INFORMATION

Name of the Insurer _____ Policy Number _____

Policy holder's name _____ Company's phone # (_____) _____

Type of coverage (explain briefly) _____

Please attach a photocopy of your medical insurance card (front and back).

MISSION ADVENTURES STAFF APPLICATION - sect B

DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING:

YES	NO	SPECIFY	YES	NO	SPECIFY
<input type="checkbox"/>	<input type="checkbox"/>	Skin Conditions _____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Ear/Hearing trouble _____	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia _____
<input type="checkbox"/>	<input type="checkbox"/>	Glasses/Contacts _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Headaches _____	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy _____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy _____	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox _____
<input type="checkbox"/>	<input type="checkbox"/>	Weakness _____	<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath _____	<input type="checkbox"/>	<input type="checkbox"/>	High/Low Blood Pressure _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____
<input type="checkbox"/>	<input type="checkbox"/>	Back Problems _____	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	Surgery _____	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal/Digestive problems _____
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis _____	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble _____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy _____
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Additional comments: _____

EMERGENCY CONTACT INFORMATION

Person to be notified in case of an emergency _____

Relationship _____ Home Phone () _____^{first name} _____^{last name} Work/Cell Phone () _____

Permanent Address _____

I hereby declare that all provided information is true, to the best of my knowledge. I understand that in signing this document I am adhering to all of the above as stated.

Applicant's Signature _____ Date _____

Applicant's Name (print) _____ Phone # () _____

PASTOR/YOUTH LEADER

CONFIDENTIAL REFERENCE FORM - sect B

TO THE APPLICANT

Please complete the first two lines on this page and provide a *stamped envelope* addressed to **YWAM, MISSION ADVENTURES - STAFF APPLICATIONS, 11141 OSBORNE ST., LAKE VIEW TERRACE, CA 91342** for the person filling out this form. This is a confidential evaluation. Therefore, this form will NOT be shown to you but mailed directly to YWAM - Los Angeles.

Name of Applicant _____ Date _____
(first) (middle initial) (last)

Phone (_____) _____ Applying for _____
(program) (dates)

TO PASTOR OR YOUTH LEADER:

The above named applicant has applied for service with Youth With A Mission - Los Angeles. YWAM is an international, interdenominational Christian Missionary Organization. Founded in 1960, YWAM now has centers in over 135 nations and mobilizes over 32,000 short-term workers each year. Its purposes include training, challenging, and channeling Christians to fulfill Christ's last commandment: "Go, therefore, and make disciples of all nations."

Serious consideration will be given to your comments in respect to the applicant's acceptance. Your careful and speedy completion (within 7 days) of this form would be most appreciated. Thank you for your time and assistance.

- 1) What is your relationship to the applicant? Pastor Youth Leader
- 2) How long have you known the applicant? _____
- 3) How well do you know the applicant? Very Well Well Casually
- 4) Does the applicant know Jesus as his/her personal Lord and Savior? Yes No
- 5) Does he/she demonstrate the Lordship of Christ in his/her life? Yes No
- 6) Does the applicant display high moral standards? Yes No
- 7) Is he/she prejudiced against any groups, races, or nationalities? Yes No
- 8) To what extent is the applicant active in church services?
 Very Active Active Attends Frequently Not Active
- 9) Describe how the applicant makes a meaningful contribution to your church or program _____

- 10) In your opinion, which of the following would describe the applicant's Christian experience?
 Growing Mature New Believer Contagious Genuine
 Inconsistent Overemotional Committed Seeking Superficial

11) Please comment on the applicant's family background and situation (if known): _____

12) What do you consider to be the applicant's strong points (include special abilities)? _____

13) Please add any other relevant comments that we should know about to be of service to them (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual or occultic practices): _____

14) Please check several of the following that you feel are motivating the applicant to apply for summer staff:

- Personal growth Christian service Vacation/travel Receive help, ministry
- Receive discipleship To spread the gospel Desire to help others Heart for missions
- Escape a home situation Social/influenced by friends Other (specify) _____

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

- Leader Creative Heart for Youth
- Follower Domineering Organized
- Teachable Critical Self-confident
- Disciplined Easy-going Team player
- Tolerant Patient Honest
- Flexible Self-motivated Needs supervision
- Humorous Shy Depressed
- Moody Outgoing Cooperative

16) 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					

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

18) 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)

EMPLOYER/TEACHER/LEADER

CONFIDENTIAL REFERENCE FORM - sect B

TO THE APPLICANT

Please complete the first two lines on this page and provide a *stamped envelope* addressed to **YWAM, MISSION ADVENTURES - STAFF APPLICATIONS, 11141 OSBORNE ST., LAKE VIEW TERRACE, CA 91342** for the person filling out this form. This is a confidential evaluation. Therefore, this form will NOT be shown to you but mailed directly to YWAM - Los Angeles.

Name of Applicant _____ Date _____
(first) (middle initial) (last)

Phone (_____) _____ Applying for _____
(program) (dates)

TO EMPLOYER, TEACHER, OR LEADER:

The above named applicant has applied for service with Youth With A Mission - Los Angeles. YWAM is an international, interdenominational Christian Missionary Organization. Founded in 1960, YWAM now has centers in over 135 nations and mobilizes over 32,000 short-term workers each year. Its purposes include training, challenging, and channeling Christians to fulfill Christ's last commandment: "Go, therefore, and make disciples of all nations."

Serious consideration will be given to your comments in respect to the applicant's acceptance. Your careful and speedy completion (within 7 days) of this form would be most appreciated. Thank you for your time and assistance.

1) What is your relationship to the applicant? Employer Teacher
 Previous YWAM Leader Other _____

2) How long have you known the applicant? _____

3) How well do you know the applicant? Very Well Well Casually

4) Does the applicant display high moral standards? Yes No

5) Is he/she prejudiced against any groups, races, or nationalities? Yes No

6) In reference to the applicant's Christian involvement, would you consider them to be?
 Very Active Active Not Active

7) Please comment on the applicant's family background and situation (if known): _____

8) What do you consider to be the applicant's strong points (include special abilities)? _____

9) Please add any other relevant comments that we should know about to be of service to them (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual or occultic practices): _____

10) Please check several of the following that you feel are motivating the applicant to apply for summer staff:
 Personal growth Christian service Vacation/travel Receive help, ministry
 Receive discipleship To spread the gospel Desire to help others Heart for missions
 Escape a home situation Social/influenced by friends Other (specify) _____

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)