

SHORT TERM VOLUNTEER

Application forms for YWAM Nicaragua

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How to submit an application:

1. Complete the Application form.
2. Have your physician complete the Medical reference form.
3. Mail the application and medical reference forms together with an application fee of \$US20 to the address listed below. (Check payable to Juventud con una Misión.)
4. Have two people fill out Confidential Reference forms:
 - a) one from your pastor
 - b) one from an employer/supervisor, teacher or close friend (preferably employer or teacher).

Request that they e-mail or mail them directly to us.

Mailing address for your application and fee:

* JUCUM, Nica Box 1410, P.O. Box 02-5640, Miami FL 33102-5640, USA

E-Mail: info@ywamnicaragua.org

Any other mail please use:

* JuCUM, APDO. 2213, Managua 5, NICARAGUA, C.A.

TEL.(505) 0887-2183 (505) 2534-2125

E-MAIL: info@ywamnicaragua.org or dts@ywamnicaragua.org

website: www.ywamnicaragua.org

Short-Term Volunteer Application

Youth With A Mission
Diriamba, Nicaragua

Last name(s) : _____ First name(s) : _____
Address : _____
City : _____ State/Zip code: _____
Country : _____ Telephone : (with country code) _____
Date of birth : _____ Country of birth: _____
Country of Citizenship: _____ Passport # : _____ Expiration date: _____

Male ___ Female ___ Civil status (check): Single ___ Married ___ . Engaged ___ . Divorced ___ .
Separated ___ . Widow ___

If applicable, children who will accompany you:

Names	Date of birth	Gender	Grade

Emergency contact information:

Whom to contact:

Last name: _____ First name: _____ Relationship to applicant: _____
Address : City : _____ State/zip code. : _____ Country : _____
Telephone : (home #) _____ (Work #) _____ Email : _____

General questions

1. What activities are you most interested in assisting in? _____

2. How long do you anticipate volunteering? (Note: There is a maximum of 3 months for volunteers who have not successfully completed a YWAM Discipleship Training School.) _____
3. What dates would you like to arrive? _____
4. What experience do you have in church, missions or volunteer work? _____

5. Do you have all the finances necessary for voluntary work with us? _____

Please include any other type of information that you think we should know about you, your interests or your situation: _____

Church information

Name of church to which you belong: _____
Name of Pastor: _____ Denomination: _____
Address: _____ Telephone: _____
How long have you attended this church? _____ Pastor's E-mail: _____

Skills and Educational background

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Diriamba, Nicaragua

Check which schools you have completed with a diploma and what you studied:

High School		
College/University		
Course		
Course		

What languages do you speak and how well?

Language	Fluent	Conversational	Little
English			
Spanish			

Choose your abilities and talents: .

Music ___ Mechanical ___ Administration ___ Electrical ___ Theater ___ Kitchen ___
 Secretarial ___ Sports ___ First Aid ___ Accounting ___ Counseling ___ Construction ___
 Nursing ___ Teaching ___ Maintenance ___ Cleaning ___ Computers ___ Translation ___
 Carpentry ___ Gardening ___ Photography ___ Art ___ Are you a school teacher: ___
 Any other skills or abilities: _____

Have you participated in any summer outreach or any training program with YWAM? _____

If yes, when and where: _____

Leader's name: _____ E-mail: _____

Personal questions

1. Tell us about your conversion experience. (Use a separate page.)
2. Have you been involved with any of the following? Occultism ___ Alcohol abuse _____.
 Hypnosis ___ . Fortune telling ___ . Gambling ___ . Horoscope ___ Witchcraft ___ . Drugs _____.
 Atheism ___ . Spiritism ___ . Homosexuality _____. Do you smoke? _____
 Briefly explain your freedom from the checked items on the separate sheet of paper.

Self evaluation

Grade yourself with a letter grade. Use: E=Excellent G=Good R=Regular D=Deficient
 Adaptability ___ Reading skills ___ Leadership ___ Use of Spanish ___ Speaking ability ___
 Service ___ Evangelism ___ Friendship ___ Presentation ___ Respectful of authority _____

I HEREBY CERTIFY THAT I HAVE COMPLETED ALL THE PREREQUISITES OF THIS APPLICATION, AND IF I AM ACCEPTED BY YWAM, I AM WILLING FOLLOW YWAM POLICIES/PROCEDURES AND THE ESTABLISHED SCHEDULE.

Signature _____ Date _____

Reference Form

Name of Applicant _____

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Youth With A Mission

Nicaragua

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Youth With A Mission
 Diriamba, Nicaragua

The above applicant has applied for participation in the School of the Bible. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence and will not be shown to the applicant. Please mail completed form to the address listed below. Thank you so much for your time and assistance.

I. Your relationship to the applicant:

YWAM leader: _____ Pastor: _____ Employer: _____
 Teacher: _____ Friend: _____

II. Length of time of your acquaintance with the applicant? _____

III. How well do you know the applicant? _____ *Very well* _____ *Well* _____ *Little*

IV. Please check the following and comment as necessary.

		<i>Strong</i>	<i>Mature</i>	<i>Average</i>	<i>Developing</i>	<i>Weak</i>
A	Leadership					
B	Christian Character					
C	Positive contagious spirit					
D	Ability to motivate others					
E	Ability to receive correction					
F	Self confidence					
G	Willing to serve / dependable					
H	Emotional stability					
I	Communication Skills					
J	Mental ability					
K	Financial responsibility					
L	Maturity					
M	Integrity					
N	Honesty					
O	Teachability					
p	Assurance of God's calling					

Which of the following would best describe the applicant's Christian experience?

_____ Mature _____ Contagious _____ Genuine y growing _____ Over emotional _____ Superficial

With reference to Christian service, is the applicant: _____ Dedicated _____ Average _____ Casual

Comments: _____

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What role does the applicant generally take in a cooperative team effort?

Evaluation of applicant's skill / trade / profession: ___ Superior ___ Average ___ Poor

IX. Others Skills: _____

X. *Listed below are tendencies which may reduce the effectiveness of a Christian worker.
Please check if one applies:*

Impatient		Withdraws	
Intolerant		Prejudiced	
Argumentative		Gossips	
Domineering		Causes Friction	
Arrogant		Infatuations	
Critical		Impulsive	
Easily embarrassed		Lacking Humor	
Easily offended		Easily angered	
Frequently worried		Other	
Anxious		Lazzy	
Nervous		Passive	
Tense		Uninterested	
Moody		Unstable	

1. *To your knowledge, has the applicant ever been arrested for any offense?*
2. *To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?*
3. *If the applicant is married, His married is stable? Yes _____ No _____*
4. *To your knowledge, do you feel the applicant is responsible with his/her finances?*
5. *Do you recommend that the applicant be accepted as a YWAM Volunteer? ___ Yes, without hesitancy ___ With some reservations (please explain) ___ No (please explain)*
Comments: _____
6. *Is there anything else which would be helpful for us to know? _____*

Your Name: _____

Phone: _____ E-mail: _____

Your address: _____

Signature: _____ Date: ____/____/____

Medical Reference

(Name of applicant) _____, has applied as a short-term

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Diriamba, Nicaragua

volunteer with Youth with a Mission in Nicaragua, a mission organization with a busy schedule and at times intense activities. Good health is necessary. We would appreciate your evaluation.

Blood type _____

Urine Exam _____

Lungs _____

Eyes _____

Throat/Nose/Ears _____

Heart _____

Stomach _____

Does the Applicant suffer from: Diabetes ___ High Blood Pressure ___ Heart Disease ___

Bi-Polar Disorder ___ Over-weight? ___ Eating disorder ___ Allergies ___ Asthma ___

Auto Immune disease ___ Hypoglycemia ___ Anemia ___ Other _____

Please explain _____

Does the applicant suffer from any contagious disease?

Is the applicant taking any medication, right now? ___ If yes, which one and for what? _____

Has the applicant been on any extended medical treatment in the past? _____ If yes, what for? _____

Is the applicant capable of walking 3-4 miles daily? _____ Why not? _____

Are Immunizations up to date? _____ Any other general information that concerns the applicant's health, including physical impairments: _____

Date _____ Name of Physician _____