



**STAFF APPLICATION**  
**YWAM JEFFREY'S BAY, P.O. BOX 811, JEFFREY'S BAY 6330,**  
**SOUTH AFRICA**  
**GUIDE TO COMPLETING STAFF APPLICATION**

Thank you for applying for YWAM Jeffrey's Bay staff. May you know God's Grace as you seek His direction for your life.

IN ORDER FOR US TO PROCESS YOUR APPLICATION EFFICIENTLY, WE MUST HAVE ALL OF THE FOLLOWING FORMS AND THE REGISTRATION FEE SENT TO US AT ONE TIME (EXCEPT REFERENCE FORMS). If a question on the form does not apply to you write N/A in the blank. Husbands and wives must complete separate applications.

1. **Application Form** - Each individual must fill out completely. When the application form and all three references have been received the applicant will be submitted to the base leadership team for prayerful consideration.
2. **Registration Fee** – A nonrefundable Application Fee of R100 for South African residents or R300 for non-South African Residents is to be forwarded with the application. Couples need to pay R 450 Your application cannot be processed without this.
3. **Life Questions** – Prayerfully answer the life questions on a separate paper and attach them to your application form. Your application will be treated with the strictest confidence.
4. **Reference Forms** – On each of the three Confidential Reference Forms fill in your name. Hand one to your pastor/minister and one each to two other people who know have known you for at least two years e.g. employer, teacher or friend (please do not give this to a family member).

If you have taken a YWAM course previously or been on YWAM staff, one of your references **must** be from your most recent school leader or supervisor. Ask them to complete the form and post it directly to YWAM J'Bay. We must receive at least 2 of the reference forms (pastor's form must be one) BEFORE we can process your application. We suggest that they fax, or email (as a scanned attachment) their reference form to us as quickly as possible. Often your acceptance is delayed because we do not receive the reference forms.

5. **Financial agreement** - Read carefully, complete, and sign the Financial Policy and Indemnity Form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy. We are committed to live by faith and trust God together for our expenses. We seek God for a support-given strategy and are faithful with the relationships He gives us.
6. **Release of Liability/Indemnity Form** - Read carefully and understand, complete, and sign the Liability / Indemnity Form.
7. **Photographs** - Submit two recent passport-size photographs with your application.

The Registrar  
YWAM  
PO BOX 811  
Jeffrey's Bay 6330  
South Africa

Tel: +27 (0) 42 293 1794  
Fax: +27 (0) 42 293 2062  
E-mail: [office2@ywamibay.com](mailto:office2@ywamibay.com)

As leaders of the base we believe God has called us to build with gold (1 Cor 3:10-15, Eph 4:10-16 ). We attach a copy of our builder's agreement which you will be required to sign if you join us on staff. It sets forth basevision and some of our expectations which you will be required to adhere to. Please consider it prayerfully before you fill in/submit you application forms.



# JEFFREY'S BAY, SOUTH AFRICA

## STAFF APPLICATION FORM

**Attach  
2 Recent  
Photographs**

### Personal Information

Date of Application \_\_\_\_\_ Registration Fee Enclosed \$ \_\_\_\_\_ R (SA) \_\_\_\_\_  
Day / Month / Year

Legal Last/ Family Name \_\_\_\_\_ First \_\_\_\_\_ Preferred Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Street / P O Box \_\_\_\_\_ Until \_\_\_\_\_  
Month / Year

City \_\_\_\_\_ State/ Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Street / P O Box \_\_\_\_\_

City \_\_\_\_\_ State/ Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Birth place \_\_\_\_\_  
Day / Month / Year City State / Province Country Phone

Sex M F Fax Number \_\_\_\_\_ (mandatory for non South African citizens)

Email Address \_\_\_\_\_ Personal Web Site Address \_\_\_\_\_

**Marital Status:** Single Engaged Married Separated  
Divorced Re-married Widowed

Spouse's Name \_\_\_\_\_  
Legal Last / Family Name First Preferred Name Middle Name

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Birth place \_\_\_\_\_  
Day / Month / Year City State / Province Country

Will your spouse be accompanying you? Yes No

**Dependents** Names of children accompanying you:

Last/Family name First Middle Name Birth date(D/ M/ Y) Sex (M/ F) School Grade

Last/Family name	First	Middle Name	Birth date(D/ M/ Y)	Sex (M/ F)	School Grade

What area would you like to serve? \_\_\_\_\_

What is your length of commitment? (Minimum 2 years) \_\_\_\_\_

What is your long-term vision? \_\_\_\_\_

### Emergency Information

In case of Emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street/ PO Box City State/ Province Zip/ Postal Code Country

Phone \_\_\_\_\_

Allergies: \_\_\_\_\_ Blood type: \_\_\_\_\_

Medical aid information: \_\_\_\_\_

Please list any health conditions you may have \_\_\_\_\_

## Home Church Information

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_  
 Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Length of Attendance \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

## Languages

Please identify and indicate your language proficiency on the line below.

- 1 – Elementary Speaking                      2 – Limited Word Proficiency                      3 – Minimum Professional Proficiency  
 4 – Full Professional Proficiency                      5 – Native Speaking Proficiency                      6 – Mother Tongue

English Proficiency \_\_\_\_\_ other languages and Proficiency \_\_\_\_\_

## Occupation/ Job Experience

List all previous work experience for the past 10 years. Start with the most recent position.

Occupation	Organization	Dates/Location	Supervisor	Skills Used

Current Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

If you are currently working, when would you need to hand in your notice? \_\_\_\_\_

## Skills

Occupational Skills \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

Music Ability or Other Talents \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

## Educational Experience

I completed \_\_\_\_\_ High School / Secondary School \_\_\_\_\_ Equivalent of High School / Secondary School \_\_\_\_\_

Name of Institutions	Address	Dates Attended	Degree / Major / Degree Date

## YWAM / U of N Background Information

Have you previously attended a YWAM or U of N school?    Yes    No    if Yes:

	School(s)	Dates Attended (month / year)	Location (city / country)
1. Lecture Phase			
	Field Assignment Phase		
2. Lecture Phase			
	Field Assignment Phase		
3. Lecture Phase			
	Field Assignment Phase		

Please arrange for your most recent school leader to send a Reference Form to the U of N Admissions and Records Office.

## Passport / Visa Information (SA Citizen's Must Also Complete)

Country of Citizenship \_\_\_\_\_

Name as listed on Passport \_\_\_\_\_

City and Country where Passport was Issued \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ Date Issued \_\_\_\_\_  
Day / Month / Year Day / Month / Year

Have you ever been refused a Visa?            No            Yes (Give nation and details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Please note that visa application does take time.)**

# LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper.

## A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.
4. Have you been called to the mission field? If YES, give a brief account of your calling.
5. Why are you applying for staff? Please detail your guidance, confirmations, etc. i.e. How do you believe God has led you to apply to YWAM Jbay?
6. Do you understand the vision of the base and that you will be required to serve this vision?
7. How do you see your personal vision enhancing the vision of YWAM Jbay?

## B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone number, fax number and E-mail address (if applicable) to both the church and the minister/pastor.
2. If you have been a member for less than two years, please give the above mentioned details of the church to which you used to belong.
3. Does your minister/pastor approve of you joining YWAM?  
Will your church be willing to send you out as their missionary?  
Will your church be willing to support you financially?  
If the answer is NO to any of these questions, please state the reason.
4. What leadership, counseling or church work have you been involved in?  
In your answer please state where, when and with whom.

## C. PERSONAL LIFE

1. If you are under 21, do your parents approve of your joining YWAM?
2. Were you raised by both your parents?  
If NOT, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. From the following list circle the words that, in your opinion, best describe yourself:

Active	Impulsive	Nervous	Impatient	Moody	Imaginative	Serious
Good-natured	Quiet	Likable	Fearful	Lonely	Depressed	Submissive
Hurting	Sincere	Flexible	Organized	Guilty	Courageous	People lover
Humorous	Loyal	Ambitious	Persistent	Hardworking	Self-confident	Excitable
Calm	Easygoing	Introvert	Extrovert	Stubborn	Self-conscious	Sensitive
Optimistic	Competitive	Perfectionist	Insecure	Practical	Warm	Self-sacrificing
Negative	Confused					

5. Have you ever been involved in:  
(Please answer each one separately)  
a. drug abuse      b. alcohol abuse      c. occult practice      d. Sexual immorality      e. do you smoke?  
If YES, please give details and state your present position.
6. What are your interests and hobbies?
7. Do you have any learning difficulties?  
If YES, please give details.

## D. OTHER

1. How and from whom did you hear about YWAM?
2. List the names, addresses, telephone numbers, fax numbers and E-mail addresses (if applicable) of the three people you have handed the confidential reference forms to.
3. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or small quarter for families? Please note that South Africa is not typical of other African countries. Many Africans come unprepared for the different food and culture.
4. Is there anything else that you would like to tell us about that would help us to know you better?

## FINANCIAL INFORMATION: 2009 FINANCIAL POLICY

YOUTH WITH A MISSION is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The Modules are subsidized from outside sources and the costs are met largely by the student's fees, although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

### REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All South African residents and citizens applying from within the country shall pay ZAR200 each
2. All applicants applying from abroad shall pay ZAR300 each, or ZAR450 for couples.

### THE COSTS OF LIVING EXPENSES PER PERSON PER MONTH

The heart for YWAM Jeffreys Bay is for everyone to be empowered in their finances and taking personal responsibility for raising their funds. Every staff member will pay 150 Rand for staff fees. If you need to live on the base the cost for accommodation and food is **ZAR 1000** per person per month. New single staff are expected to live on the base for the first three months. As accommodation on the base is limited, we encourage staff to find alternative accommodation in town thereafter. Every individual should seek to raise this amount of support before coming on staff. If you believe that this will be difficult for you, please contact us. If you would like information on how to raise support, please contact us.

Do you have the finances to serve with us as of now?

If no, from what source will it come? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding debts? \_\_\_\_\_ No \_\_\_\_\_ Yes (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Release of Liability/Indemnity

**I/ we do hereby Youth With A Mission, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement as staff.**

Applicant's Signature \_\_\_\_\_

Day / Month / Year

## PASTOR REFERENCE FORM

**APPLICANT:** Fill your name, with signature and give to/send to pastor with a stamped envelope

Your name: \_\_\_\_\_  
Legal/Last/Family Name                      First                      Middle Name  
Address: \_\_\_\_\_  
Position applying for: \_\_\_\_\_

Youth With A Mission is a world-wide interdenominational missionary organization which was founded in 1960. It provides opportunities for voluntary Christian Service on a short or long-term basis.

The applicant would appreciate your responses below as their Spiritual Leader, please complete this form and return it to the address below as soon as possible. If you would prefer to give any opinions by telephone, please feel free to do so. Receipt of this form is necessary before we can consider their application.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity (What is your relationship)?  
\_\_\_\_\_

2. I know the applicant: very well, quite well, a little, very little (please circle appropriate)

3. For how long has he/she attended your church (If applicable)? \_\_\_\_\_

- What kind of contribution has the applicant made to the church?  
\_\_\_\_\_
- What area of the church has the applicant served in?  
\_\_\_\_\_
- Please comment briefly on the **quality** and **extent** of the applicant's Christian service: \_\_\_\_\_

4. In your consideration, which of the following would best describe his/her Christian walk?

Mature Contagious      Genuine and growing      Over-emotional Superficial (please circle)

5. Do you know the applicant's family? YES / NO

If so, is there anything you think would be helpful for us to know about them? \_\_\_\_\_

6. Please comment on the applicant's (a) ability to take responsibility, (b) level of commitment, (c) stewardship, (d) relational maturity with specific reference towards those in authority (including woman in leadership).

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

7. In your opinion, does the applicant have a call to missions on his/her life? \_\_\_\_\_

**PASTOR REFERENCE FORM CONT**

8. When did the applicant inform you of their desire to Join YWAM staff? \_\_\_\_\_  
\_\_\_\_\_

9. Please circle the area of YWAM in which you see the applicant involved: Training, Mercy Ministries, or Evangelism?

10. Is the applicant being sent out by the church? \_\_\_\_\_ If yes, for what length of time? \_\_\_\_\_

11. Would you be happy to have your church consider supporting the applicant as a full-time missionary with YWAM (a) in **prayer** and/or (b) **financially**? (a) \_\_\_\_\_ (b) \_\_\_\_\_

12. Please state any requests you would like to make of us as a mission regarding the applicant in relation to your church? (For example, conditions or period of release of applicant to YWAM) \_\_\_\_\_  
\_\_\_\_\_

13. Do you have any concerns/cautions regarding the applicant's apply to be staff at YWAM Jbay?  
If you have reservations about, or are opposed to his/her participation, please explain why?

14. We are willing to share more information with you about the work of YWAM. Would you like to have more information through (a) a brochure or (b) a newsletter? \_\_\_\_\_  
What would you like to know? \_\_\_\_\_  
\_\_\_\_\_

15. If you have reservations about, or are opposed to his/her participation, please explain why. \_\_\_\_\_  
\_\_\_\_\_

16. Have we overlooked anything, which you consider relevant to this application? \_\_\_\_\_  
\_\_\_\_\_

**THANK YOU VERY MUCH FOR TAKING TIME TO COMPLETE THIS REFERENCE FORM!**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Could we contact you if we require any further information? YES/NO

**Please return completed form to:**

YWAM REGISTRAR, P.O. Box 811, JEFFREY'S BAY 6330 South Africa

Tel: 0027-42-2931794

Fax: 0027-42-2932062

**Email: office2@ywamjbay.com**



**YWAM LEADER REFERENCE FORM CONT.**

b) His/her ability to relate to others and to be a part of a team: \_\_\_\_\_

c) The applicant's ability to handle conflicts in relationships: \_\_\_\_\_

d) His/her ability to live and work cross-culturally: \_\_\_\_\_

6. The applicant will be living and working closely with others for an extended period of time. What difficulties do you foresee that could compromise their Christian sexual morality or relationship with others? \_\_\_\_\_

7. Do you know the applicant's family? YES / NO  
If so, is there anything you think would be helpful for us to know about them/their relationship? \_\_\_\_\_

8. In your opinion, does the applicant have a call to missions on his/her life? \_\_\_\_\_

9. In which area of YWAM do you see the applicant involved in: Training, Mercy Ministries, or Evangelism? (please circle)

10. If you have reservations about, or are opposed to his/her participation, would you care to explain why? \_\_\_\_\_

11. Have we overlooked anything, which you consider relevant to this application? \_\_\_\_\_

**THANK YOU VERY MUCH FOR TAKING TIME TO COMPLETE THIS REFERENCE FORM!**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Could we contact you if we require any further information? YES/NO

**Please return completed form to:**  
YWAM REGISTRAR, P.O. Box 811, JEFFREY'S BAY 6330 South Africa  
Tel: 0027-42-2931794  
Fax: 0027-42-2932062  
**Email: office2@ywamjbay.com**



**FRIEND REFERENCE FORM CONT.**

b) His/her ability to relate to others and to be a part of a team: \_\_\_\_\_

c) The applicant's ability to handle conflicts in relationships: \_\_\_\_\_

d) His/her ability to live and work cross-culturally: \_\_\_\_\_

6. The applicant will be living and working closely with others for an extended period of time. What difficulties do you foresee that could compromise their Christian sexual morality or relationship with others? \_\_\_\_\_

7. Do you know the applicant's family? YES / NO  
If so, is there anything you think would be helpful for us to know about them/their relationship? \_\_\_\_\_

8. In your opinion, does the applicant have a call to missions on his/her life? \_\_\_\_\_

9. In which area of YWAM do you see the applicant involved in: Training, Mercy Ministries, or Evangelism? (please circle)

10. If you have reservations about, or are opposed to his/her participation, would you care to explain why? \_\_\_\_\_

11. Have we overlooked anything, which you consider relevant to this application? \_\_\_\_\_

**THANK YOU VERY MUCH FOR TAKING TIME TO COMPLETE THIS REFERENCE FORM!**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Could we contact you if we require any further information? YES/NO

**Please return completed form to:**  
YWAM REGISTRAR, P.O. Box 811, JEFFREY'S BAY 6330 South Africa  
Tel: 0027-42-2931794  
Fax: 0027-42-2932062  
**Email: office2@ywamjbay.com**

**RELEASE OF LIABILITY / INDEMNITY FORM**

WHEREAS I, the undersigned

\_\_\_\_\_ (ID NO. \_\_\_\_\_ )

am wishful to act and take part in YOUTH WITH A MISSION, JEFFREYS BAY (administered under Destiny Ministry International, registration number 2000/013804/08) (hereinafter referred to as "YWAM"), as a voluntary student/staff at the premises situated at 14 Tornyn Street, Jeffreys Bay.

**NOW THEREFOR:**

1. I exempt YWAM, its employees, management, volunteer assistants and members against all liability and/or responsibility for injury of whatsoever nature arising directly/indirectly from my voluntary performance of and/or involvement in any activities and/or services and/or on outreaches, under the instruction and/or guidance of YWAM.
2. This exemption is intended specifically, but not limited, to cover the period of time being here as student/staff/volunteer/assistant with YWAM; including, but not limited to the risk associated with:
  - travel
  - economic loss
  - pre-existing medical conditions
  - medical conditions arising during this period
  - detainment by the authorities of the country/countries traveled to
  - being kidnapped or taken hostage
  - permanent disability / bodily injury / death / emotional distress / any other losses as a result of accident, crime, violence, natural disaster or armed conflict.
3. I acknowledge that YWAM is not liable for the cancellation of excursions, schools, deviations or delays. I declare that I am in good health and are prepared to act responsibly at all times and are fully aware that some of said school/volunteering may contain certain inherent dangers. I hereby freely and willfully undertake on behalf of myself, my executors, administrators, heirs and successors in title not to claim from and undertake legal action and to indemnify, hold harmless and absolve YWAM, its employees, management, volunteer assistants and members from any and all liability whatsoever in connection with loss or whatsoever damage to any of my property or to any injury whatsoever to myself or even my death arising from the negligence of any of the above parties or from any cause whatsoever in course of my performance of any activities and/or services or any related voluntary activities at the premises or on outreaches, under the instruction and/or guidance of YWAM.

\_\_\_\_\_  
**INITIAL by student/staff/participant**

\_\_\_\_\_  
**INITIAL by guardian  
if participant is a minor**

4. I freely and willfully agree to all the terms and conditions under which all or any excursion/activity/transport is being conducted. I undertake to act responsibly, diligently and agree to exercise the greatest degree of care and safety whilst involved in any activity as a volunteer/staff/student of YWAM. I furthermore freely and willfully undertake to cover all and any costs which may be incurred for medical treatment by any person or organization who so renders his/her services in the event of any emergency and requires payment for them. I also freely and willfully undertake to pay all and any costs for transport or evacuation by vehicle, boat or aircraft if it becomes necessary in the case of an emergency. I undertake to take due and proper care at all times of any equipment or property provided for by YWAM and shall immediately notify YWAM should any damage occur or be likely to occur to any of its property and/or equipment. I undertake to abide by the rules of the leadership of the base, the leadership of the school and the leadership of field assignments/outreaches. I undertake to act responsibly, diligently and agree to exercise the greatest degree of care and safety whilst present on the said premises, or on outreach, and/or while acting under the instruction of YWAM.
5. I also understand that I will be subject to disciplinary action and handing over to the appropriate authorities in the event of my breaking the law of the land with regard to: drug use / theft / fraud / any other punishable crime with the exemptions of religious activities that is agreed upon by YWAM.

Name and Surname : \_\_\_\_\_  
Identity number (SA): \_\_\_\_\_  
Passport number : \_\_\_\_\_  
Home address : \_\_\_\_\_  
\_\_\_\_\_

THUS DONE AND SIGNED AT \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 2010.

**WITNESSES:**

1. \_\_\_\_\_ (PRINT NAME)  
2. \_\_\_\_\_ (SIGNATURE OF PARTICIPANT)

\_\_\_\_\_  
**INITIAL by guardian  
if participant is a minor**

**(If signatory is a minor, all guardians' signatures are required.)**

In my capacity as legal guardian(s) agree to the terms contained in this agreement on behalf of the participant.

SIGNATURE OF GUARDIAN

**Name of Guardian :** \_\_\_\_\_  
**Identity number (SA):** \_\_\_\_\_  
**Home address :** \_\_\_\_\_  
\_\_\_\_\_  
**Contact details :** \_\_\_\_\_  
\_\_\_\_\_