

## YWAM Discovery Bay Staff Volunteer Member Application Information

**Guide to Completing Applications:** The following items must be submitted before your application can be processed. All the questions must be completed. **If a question does not apply to you, write N/A** (not applicable) in the space provided. **Husbands and wives must complete separate forms.**

1. **Application Form:** Please fill this out legibly and completely, and sign the application form. GIVE A COMPLETE MAILING ADDRESS WHERE AN ACCEPTANCE PACKET COULD BE SENT. IF THAT ADDRESS CHANGES, PLEASE CONTACT OUR ADMINISTRATOR AT 1-360-385-3498.
2. **Photo:** Please attach a recent photo of yourself.
3. **Confidential References:** Three confidential references are enclosed. One reference should be given to each of the following: Your Pastor, an employer, a leader or teacher, and a friend. The leader needs to be your most recent leader (YWAM Leader if recently with YWAM). **Please have them fill it out and mail it directly to the Director's office.** For their convenience you may want to give them a stamped envelope with the YWAM/Discovery Bay address on it.
4. **Medical Requirements:** The Confidential Health Form must be completed and sent with your application. Please fill out your childhood immunization records as completely as possible. **Updated adult boosters (within the last 5 years) are required. These details are very important; your application cannot be processed without it.**
5. **Acknowledgement of Financial Responsibility, Release of Liability, and Consent of Treatment:** These sections must be signed.
6. **Passport:** Those who do not have a passport yet should apply for one **immediately**.
7. **Visas: INTERNATIONAL STAFF**—when accepted you will receive a special letter with which a formal application for a visa can be made in the US Consulate or Embassy. Full details will be given when accepted. Please do not make any visa application without the acceptance letter.

### You will find in your Application Packet:

1. Volunteer Member (Staff) Application Form – with picture
2. Consent Form
3. Confidential Health Form
4. Leader's/Teacher Reference Form
5. Pastor Reference Form
6. Reference Form – Other

Please return Forms #1- 3 as soon as possible to the Director, YWAM Discovery Bay,  
PO Box 989, Port Hadlock WA 98339.

**PLEASE NOTE: ALL FORMS MUST BE RECEIVED BEFORE YOU WILL BE ACCEPTED AS A STAFF MEMBER.**

Please direct all forms to:  
Phone: 360-385-3498

Director, YWAM Discovery Bay  
Fax: 360-379-4833

PO Box 989 Port Hadlock, WA 98339  
Email: [info@ywamdb.com](mailto:info@ywamdb.com)

# YWAM Discovery Bay Staff Volunteer Member Application Form

Date of Application \_\_\_\_\_ Desired date of arrival if accepted \_\_\_\_\_

What area of service are you most interested in? \_\_\_\_\_

What length of service do you intend to commit to YWAM Discovery Bay?

2 years

2 years plus

Photo

## I. Personal Information

Name: \_\_\_\_\_  
Last
First
Middle

Current Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Permanent Address (if different from your present address) : \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth place: \_\_\_\_\_ Sex: \_\_\_\_\_  
Mo
day
year

Social Security Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status (circle): Single    Engaged    Married    Separated    Divorced    Widowed

If married, spouse's name: \_\_\_\_\_ Number of years married: \_\_\_\_\_

Names of dependents accompanying you:

Child's Name	Sex	Age	Educational Grade	Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency contact E mail: \_\_\_\_\_

**Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock, WA 98339**

**Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com)** Staff Application Form, Page 1 of 7 (06/11)

# YWAM Discovery Bay Staff Volunteer Member Application Form

## II. Education, Work Background and Skills

YWAM Schools completed:                      School                      Location                      Date

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YWAM Outreaches completed:

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If you have previously served with YWAM, please state your involvement, location, supervisor, etc.

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List any other non-YWAM involvement in missions:					
Place/country	Year	Length of time	Church/Organization in missions	Types of Ministry	Your Role (team member, leader etc).

**Highest education level completed:** \_\_\_\_\_

Secondary (High) School Attended:

Name of School	Dates Attended	Diploma received
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College/University/Higher Education

Name of School	Dates Attended	Diploma Received
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Vocational/Technical/Professional Training/Other

Name of School	Dates Attended	Diploma Received
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Please list significant non-YWAM jobs you have had:

Name of Company	Position	Dates
		to
		to

# YWAM Discovery Bay Staff Volunteer Member Application Form

Do you have any other abilities or experience that relate to possible areas of service?

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List any other talents you have e.g. instruments you play, dance, singing, cooking, sewing, artwork, writing, etc. \_\_\_\_\_

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Your hobbies: \_\_\_\_\_

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What languages do you speak, in order of fluency?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If English is your second language, circle (5 being the best) how well you:

Speak: 1    2    3    4    5                      Write: 1    2    3    4    5

**How would you evaluate yourself in the following areas?**

	Very Good	Good	Fair	Not Very Good	Poor
Leadership skills					
Ability to communicate					
Adaptability to new environment					
Teamwork					
Teachability					
Emotional stability					

**YWAM is an inter-national and inter-denominational organization:**

Would having a Caucasian/Western leadership create any difficulties for you? Yes  No

If yes, please explain: \_\_\_\_\_

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Would having a leadership other than your own nationality create any difficulties for you?

Yes  No  If yes, please explain: \_\_\_\_\_

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Would having a woman in leadership create any difficulties for you? Yes    No

If yes, please explain: \_\_\_\_\_

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Would having a leadership younger than yourself create any difficulties for you? Yes    No

If yes, please explain: \_\_\_\_\_

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Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com) Staff Application Form, Page 3 of 7 (06/11)



# YWAM Discovery Bay Staff Volunteer Member Application Form

## III. Church and Ministry Background

How long have you been a Christian? \_\_\_\_\_

Current Church Denomination/Affiliation: \_\_\_\_\_ Months/ years attended: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip and Postage Code: \_\_\_\_\_

Church Telephone Number: \_\_\_\_\_

Please list any other churches you have attended for any considerable length of time from childhood to present.

Church Name/place	Denomination	Year
_____	_____	_____ to _____
_____	_____	_____ to _____

Does your pastor know you are sending us this application?  Yes  No

Does your pastor support your decision to be part of this base?  Yes  No

If your answer is no, please explain: \_\_\_\_\_

Describe your relationship with your pastor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List the ministries you have been involved in:**

Name of church/Para church Organization	Ministry Role (e.g. member, counselor, leader etc.)	Year
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

## YWAM Discovery Bay Staff Volunteer Member Application Form

### IV. Personal History

Having better insight into your personal background will help us to more accurately understand what we can do to facilitate your adjustment into another living environment or culture. All information shared on this form will be kept confidential.

**Prior to becoming a Christian, were you involved in any of the following religions:**

Buddhism  Islam  Taoism  Mormonism  Jehovah Witness

New Age  Free Mason  Witchcraft

Other cults or occult activities: \_\_\_\_\_ (please state)

**Are your parents involved in any of the following religions:**

Buddhism  Islam  Taoism  Mormonism  Jehovah Witness

New Age  Free Mason  Witchcraft

Other cults or occult activities : \_\_\_\_\_ (please state)

**If your answer is yes to any of the above, have you ever prayed and renounced them?**

Yes  No

**Have you been involved in any of the following?**

Drugs  Alcoholism  Homosexuality/lesbianism  Criminal record

Please state when and how long: \_\_\_\_\_

### IV. Other Background Information

1. Please describe your conversion experience on a separate piece of paper.
2. Describe your present relationship with the Lord.
3. Explain why you believe God is leading you to this base. What steps, if any have you taken to prepare yourself for your time with us.
4. Are there any situations that might affect your calling and commitment to YWAM Discovery Bay, such as current or pending legal proceedings, domestic/family matters, etc? If yes, please explain:

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## YWAM Discovery Bay Staff Volunteer Member Application Form

5. What are the areas in your spiritual life that you are strongest in?
6. What are the areas in your spiritual life that you are weakest and would like help on?
7. What are some of the things you would like to see happen/accomplish during your time at the base?

### Financial Statement

Do you have the prayer and financial support base to enable you to fulfill your intended commitment to YWAM Discovery Bay?  Yes  No

Please detail your support income and other expenses on another sheet of paper.

### Estimated Expenses:

When individuals are responsible for their own housing the recommended level of support is:

\$1000+per month – singles

\$2000+per month – couples and families

When on-campus housing is provided. (DTS staff will live on campus) Recommended level of support:

\$600 per month – singles

\$1000 per month - families

There are monthly staff fees that each individual/couple/family contributes.  
This includes housing, most meals, and utilities.

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Personal Call to Missions

In the paragraph below you will find the "Mission Statement" of Youth With A Mission, Discovery Bay. Our mission statement is a concise description of the unique call of this ministry and the screen through which we process any new ministries.

As you prayerfully consider these two items, please ask yourself these two questions and write your answer on a separate sheet of paper.

1. How do you see your gifts and calling complementing the calling of Youth With A Mission, Discovery Bay?
2. How would you see Youth With a Mission Discovery Bay facilitating that call and helping you to fulfill the dreams and vision God has placed in your heart?

### Youth With A Mission Discovery Bay Statement of Purpose

**YWAM Discovery Bay supports the international vision of Youth With A Mission in "preaching the Good News to everyone" (Mark 16:15) through evangelism, training and mercy ministries.**

1. We will **grow** a loving covenant community that is passionate about worship, prayer, holiness, hospitality, and sharing our faith.
2. We will **introduce and challenge** people to missions through camps and retreats at our beautiful campus.
3. We will **train** people multi-generationally for missions through YWAM courses such as Discipleship Training Schools, TESOL, and School of Frontier Missions.
4. We will **send** people out into missions on short-term teams, including King's Kids, and on long term assignments.
5. We will **bless** career missionaries through prayer, financial helps, field visits, hospitality, short-term respite at our campus in Discovery Bay.
6. We will **network** with local churches and ministries and serve the local community.
7. We will **focus** globally on evangelism and on the nations, with a specific focus on Asia and China.

## STATEMENT OF COMMITMENT

***Having read the Statement of Purpose of YWAM Discovery Bay, I agree with their vision. I have completed all portions of this application and if accepted as a volunteer member, I will abide by the statement of purpose and guidelines of Youth With A Mission, Discovery Bay.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**YWAM Discovery Bay  
Staff Volunteer Member Application Form**

**Confidential Health Form  
Personal Information**

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

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Month / Day / Year

Permanent Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Health Information**

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ (in feet, please) Weight: \_\_\_\_\_ (in pounds, please) \_\_\_\_\_

Rate your health (circle):    Very Good            Good            Average            Poor            Other

Explain any recent weight changes: \_\_\_\_\_

List all important past surgeries, X-rays, illnesses, injuries, or handicaps. (Please explain):  
\_\_\_\_\_

Please describe any special dietary needs: \_\_\_\_\_

Does this limit you in any way? \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_

Do you drink alcoholic beverages? Yes  No  If yes, how often? \_\_\_\_\_ How much? \_\_\_\_\_

Are you presently taking any medication? Yes  No  If yes, name of drug: \_\_\_\_\_ For what?  
\_\_\_\_\_

Have you ever had a severe emotional breakdown, or been diagnosed with a mental illness (i.e. depression)? If yes, please describe: \_\_\_\_\_

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Confidential Health Form

Have you ever used drugs for purposes other than medical? If yes, when? \_\_\_\_\_

Name of drug: \_\_\_\_\_ For how long? : \_\_\_\_\_

Are you pregnant? Yes  No  If yes, what is your due date? \_\_\_ / \_\_\_ / \_\_\_ Past Pregnancies? Yes  No

**Have you ever had or do you have any of the following?  
If yes, please describe on a separate piece of paper.**

Skin Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Jaundice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rheumatism/Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>
Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stomach ulcer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intestinal trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gall bladder problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recurrent diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Migraines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Head injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Venereal disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kidney disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fainting spells	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nervous disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anemia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weakness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paralysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type? _____	
Insomnia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy to: _____		Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Penicillin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dislocation of joints	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sulfonamides	Yes <input type="checkbox"/> No <input type="checkbox"/>	Broken bones	Yes <input type="checkbox"/> No <input type="checkbox"/>
Serum	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food-specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tumor/Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other-specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Females:** Irregular periods: Yes  No   
Medication for Menstrual cycle Yes  No

**Have you ever had any of the following communicable diseases?**

Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/>	Measles (Rubella)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scarlet Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pertussis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify: _____	

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Confidential Health Form

### Immunization Record

Immunization	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (Month/Year)	
DPT/Td (Series of3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Td Booster	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Tetanus Booster	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	REQUIRED
Polio (Series of 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Polio Booster	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	RECOMMENDED
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Typhoid (Series of3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Cholera	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Smallpox	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Yellow Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	
Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	REQUIRED
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____	REQUIRED

**Have any of your relatives ever had any of the following?**

**Relationship**

Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Kidney Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Heart Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Stomach Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Asthma, Hay Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____





# YWAM Discovery Bay Volunteer (Staff) Application Form

## Consent Form – Minor Child

\_\_\_\_\_  
Name of applicant Birth date Phone

\_\_\_\_\_  
Street address City State Zip

**In the event of an emergency**, I authorize the staff of YWAM Discovery Bay Camp to retain such medical care and treatment for my child \_\_\_\_\_, as it seems necessary at their sole discretion while she/he is participating in activities during the dates of \_\_\_\_\_. I agree to performance of such treatment, anesthesia, and operation as, in the opinion of the attending physicians, as deemed necessary.

I hereby confirm that I have checked with my insurance company in regard to my coverage in the event of an accident, sickness or loss/damage of property. The insurance coverage is sufficient for the activities and places traveled to.

\_\_\_\_\_  
Name of Insurance Company Policy Number

I am aware that this organization will not take financial responsibility for sickness, accident, or loss/damage of property.

In regard to \_\_\_\_\_'s participation in all activities of YWAM Discovery Bay Camp between the dates of \_\_\_\_\_, I the undersigned, covenant with this organization, including each of their employees, staff members, agents, and volunteer workers; hereafter collectively referred to as YWAM, that I will never individually or jointly, institute or assist in any action of law in any court, tribunal, or other forum against this organization on account of any injury or other loss or damage of any kind whatsoever that may hereafter be sustained by me as a consequence of my participation in, or involvement in, any activity either in a training center, outreach, outing, transportation to and from any activity by bus, van, automobile, boat, airplane, public or private conveyance, or otherwise, sponsored directly or indirectly by this organization and any affiliated agencies or representatives, whatsoever.

This covenant shall bind me and my heirs, assigns, and legal representatives, and may be pleaded as a complete defense to any action brought in breach of this covenant and agreement, and expressly agree to indemnify this organization against, and to pay any loss from me or by anyone on my behalf, or on behalf of themselves, for the purpose of enforcing a claim for loss of life, personal injury, property damage, or loss sustained by me in consequence of my attendance or participation in any of this organization's activity of any kind whatsoever.

### **Burial Statement**

Although it is most unlikely that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to travel abroad. YWAM does everything possible to protect its staff and students while on outreach. In many countries where disease is prevalent, burial may have to take place within 24 hours. If this is the case, the remains would not be able to be returned to the student or staff person's home country. Secondly, all burial costs and transportation expenses are not the responsibility of Youth With A Mission, Discovery Bay Camp, its staff or associates. Therefore, in the event of my decease, I give my permission for him/her to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial costs or transportation expenses.

I have read this agreement and understand all its terms to my complete satisfaction and have executed this document freely.

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Signature of parent/guardian Date

**YWAM Discovery Bay  
Staff Volunteer Member Application Form**

**Confidential Reference Form – Leader or Teacher**

**Applicant:** Please complete the following information and supply a self-addressed, stamped envelope, addressed to the Director at YWAM Discovery Bay for the person filling out this form.

Applicant's name: \_\_\_\_\_

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**To the person filling out this form:** The above applicant has applied as a volunteer staff member with Youth With A Mission, Discovery Bay. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 180 nations on 6 continents. Its purposes include training, challenging and equipping Christians to fulfill Christ's command to " Go, therefore and make disciples of all nations."

We would appreciate it if you supplied the information requested on this form in order to aid us in evaluating the applicant's suitability as a volunteer staff member. Serious consideration will be given to your comments. Therefore, we ask that you complete this form carefully. All evaluation forms will be kept in strict confidence and will not be shown to the applicant. Please be sure to mail this form directly to the Youth With A Mission base address indicated below. **Your earliest response will be appreciated, as the applicant cannot be considered until this office receives all references.** Please feel free to use additional paper to answer any of the questions.

Thank you for taking the time to help us in this way. We sincerely appreciate your cooperation.

How long have you been acquainted with the applicant? Years \_\_\_\_\_ Months \_\_\_\_\_  
What is your relationship to him/her? (Teacher, Leader) \_\_\_\_\_  
During what time was the applicant under your leadership? From \_\_\_\_\_ to \_\_\_\_\_  
Does the applicant respond well to authority? Yes \_\_\_\_\_ No \_\_\_\_\_  
Would you enjoy having this person work with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Reasons \_\_\_\_\_

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Evaluation of Applicant's Emotional and Spiritual Maturity

A Volunteer Staff member must be able to adjust him/herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

<p><b>Physical Condition</b></p> <p><input type="checkbox"/> Frequently incapacitated</p> <p><input type="checkbox"/> Somewhat below par</p> <p><input type="checkbox"/> Fairly healthy</p> <p><input type="checkbox"/> Good health</p>	<p><b>Attractiveness</b></p> <p><input type="checkbox"/> Avoided by others</p> <p><input type="checkbox"/> Tolerated by others</p> <p><input type="checkbox"/> Liked by others</p> <p><input type="checkbox"/> Well-liked by others</p>	<p><b>Intelligence</b></p> <p><input type="checkbox"/> Learns and thinks slowly</p> <p><input type="checkbox"/> Average mental ability</p> <p><input type="checkbox"/> Alert: has good mind</p> <p><input type="checkbox"/> Brilliant: exceptional</p>
<p><b>Responsiveness</b> (to the feelings and needs of others)</p> <p><input type="checkbox"/> Slow to sense how others feel</p> <p><input type="checkbox"/> Reasonably responsive</p> <p><input type="checkbox"/> Understanding &amp; thoughtful</p> <p><input type="checkbox"/> Exceptionally responsive</p>	<p><b>Emotional Resilience</b> (in trying situations)</p> <p><input type="checkbox"/> Gets angry, impulsive</p> <p><input type="checkbox"/> Withdraws</p> <p><input type="checkbox"/> Gets discouraged easily</p> <p><input type="checkbox"/> Meets constructively</p>	<p><b>Christian Character</b></p> <p><input type="checkbox"/> Relatively superficial</p> <p><input type="checkbox"/> Over-emotional</p> <p><input type="checkbox"/> Genuine but mild</p> <p><input type="checkbox"/> Rich and growing</p> <p><input type="checkbox"/> Warmly contagious</p>
<p><b>Leadership</b> (ability to inspire others &amp; maintain their confidence)</p> <p><input type="checkbox"/> Makes no effort to lead</p> <p><input type="checkbox"/> Tries but lacks ability</p> <p><input type="checkbox"/> Has some leadership promise</p> <p><input type="checkbox"/> Outstanding ability to lead</p>	<p><b>Achievement</b> (ability to formulate, execute, and carry plans to conclusion)</p> <p><input type="checkbox"/> Starts but does not finish</p> <p><input type="checkbox"/> Does only what is assigned</p> <p><input type="checkbox"/> Meets average expectations</p> <p><input type="checkbox"/> Superior creative ability</p>	
<p><b>Willingness to Serve</b></p> <p><input type="checkbox"/> Reluctant to serve</p> <p><input type="checkbox"/> Insists of having own way</p> <p><input type="checkbox"/> Eager to serve as needed</p> <p><input type="checkbox"/> Motives confused</p>	<p><b>Teamwork</b></p> <p><input type="checkbox"/> Frequently causes friction</p> <p><input type="checkbox"/> Usually willing to serve</p> <p><input type="checkbox"/> Works well with others</p> <p><input type="checkbox"/> Usually cooperative</p>	

## Evaluation of Applicant's skill, Training, Profession, or Trade

To be answered only by those who are qualified to evaluate applicant's skill.

Please state applicant's skill / trade

Incompetent     Highly competent     Doubtful     Superior in competence     Adequate

What other skills or areas \_\_\_\_\_

Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock, WA 98339

Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com)

Conf Leader Ref. Form, Page 2 of 4 (06/11)



## YWAM Discovery Bay Staff Volunteer Member Application Form

Check **any of the following** that you feel is motivating the applicant to become a part of our ministry here.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Christian service           | <input type="checkbox"/> Receive help, counseling  | <input type="checkbox"/> Travel or adventure |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Discipleship        |
| <input type="checkbox"/> Desire to help others       | <input type="checkbox"/> Personal growth           | <input type="checkbox"/> Other (specify):    |

Listed below are some of the qualities that describe a leader. Please use the letters W, D, A, M, or S to rate as follows: W=Weak; D=Developing; A=Average; M=Mature; S=Strong \*Please comment if Weak is denoted.

- |                                   |   |
|-----------------------------------|---|
| _____ Positive, contagious spirit | _____ Able to make decisions                    |
| _____ Ability to motivate others  | _____ Assurance of God' s calling               |
| _____ Social poise                | _____ Self-confidence                           |
| _____ Teachable attitude          | _____ Able to receive criticism                 |
| _____ Ability to communicate      | _____ Respect for strong conviction of others   |
| _____ Emotionally stable          | _____ Able to deal with inter-personal problems |

Listed below are some of the tendencies that, if present in the applicant, may hinder the ministry/work for the applicant and other students. Please underline words or descriptions that may pertain to the applicant.

- Easily embarrassed, offended or discouraged
- Frequently worried, anxious, nervous or tense, given to moods
- Prejudiced toward groups, races, or nationalities
- Impatient, intolerant, argumentative, domineering, “cocky” or critical of others
- Given to exclusive and absorbing infatuations
- Unable to cope with stress, erratic in attitudes or action
- Uncontrolled anger
- Lack of respect for leadership or structure (i.e. rules)

If the applicant seems relatively free from all such tendencies, check here \_\_\_\_\_.  
Please specify on a separate sheet if you have noted any of these or similar limitations in the applicant.

Please comment briefly on the family and social background of the applicant:



# YWAM Discovery Bay Staff Volunteer Member Application Form

Is the applicant financially responsible?  Yes  No    If no please explain: \_\_\_\_\_

Describe any significant physical, psychological, or addictive behavioral problems the applicant has faced: \_\_\_\_\_

What do you feel YWAM can do to aid the applicant's personal/spiritual development? \_\_\_\_\_

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following three questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or to have questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense?
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or the occult?

What is your overall evaluation of the applicant's promise as a staff volunteer member?

- |  |   |
|--|---|
| <input type="checkbox"/> Is definitely unsuited                              | <input type="checkbox"/> Is an average prospect       |
| <input type="checkbox"/> Is not suited at this time                          | <input type="checkbox"/> Is an above average prospect |
| <input type="checkbox"/> Is a good prospect, but I do have some reservations | <input type="checkbox"/> Is an exceptional prospect   |

**I declare that the contents of this confidential reference are correct to the best of my knowledge.**

Your Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Street Address: \_\_\_\_\_

City and State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Would you like to receive further information about Youth With A Mission?     Yes     No

**Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock, WA 98339**

**Phone: 360-385-3498    Fax: 360-379-4833    Email: info@ywamdb.com**    Conf Leader Ref. Form, Page 4 of 4 (06/11)

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Pastor's Reference Form

**Applicant:** Please complete the following information and supply a self-addressed, stamped envelope addressed to the Director, YWAM, P O Box 989, Port Hadlock WA 98339 for your Pastor to send in.

Applicant's name: \_\_\_\_\_

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Pastor:** The above applicant has applied to become a part of the volunteer staff member with Youth With A Mission, Discovery Bay. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 180 nations on 6 continents. Its purpose includes training, challenging and equipping Christians to fulfill Christ's command to " Go, therefore and make disciples of all nations."

We would appreciate it if you supplied the information requested on this form in order to aid us in evaluating the applicant's suitability for becoming a part of our staff. Serious consideration will be given to your comments. Therefore, we ask that you complete this form carefully. The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated. Please feel free to use additional paper to answer any of the questions.

I have known the applicant for \_\_\_\_\_ years.

On a scale of 1 to 5, how well do you know the applicant? \_\_\_\_\_ (1 = very little, 5 intimately)

Pastor, how long has the applicant attended your church? \_\_\_\_\_

In what activities has the applicant participated since attending your church?  
\_\_\_\_\_  
\_\_\_\_\_

In your association with the applicant, what has been the level of commitment you have seen exemplified?

Faithful  Inconsistent  Other

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock, WA 98339

Phone: 360-385-3498 Fax: 360-379-4833 Email: info@ywavdb.com

Pastor's Ref. Form, page 1 of 4 (06/11)

# YWAM Discovery Bay Staff Volunteer Member Application Form

Please check words that describe the applicant. **Choose only 4-5 words that stand out to you:**

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Teachable     | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Tolerant      | <input type="checkbox"/> Perfectionist      | <input type="checkbox"/> Moody       | <input type="checkbox"/> Easily offended    |
| <input type="checkbox"/> Enthusiastic  | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Dependable         |
| <input type="checkbox"/> Committed     | <input type="checkbox"/> Lacking humor      | <input type="checkbox"/> Domineering | <input type="checkbox"/> Self motivated     |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced         | <input type="checkbox"/> Flexible    | <input type="checkbox"/> Patient            |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Critical    | <input type="checkbox"/> Wise               |
| <input type="checkbox"/> Disciplined   | <input type="checkbox"/> Stable             | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Apathetic          |

Please check the following and comment where necessary. \* **If Poor or Below Average is marked, please explain below.**

	Excellent	Above Average	Average	Below Average	Poor
Initiative					
Response to change					
Social Adaptability					
Communication Skills					
Ability to Follow					
Ability to receive correction					
Self Confidence					
Leadership					
Concern for others					
Willingness to Serve					
Judgment/ Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments: \_\_\_\_\_

How does the applicant react in trying situations? (Check one)  Withdraws     Gets discouraged  
 Gets angry     Meets constructively     Accepts patiently     Other

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**Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com)** Pastor's Ref. Form, page 2 of 4 (06/11)

## YWAM Discovery Bay Staff Volunteer Member Application Form

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

Yes  No    If yes, please explain:

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Please check which one best describes the applicant:

<b>Mental Ability</b>	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow To comprehend
<b>Industrious</b>	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
<b>Reliable</b>	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
<b>Teamwork</b>	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group actions
<b>Flexibility</b>	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
<b>Christian Character</b>	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
<b>Disposition</b>	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
<b>Punctuality</b>	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
<b>Financial Responsibility</b>	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

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Please, check one of the following:

- Applicant is outstandingly mature, has proven ability to operate under stress and pressure.
- Applicant is more mature and emotionally stable than average.
- Applicant possesses adequate emotional stability and maturity.
- Experience has shown that the applicant might not be able to endure stress.

Does the applicant display high moral standards?  Yes  No

If no, please explain:

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Please comment on the applicant's family background (if known):

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Please add any other relevant remarks that you think we should know about the applicant:

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Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock, WA 98339

Phone: 360-385-3498 Fax: 360-379-4833 Email: info@ywamdb.com Pastor's Ref. Form, page 3 of 4 (06/11)



## YWAM Discovery Bay Staff Volunteer Member Application Form

Pastor, if you feel it is right for the applicant to participate as part of our YWAM staff, would you offer any pastoral counsel to us in helping him/her adjust to a new situation?

\_\_\_\_\_

Is your congregation or group standing behind the applicant with total enthusiasm?

Yes  No If no, please explain \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for acceptance by YWAM?  Yes  No  Hesitant

If hesitant or no, please explain: \_\_\_\_\_

\_\_\_\_\_

Please check **any of the following** that you feel are motivating the applicant to become a volunteer staff member with our base.

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Personal growth      | <input type="checkbox"/> Christian service                      | <input type="checkbox"/> Adventure             | <input type="checkbox"/> Receive help |
| <input type="checkbox"/> Receive discipleship | <input type="checkbox"/> To spread the gospel                   | <input type="checkbox"/> Desire to help others |                                       |
| <input type="checkbox"/> Travel               | <input type="checkbox"/> Get away from unpleasant circumstances |  |                                       |

Pastor, if you have any questions or input, please do not hesitate to contact us.

Your Name: \_\_\_\_\_ Church: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone Number home: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month /Year

Do you want to know more about YWAM, Discovery Bay?  Yes  No

Please direct all forms to the address below.

Thank you so much for your cooperation,  
YWAM Discovery Bay Staff

**YWAM Discovery Bay  
Staff Volunteer Member Application Form**

**Confidential Reference Form**

**Applicant:** Please complete the following information and supply a self-addressed, stamped envelope, addressed to the Director, YWAM Discovery Bay for the person filling out this form.

Applicant's name: \_\_\_\_\_

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**To the person filling out this form:** The above applicant has applied to become a part of the volunteer staff with Youth With A Mission, Discovery Bay. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 180 nations on 6 continents. Its purpose includes training, challenging and equipping Christians to fulfill Christ's command to "Go, therefore and make disciples of all nations."

We would appreciate it if you supplied the information requested on this form in order to aid us in evaluating the applicant's suitability for becoming a part of our staff. Serious consideration will be given to your comments. Therefore, we ask that you complete this form carefully. The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated. Please feel free to use additional paper to answer any of the questions.

Thank you for taking the time to help us in this way. We sincerely appreciate your cooperation.

How long have you been acquainted with the applicant: Years \_\_\_\_\_ Months \_\_\_\_\_

What is your relationship to him/her? (Teacher, pastor, friend, etc.) \_\_\_\_\_

Please direct all forms to: Director YWAM Discovery Bay PO Box 989 Port Hadlock WA 98339

Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com). Staff Conf. Ref. Form, Page 1 of 4 (06/11)

# YWAM Discovery Bay Staff Volunteer Member Application Form

## Evaluation of Applicant's Emotional and Spiritual Maturity

A YWAM Staff member must be able to adjust him/herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

<p><b>Physical Condition</b></p> <p><input type="checkbox"/> Frequently incapacitated</p> <p><input type="checkbox"/> Somewhat below par</p> <p><input type="checkbox"/> Fairly healthy</p> <p><input type="checkbox"/> Good health</p>	<p><b>Attractiveness</b></p> <p><input type="checkbox"/> Avoided by others</p> <p><input type="checkbox"/> Tolerated by others</p> <p><input type="checkbox"/> Liked by others</p> <p><input type="checkbox"/> Well-liked by others</p>	<p><b>Intelligence</b></p> <p><input type="checkbox"/> Learns and thinks slowly</p> <p><input type="checkbox"/> Average mental ability</p> <p><input type="checkbox"/> Alert: has good mind</p> <p><input type="checkbox"/> Brilliant: exceptional</p>
<p><b>Responsiveness</b> (to the feelings and needs of others)</p> <p><input type="checkbox"/> Slow to sense how others feel</p> <p><input type="checkbox"/> Reasonably responsive</p> <p><input type="checkbox"/> Understanding &amp; thoughtful</p> <p><input type="checkbox"/> Exceptionally responsive</p>	<p><b>Emotional Resilience</b> (in trying situations)</p> <p><input type="checkbox"/> Gets angry, impulsive</p> <p><input type="checkbox"/> Withdraws</p> <p><input type="checkbox"/> Gets discouraged easily</p> <p><input type="checkbox"/> Meets constructively</p>	<p><b>Christian Character</b></p> <p><input type="checkbox"/> Relatively superficial</p> <p><input type="checkbox"/> Over-emotional</p> <p><input type="checkbox"/> Genuine but mild</p> <p><input type="checkbox"/> Rich and growing</p> <p><input type="checkbox"/> Warmly contagious</p>
<p><b>Leadership</b> (ability to inspire others &amp; maintain their confidence)</p> <p><input type="checkbox"/> Makes no effort to lead</p> <p><input type="checkbox"/> Tries but lacks ability</p> <p><input type="checkbox"/> Has some leadership promise</p> <p><input type="checkbox"/> Outstanding ability to lead</p>	<p><b>Achievement</b> (ability to formulate, execute, and carry plans to conclusion)</p> <p><input type="checkbox"/> Starts but does not finish</p> <p><input type="checkbox"/> Does only what is assigned</p> <p><input type="checkbox"/> Meets average expectations</p> <p><input type="checkbox"/> Superior creative ability</p>	
<p><b>Willingness to Serve</b></p> <p><input type="checkbox"/> Reluctant to serve</p> <p><input type="checkbox"/> Insists of having own way</p> <p><input type="checkbox"/> Eager to serve as needed</p> <p><input type="checkbox"/> Motives confused</p>	<p><b>Teamwork</b></p> <p><input type="checkbox"/> Frequently causes friction</p> <p><input type="checkbox"/> Usually willing to serve</p> <p><input type="checkbox"/> Works well with others</p> <p><input type="checkbox"/> Usually cooperative</p>	

## Evaluation of Applicant's skill, Training, Profession, or Trade

To be answered only by those who are qualified to evaluate applicant's skill.

Please state applicant' s skill / trade

Incompetent     Highly competent     Doubtful     Superior in competence     Adequate

What other skills or areas \_\_\_\_\_

Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock WA 98339

Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com)

Staff Conf Ref. Form, Page 2 of 4 (06/11)

## YWAM Discovery Bay Staff Volunteer Member Application Form

Check **any of the following** that you feel is motivating the applicant to become a staff volunteer member at Discovery Bay.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Christian service           | <input type="checkbox"/> Receive help, counseling  | <input type="checkbox"/> Travel or adventure |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Discipleship        |
| <input type="checkbox"/> Desire to help others       | <input type="checkbox"/> Personal growth           | <input type="checkbox"/> Other (specify):    |
- 

Listed below are some of the qualities that describe a leader. Please use the letters W, D, A, M, or S to rate as follows: W=Weak; D=Developing; A=Average; M=Mature; S=Strong \*Please comment if Weak is denoted.

- |                                   |   |
|-----------------------------------|---|
| _____ Positive, contagious spirit | _____ Able to make decisions                    |
| _____ Ability to motivate others  | _____ Assurance of God' s calling               |
| _____ Social poise                | _____ Self-confidence                           |
| _____ Teachable attitude          | _____ Able to receive criticism                 |
| _____ Ability to communicate      | _____ Respect for strong conviction of others   |
| _____ Emotionally stable          | _____ Able to deal with inter-personal problems |

Listed below are some of the tendencies that if present in the applicant, may hinder other staff or students' ability to serve. Please underline words or descriptions that may pertain to the applicant.

- Easily embarrassed, offended or discouraged
- Frequently worried, anxious, nervous or tense, given to moods
- Prejudiced toward groups, races, or nationalities
- Impatient, intolerant, argumentative, domineering, "cocky" or critical of others
- Given to exclusive and absorbing infatuations
- Unable to cope with stress, erratic in attitudes or action
- Uncontrolled anger
- Lack of respect for leadership or structure (i.e. rules)

If the applicant seems relatively free from all such tendencies, check here \_\_\_\_\_.

If you have noted any of these or similar limitations in the applicant, please specify on a separate sheet.

Please comment briefly on the family and social background of the applicant:

---

**Please direct all forms to: Director YWAM Discovery Bay PO Box 989 Port Hadlock WA 98339**

**Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com)** Staff Conf Ref. Form, Page 3 of 4 (06/11)



# YWAM Discovery Bay Staff Volunteer Member Application Form

Is the applicant financially responsible?  Yes  No If no please explain: \_\_\_\_\_

Describe any significant physical, psychological, or addictive behavioral problems the applicant has faced: \_\_\_\_\_

What do you feel YWAM can do to aid the applicant's personal/spiritual development? \_\_\_\_\_

Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following three questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or to have questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense?
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or the occult?

What is your overall evaluation of the applicant's suitability as a Volunteer Staff Member?

- |  |   |
|--|---|
| <input type="checkbox"/> Is definitely unsuited                              | <input type="checkbox"/> Is an average prospect       |
| <input type="checkbox"/> Is not suited at this time                          | <input type="checkbox"/> Is an above average prospect |
| <input type="checkbox"/> Is a good prospect, but I do have some reservations | <input type="checkbox"/> Is an exceptional prospect   |

**I declare that the contents of this confidential reference are correct to the best of my knowledge.**

Your Name: (please print) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Would you like to receive further information about Youth With A Mission?  Yes  No

**Please direct all forms to: Director, YWAM Discovery Bay PO Box 989 Port Hadlock WA 98339**

Phone: 360-385-3498 Fax: 360-379-4833 Email: [info@ywamdb.com](mailto:info@ywamdb.com) Staff Conf Ref. Form, Page 4 of 4 (06/11)