Staff Application

YWAM PNEUMA SPRINGS - Monroe



PLEASE PRINT CLEARLY

I am applying for:

- □ **Long-Term Full Time Staff** (more than 2 years, +40 hrs/week)
- □ **Short-Term Full Time Staff** (less than 2 years, +40 hrs/week)
- Associate Staff

Please attach a current photograph of yourself.

What length of serv	vice at YWAM PNEUMA SPRING	S do you intend to commit	to? (Months/Years) _
Desired date of ar	rival (If application is accepted): _		
What specific area	s are you most interested in?		
Have you been in	contact with anyone in YWAM PN	EUMA SPRINGS regarding	g this interest?_YesNo
If yes, whom?			<u> </u>
PERSONAL AND	FAMILY INFORMATION		
NameFirst	Middle	Last	()Male ()Female
	US Social Security #_ /dd/yy)		lationality
Birth City	Lan	guage (mother tongue)	
English Level:			
Mini	ve Speaking Proficiency mum Professional Proficiency nentary Speaking	Full Professiona	·
Present Address			
Telephone		 Email	

Exact Name Listed						
Passport Number_	Expiration Date(mm/dd/yy)					
Place of Issuance_				Date Iss	ued	(mm/dd/yy)
Vice Tune	⊏n.t	m. Doto		Doto Viv	aa Eyrairaa	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
visa Type	Ent	ry Date	(mm/dd/	Date vi: /y)	sa Expires _	(mm/dd/yy)
			, <u></u>	(mm/dd/yy)	3	iversary(mm/dd/yy
						School Grade
	NAME		•			
	NAME	Birthday	(mm/dd/	Female	Male	School Grade
			•			
	NAME	birtiluay	(mm/dd/	remale 'yy)	iviale	School Grade
NAME OF THE PARTY			. 11			
Which form of educ	•	•	•			5.1
Home School		Ch	nristian Sc	nool	_	Public School
EMERGENCY AN In case of emerger Name	ncy, contact:			Pelationshin		
Address						
				mail		
			F	ax		
Do you or member	s of your fam	ily have any	limitations	(i.e. physical	or mental) t	hat might influence a
placement decision	າ?No	Yes If	yes, pleas	se explain:		
Do you or member	s of your fam	ily have any	illness or	physical impai	rment that v	would put others at
risk?No	_Yes If ye	s, please ex	plain:			
Do you have medic	cal insurance	?No	Yes			
Medical Insurance	Provider:					

Please photocopy your insurance card (front and back) or a copy of your insurance form and attach to application.

Yes No Skin conditions Dislocation of joints Eye trouble Broken bones Ear trouble Stomach / Duodenal ulcer Head injury Gall bladder problem Recurrent headache Jaundice Epilepsy Hepatitis Fainting spells Intestinal troubles Mental or Nervous disorders Recurrent diarrhea Weakness Diabetes Paralysis Heart trouble Insomnia Kidney disease Shortness of breath Anemia Hay fever Asthma Venereal disease Females Only: High blood pressure Irregular periods Low blood pressure Severe cramps Rheumatism / Arthritis Excessive flow Back Problems Are you pregnant? Tumor / Cancer Previous Pregnancies?						
Eye trouble Ear trouble Head injury Recurrent headache Epilepsy Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Recurrent brouble Stomach / Duodenal ulcer Gall bladder problem Jaundice Hepatitis Intestinal troubles Recurrent diarrhea Diabetes Heart trouble Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Rheumatism / Arthritis Back Problems Broken bones Stomach / Duodenal ulcer Gall bladder problem Atendates Hepatitis Intestinal troubles Recurrent diarrhea Diabetes Anemia Hay Irregular periods Severe cramps Excessive flow Are you pregnant?						
Ear trouble Head injury Recurrent headache Epilepsy Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Read injury Gall bladder problem Jaundice Hepatitis Intestinal troubles Recurrent diarrhea Diabetes Heart trouble Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Rheumatism / Arthritis Back Problems Stomach / Duodenal ulcer Gall bladder problem Jaundice Hepatitis Intestinal troubles Recurrent diarrhea Anemia Hay Asthma Females Only: Irregular periods Severe cramps Excessive flow Are you pregnant?						
Recurrent headache Epilepsy Hepatitis Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia I						
Recurrent headache Epilepsy Hepatitis Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia I						
Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Recurrent diarrhea Diabetes Heart trouble Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Rheumatism / Arthritis Back Problems Intestinal troubles Recurrent diarrhea Diabetes Heart trouble Irregulae Gisease Severe cramps Excessive flow Are you pregnant?						
Fainting spells Mental or Nervous disorders Weakness Paralysis Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Recurrent diarrhea Diabetes Heart trouble Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Rheumatism / Arthritis Back Problems Intestinal troubles Recurrent diarrhea Diabetes Heart trouble Irregulae Gisease Severe cramps Excessive flow Are you pregnant?						
Mental or Nervous disorders Weakness Paralysis Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Recurrent diarrhea Diabetes Heart trouble Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Rheumatism / Arthritis Back Problems Recurrent diarrhea Diabetes Heart trouble Kidney disease Irregular periods Severe cramps Excessive flow Are you pregnant?						
Paralysis Insomnia In						
Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Rheumatism / Arthritis Back Problems Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Excessive flow Are you pregnant?						
Insomnia Shortness of breath fever Venereal disease High blood pressure Low blood pressure Rheumatism / Arthritis Back Problems Kidney disease Anemia Hay Asthma Females Only: Irregular periods Severe cramps Excessive flow Are you pregnant?						
Shortness of breath fever Venereal disease High blood pressure Low blood pressure Rheumatism / Arthritis Back Problems Anemia Hay Asthma Females Only: Irregular periods Severe cramps Excessive flow Are you pregnant?						
fever Asthma Venereal disease Females Only: High blood pressure Low blood pressure Rheumatism / Arthritis Back Problems Asthma Females Only: Irregular periods Severe cramps Excessive flow Are you pregnant?						
High blood pressure Low blood pressure Severe cramps Rheumatism / Arthritis Back Problems Irregular periods Severe cramps Excessive flow Are you pregnant?						
High blood pressure Low blood pressure Severe cramps Rheumatism / Arthritis Back Problems Irregular periods Severe cramps Excessive flow Are you pregnant?						
Low blood pressure Rheumatism / Arthritis Back Problems Severe cramps Excessive flow Are you pregnant?						
Rheumatism / Arthritis Excessive flow Back Problems Are you pregnant?						
Back Problems Are you pregnant?						
Allergies (please check and/or list any allergies you may have): - Penicillin - Food: - Other: - Othe						
Cultanamidas						
SuifonamidesSerum						
Bee Sting						
Have you been tested for HIV?YesNo If yes, were the resultsNegPos. Past Surgeries:						
Date: Type of Surgery: Outcome & long-term effects:						
Are you presently under a doctor's care for any condition? — Yes (Please specify):						
□ No Are you taking any prescription medication?						
Are you taking any prescription medication? □ Yes (Please specify):						
□ Yes (Please specify)						
Do you have any physical handicaps?						
Yes (Please specify):						
□ No						
Do you have or have you ever had an eating disorder?						
□ Yes (Please specify): □ No						

Volunteer Skills List

Please indicate your skills in the following categories:

H – Willing Helper

F – Fair

P – Professional

O – Able to oversee or direct

Construction / Maintenance / Operator	Administration / Logistical		
Appliance repairCabinetmakerCarpenterfinishrough	Data entryTyping / filing / clerical / general officeReceptionist		
ConcreteflatstructuralElectricalcommercialsimpleFramersteelwoodGardenerGeneral laborHeavy EquipmentBackhoeTractorBulldozerScraperHeating / air conditioning repair	Serving Childcare Housekeeping Food service Cooking Sewing Teacher Teaching English		
InsulatorMasonLandscapingPainterPlumber	CommunicationsGraphic designWeb designWriter		
Rebar workerSheet rock workerinstallmudFlooringcarpetlinoleumCeramic Tiling	Other Skills Not Listed		
MechanicautodieselWelderelectricacetyleneRoofermetalshinglestileSewage system specialist			

EDUCATION & EXPERIENCE

certificates:

1. When and where did you attend your DTS Lectu	re Phase and Outreach?
DTS Lecture Phase: Location	
Location	Date (month/year)
Outreach/Field Assignment:	
Outreach/Field Assignment:Location	Date (month/year)
2. List U of N Degree or other YWAM schools you	have completed: (list separately, if needed)
U of N Degree	
YWAM	Date (month/year)
YWAM	Date (month/year)
3. List most recent YWAM staff positions, your invo	olvement, location, leaders, dates:
1 <u>.</u> 2 <u>.</u>	
3 <u>.</u>	
4 <u>. </u>	
5 <u>.</u>	
S <u>.</u>	

4. List any other YWAM or non-YWAM significant accomplishments, jobs, skills, degrees, and

PERSONAL CALL TO MISSIONS

Please prayerfully consider and answer the following questions. If necessary, use a separate piece of paper.
1. What region(s) of the world do you feel most drawn to in terms of how you feel called to do ministry?
2. What influenced you to apply for staff at YWAM PNEUMA SPRINGS, Monroe?
3. What are your hopes and expectations for serving at YWAM PNEUMA SPRINGS, Monroe?
4. What can you offer the YWAM PNEUMA SPRINGS, Monroe? What do you want to receive?
5. Define in your own words what a commitment to YWAM PNEUMA SPRINGS, Monroe means to you

6. As you invest in YWAM PNEUMA SPRINGS, we want to try to invest in you through offering many opportunities for staff and leadership training (some of which are required). What kind of opportunities are you seeking?
7. If you have taken <i>Strengthsfinders</i> (www.strengthsfinder.com) what are your 5 Themes?
8. What are your long-term ministry goals?
9. What would you do if not accepted?

FOR THE RECORD

Are there any issues, traumas, or situations that may affect your calling and commitment to YWAM
PNEUMA SPRINGS (i.e. current/pending legal proceedings, domestic/family matters, divorce,
deaths, and separations)?NoYes
f yes, please explain:
Have you ever been indicted or convicted of any crimes of sexual offense, including but not limited to,
sexual abuse or indecent exposure?NoYes
f yes, to either of the two preceding questions, may we check into your background?NoYes
Have you ever been convicted, imprisoned, or placed on probation or parole?NoYes
CHURCH BACKGROUND
Church NameDenomination Affiliation
Address
CityState/Province
CountryPostal Code
Pastor's NamePhone Number
Describe your involvement with your local church:
FINANCIAL INFORMATION
Complete the Estimated Monthly Expense Worksheet on next page
Oo you have the financial support base to enable you to fulfill your intended commitment to the YWAM
PNEUMA SPRINGS ?_YesNo
f not, how much more monthly support do you need to raise?
Do you need information on how to raise your support?YesNo

YWAM PNEUMA SPRINGS STAFF COVENANT

Terms of the Covenant

- In seeking God's guidance through prayer and counsel I hereby make a commitment to serve as a volunteer staff of the YWAM PNEUMA SPRINGS.
- As a volunteer I commit to steward and honor the calling of God on my life as well as to steward and honor the calling of God upon the ministry of YWAM PNEUMA SPRINGS.
- I voluntarily dedicate my labors and talents to the YWAM PNEUMA SPRINGS's mission to impart vision and passion for discipling nations, to equip servant leaders and demonstrate God's ways in service through all spheres of society in the world.
- As a volunteer, I promise to serve the purposes and goals of YWAM PNEUMA SPRINGS and dedicate myself to YWAM's effort to carry out the Great Commission. I freely and voluntarily contribute my labors, talents and time to presenting Jesus Christ personally to this generation, mobilizing others to help in the task, training believers for their part in fulfilling the Great Commission and the Great Commandment. (Mark 12:28-31 and Matthew 28:16-20)
- I agree that the call of God upon me as a volunteer carries with it the responsibility to secure financial contributions or provide support from my own resources sufficiently to cover my expenses. I have successfully completed a required YWAM Discipleship Training School and outreach and am at least 18 years old.
- I commit to walking in integrity specifically in the area of my corporate involvement at the YWAM PNEUMA SPRINGS of the expectations of me as a staff.
- I recognize that I have the responsibility to relate to my fellow workers with mutual love, respect and care. As a volunteer of a larger international family of Youth With A Mission, I will seek to live by biblical standards and promote YWAM foundational values. I will hold myself accountable to YWAM PNEUMA SPRINGS leadership and biblical standards and moral conduct. I will conduct myself in the local community as an ambassador of Jesus Christ and will represent Him in love and holiness.
- I agree to adhere to the standards and guidelines set forth in YWAM's "Statement of Purpose",
 "YWAM PNEUMA SPRINGS Community Guidelines".

Print Full Name	
Signature	Date

LEADERSHIP REFERENCE FORM

Please send to:

YWAM PNEUMA SPRINGS Staff Application Monroe, WA 98272 Phone:360-794-6043

Name of Applicant:				
	First	Middle	Last/F	Family Name
Department Applying	for:			
		any right I have to read or one a condition of acceptance		eference form,
Applicar	nt's Signature		Date	
YWAM PNEUMA SPI (YWAM), an international Chri 300 locations on all Christians to fulfuill Serious consideration	RINGS, Monroe is istian missionary six continents. Its Christ's command on will be given to prompt attention	ork as a volunteer with YW. a mission Center under au organization. YWAM, found purposes include training d, therefore, and make discover comments; therefore in completing this form (with e check the folling and completed the completing the check the folling and completed the check the c	Ispices of Youth With a d in 1960, now has cen , challening and chann ciples of all nations. e we ask that you comp ithin 7days) is importa	a Mission. Inters in over neling Dilete this nt.
1. What is your relation	nship to the appli	cant?		
2. How well do you kr	ow the applicant?	?		
3. In your association	with the applican	t, what has been the level	of commitment you ha	ave seen
exemplified?Fa	ithfulIncor	nsistentOther	_	
4. Approximate the da	ates you have kno	own the applicant:	to onth/year m	nonth/year
5. I have observed thi	s person:	IIIC	nitin year ii	ioriti // year
at homea	it workat s	schoolin Bible study	/ groupsat soci	ial activities
6. Does the applicant	respond well to a	uthority?YesNo	If no, please explain:	•
7. Has the applicant p	•	casion to be unreliable, dislain:	honest or of questiona	 ble character?

	Excellent	Good	Fair	Poor	Comments
Personal Motivation					
Self-discipline					
Self-image					
Teamwork					
Seeks to serve					
Tactfulness					
Creativity					
Personal Appearance					
Planning					
Communication Skills					
Dependability					
Emotional Stability					
Faithfulness					
Responsibility					
Enthusiasm					
Ability to follow others					
Wisdom with money					
Adaptability & Flexibility					
Perseverance					
	icant attend	ed your	church	า? <u> </u>	toto nonth/year month/year church and its programs?
1. Will your church be s	upporting th	e applic	ant?_	Fin	anciallyPrayerOther

If yes, please explain:

Signature	D	ate
City	State	Zip Code
	Day Phone	
I declare that the contents of this cor knowledge. Name		·
Please explain:		
Wholeheartedly	With some reservat	ionNot at all
21. Do you recommend the applicant to v	work with YWAM PNEUN	MA SPRINGS, Monroe?
20. Please add any other remarks about have a bearing on his/her suitability for se		
19. Please give any other relevant inform applicant:	· ·	, ,
If no, please explain:		
18. Would you enjoy having this person v	vork with/under you?	YesNo
17. What could YWAM PNEUMA SPRING	GS, Monroe do to aid in	the applicant's personal development?
16. In what areas do you consider the ap	oplicant may still need gr	owth?
15. What do you consider to be the applic	cant's strengths?	
MatureContagiousGenui	ne and GrowingO	ver-emotionalSuperficial
14. Which of the following would best des	scribe the applicant's Ch	ristian character?

Would you like to receive more information about YWAM PNEUMA SPRINGS, Monroe?_Yes_____No Please mail this form to:

YWAM PNEUMA SPRINGS Staff Application

10211 Bollenbaugh Hill Rd

Monroe, WA 98272 USA Phone:360-794-6043

Email: ywampneumasprings@gmail.com

LEADERSHIP REFERENCE FORM

Please send to:

YWAM PNEUMA SPRINGS Staff Application Monroe, WA 98272 Phone:360-794-6043

Name of Applicant:							
	First	Middle	Last/Family Name				
Department Applying t	for:						
•	•	ny right I have to read or obt a condition of acceptance.	ain copies of this Reference form,				
Applican	ıt's Signature		Date				
YWAM PNEUMA SPE (YWAM), an international Chri 300 locations on all s Christians to fulfuill Serious consideration form carefully. Your Thank you for your a	RINGS, Monroe is stian missionary six continents. Its Christ's command on will be given to prompt attention assistance. Please	a mission Center under ausporganization. YWAM, found in purposes include training, cd, therefore, and make discipe your comments; therefore we in completing this form (with e check the folling and comm	les of all nations. re ask that you complete this in 7days) is important. rent where necessary;				
1. What is your relatio	nship to the appli	cant?					
2. How well do you kn	ow the applicant?	?					
3. In your association	with the applican	t, what has been the level of	commitment you have seen				
exemplified?Fai	thfulIncor	nsistentOther					
4. Approximate the da5. I have observed this		own the applicant:mont	to th/year month/year				
at homea	t workat s	schoolin Bible study g	roupsat social activities				
6. Does the applicant	respond well to a	uthority?YesNo I	f no, please explain:				
7. Has the applicant p	·		nest or of questionable character?				

	Excellent	Good	Fair	Poor	Comments
Personal Motivation					
Self-discipline					
Self-image					
Teamwork					
Seeks to serve					
Tactfulness					
Creativity					
Personal Appearance					
Planning					
Communication Skills					
Dependability					
Emotional Stability					
Faithfulness					
Responsibility					
Enthusiasm					
Ability to follow others					
Wisdom with money					
Adaptability & Flexibility					
Perseverance					
	icant attend	ed your	church	n? <u> </u>	toto nonth/year month/year church and its programs?
1. Will your church be s	upporting th	e applic	ant?_	Fin	anciallyPrayerOther
					YesNo If no, please explain:

If yes, please explain:

	the following wou							
Mature _	Contagious	Genuine	and Growing	Over-emo	otional _	Superficial		
	you consider to be		_					
17. What cou	IId YWAM PNEUN	MA SPRINGS	, Monroe do to	aid in the app	licant's pe	ersonal development?		
18. Would yo	u enjoy having th	is person wor	k with/under yo	u?Yes_	No			
If no, please	explain:							
applicant:	ve any other relev							
20. Please ac	dd any other rema	arks about the	applicant's bac	ckground famil	ly, health,	etc., that might		
21. Do you re	ecommend the ap	plicant to wor	k with YWAM F	NEUMA SPR	INGS, Mo	onroe?		
	Wholeh	eartedly	_With some res	servation	Not at	all		
Please explai	in:							
	at the contents	of this confid	dential referen	ce are correc	t to the b	est of my		
knowledge Name			Home Pho	one	_ Addres	s		
			Day Phone					
City			State		_Zip Cod	e		
Signature_	ignatureDate							

Would you like to receive more information about YWAM PNEUMA SPRINGS, Monroe?_Yes_____No Please mail this form to:

YWAM PNEUMA SPRINGS Staff Application

10211 Bollenbaugh Hill Rd Monroe, WA 98272 USA

Phone:360-794-6043

Email: ywampneumasprings@gmail.com