MISSION BUILDER APPLICATION FORM

Intended Date of Arrival:_____ Intended Date of Departure:_____

Personal Details: (as appears on passport)

First Name:_____ Middle:_____ Last Name :_____

Preferred Name:_____ Sex: ☐ Male ☐ Female Age:____ Birth date: D___ M___Y___ Birthplace:_____

Permanent Address:

Street:_____ City/Town:_____

State:_____ Postal/Zip Code:_____ Country:_____

Phone (Home): _____ Phone (Mobile):_____ Email:_____

Mailing Address:

Street: _____ City/Town:_____

State: _____ Postal/Zip Code:_____ Country:_____

Passport/Visa Information:

Country of Citizenship:_____ Passport Number:_____ Expiry Date: D___ M___Y_____

City and Country of Issue:_____ Visa Type (if currently holding Australian Visa):_____

Expiry Date: D___ M___Y_____ Where will you apply for your visa?_____

Accredited Course Applicants can apply online for a Student Visa. DIAC Office locations can be found online at: http://www.immi.gov.au/contacts/overseas

Marital Status:

☐ Single ☐ Engaged D___ M___Y_____ ☐ Married D___ M___Y_____ ☐ Separated D___ M___Y_____

☐ Divorced D___ M___Y_____ ☐ Remarried D___ M___Y_____ ☐ Widowed D___ M___Y_____

Spouse First Name:_____ Middle:_____ Last Name :_____

Sex: ☐ Male ☐ Female Age:____ Birth date: D___ M___Y_____ Will your spouse be accompanying you? ☐ Yes ☐ No

Emergency Information:

In case of emergency contact:_____ Relationship:_____

Street:_____ City/Town:_____

State:_____ Postal/Zip Code:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

Church Information (If applicable):

Home Church:_____ Pastor:_____ Denomination:_____

Mailing Address:_____ Phone:_____

City/Town:_____ State:_____ Postal/Zip Code:_____ Country:_____

Languages:

Native Language Spoken: _____ List any other languages spoken: _____

Criminal Record: (If answer to either question is YES, please explain details on a separate sheet of paper.)

Have you ever been convicted of a felony? ☐ Yes ☐ No If so, when and where? _____

Have you ever been convicted of a sexual crime? ☐ Yes ☐ No If so, when and where? _____

Educational Experience:

What grade level have you completed of Secondary/High School? _____ Name of Institution: _____

Address:_____ Country:_____

Please list any other education you have received:

Name of Institution:_____ D___ M___Y_____ Degree/Qualification:_____

Address:_____ Country:_____

MISSION BUILDER APPLICATION FORM

Work Experience: (Please list your three most current occupations)

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

General Health: (Answer all questions. Explain positive answers below or on a separate sheet of paper.)

Height :_____(meters) Weight: :_____(kilograms) Are you able to walk 5km/3 miles in a day? □ Yes □ No

Can you perform reasonably strenuous work on a daily basis? □ Yes □ No

Are you currently under medical supervision? □ Yes □ No Specify:_____

Are you presently taking any medication? □ Yes □ No Specify:_____dose: _____

Are you allergic to any drugs or medication? □ Yes □ No Specify:_____

Do you have any special dietary needs? □ Yes □ No Specify:_____

Do you consider yourself to have a medical condition, disability or impairment? □ Yes □ No

If Yes, please indicate which areas:

□ Hearing/deaf □ Physical □ Learning □ Mental illness/Nervous Disorder

□ Acquired brain injury □ Other

Do you now have, or have you ever had any of the following?

□ Yes □ No Skin Condition	□ Yes □ No Diabetes	□ Yes □ No Cancer/Tumors
□ Yes □ No Head Injury	□ Yes □ No Hay Fever/Asthma	□ Yes □ No Insomnia
□ Yes □ No Recurrent Headaches	□ Yes □ No Heart Trouble	□ Yes □ No Malaria
□ Yes □ No Epilepsy	□ Yes □ No Blood Pressure Problems	□ Yes □ No HIV
□ Yes □ No Depression	□ Yes □ No Back Problems	□ Yes □ No Pregnancy
□ Yes □ No Hepatitis	□ Yes □ No Other	

Explanations for above:_____

Any other illnesses or conditions:_____

How would you rate your overall health condition? □ Excellent □ Good □ Fair □ Poor

Note: Please ensure that you have adequate health cover/insurance for your stay in Australia, and that you are up to date on your immunisations such as Tetanus for the duration of your stay in Australia. Please see the Staff and Student Handbook for further details.

MISSION BUILDER APPLICATION FORM

Please answer the following questions using the space provided:

1. How did you hear about YWAM Townsville?

2. Why do you desire to serve here and what do you hope to achieve during your time here?

3. Briefly describe your interests and skills.

4. Are you acquainted with any current YWAM Townsville staff members?

5. As YWAM Townsville is a Christian organisation, please share about your personal faith journey, if applicable.

6. How do you feel you adapt and respond to changes in situations and new environments?

7. Have you previously been involved in missions? If so, please explain your experience. (IE Short-term missions trips, overseas outreaches or similar)

Please indicate your areas of interest in the following:

□ Community and Staff	□ Guest Services	□ Youth Adventures	□ Building Blitz	□ Kitchen
□ IT (Information Technology)	□ Communications	□ Mercy Ministries	□ Maintenance	□ Ships

MISSION BUILDER APPLICATION FORM

Financial Information:
Will you be able to cover your weekly fees during your stay here? ($7/day for accommodation and $6.50/day for meals) □ Yes □ No

Acknowledgment of Financial Responsibility
All fees are in Australian Dollars (AUD) and must be paid in Australian dollars. You will be notified of any changes to this fee schedule prior to arrival.

FEE PAYMENT TO YWAM TOWNSVILLE		PAYMENT DUE:
1. Registration Fee:	**$20**	Upon receipt of application. It cannot be processed otherwise.
2. White Card (for the building blitz only)	**$52**	To be paid once accepted
3. Accommodation:	**$49/week**	To be paid into accounts weekly.
4. Food	**$45.50/week**	
NOTE: Applicants are able to supply their own food if they desire, but costs will vary and it is the applicants personal financial responsibility		

Note: All fees are non-refundable
Please be able to pay at least the first 3 weeks of your stay upon arrival. We also ask that you have personal Health Cover before arrival. We do not provide coverage for your time here. Please ensure that you are covered for the full duration of your stay. Also make sure that you are covered for ambulance by land or air. If you do not have the above amount, please contact us prior to arrival.
Other Expenses to Note:
Personal Transportation - Aeroplane bus, and/or train tickets needed to get you to Townsville are not included in the cost quoted.
Personal Living Expenses - You will need to budget for all personal costs (toiletries, postage, phone calls, etc.) You can also purchase your own food, although meals can be purchased on our centre.
Air Conditioning - Depending on your accommodation and preference of AC use, cost may be as much as $40 extra per month.
Ministry Events - Your department/ministry area may also require you to attend events or ministry that require additional living and travel costs.

Burial Release:
YWAM Townsville does everything possible to protect those on the field. Although death is extremely rare, in service with Youth With A Mission and with YWAM Townsville, it nevertheless needs to be considered.

In case of death, YWAM Townsville cannot commit to cover the costs of shipping the body to another country for purposes of burial or to ultimately cover costs of burial in the country of death. If the family desires that the body be transported home, the family must incur the cost.

It is also strongly advised that every individual, regardless of age, have a will.

Burial Statement
I agree that, in the case of my death while in YWAM Townsville, YWAM Townsville may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve YWAM Townsville and all its staff and associates of the burial costs.

Release of Liability
I/We do hereby release YWAM Townsville its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, illness, damage, or loss which may be sustained by the said person during the course of involvement with Youth With a Mission Townsville.

Consent for Treatment
I/We hereby agree to the performance of such treatment, anesthetics and operations as, in the opinion of the attending physician, is deemed necessary on: (applicants full name)

First Name:_____ Middle:_____ Last Name :_____

Signature:_____ Relationship:_____ Date: D___ M___Y_____
Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

MISSION BUILDER APPLICATION FORM

Release of Information:
Please check any information you **DO NOT** release or agree to allow YWAM Townsville to use:

□ After arrival; photos, video footage, quotes or testimonies provided by me or obtained during my involvement with YWAM Townsville, to be used for the YWAM Townsville website and advertising material.

□ Personal phone contacts to be compiled into a phone contact list for YWAM Townsville base community.

□ Personal contact information to be compiled into a contact list for distribution to other participants.

In addition, enrolment information (name, country of origin, home state, age) and photo provided by me to be used for internal administrative use including airport pickups, student cards, and photo boards of the course participants for orientation day preparation.

Any gathered information will, in no manner, be solicited for profit or personal gains.

Signature:_____ Relationship:_____ Date: D___ M___Y_____
Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Signature of Agreement
All Mission Builders are **volunteers** who receive no salary for their work with YWAM Townsville.

In addition to the personal needs, as partners together in the ministry of YWAM Townsville, each member contributes underwriting their own expenses.

Be prepared for a maximun workload of a 50 hour week. Physical fitness is required to a standard necessary for the position one is applying for. The appropriate clothing standards for the various ministry opportunities needs to be upheld for our culture.

Accommodation for singles will be a shared room, couples will have one room where possible. It is our desire to make your home as comfortable as possible.

Provide your own traveling expenses to and from our centre.

Provide your own health insurance for the extent of your stay in Australia (we have information if needed).

Signature of Agreement if I am accepted by YWAM Townsville Inc, I will abide by the spirit, rules and schedule of the ministry. I confirm that I understand payment of the required fees must be made on a regular basis arranged with leadership, and I agree to do so. I am fully aware of my financial obligations and I therefore accept all responsibility for my fees, and personal expenses incurred during my involvement with YWAM Townsville Inc.

I agree to all of the above statements.

I certify that all the information provided in this form is true and accurate. I understand that if any information given is found to be false it could result in my removal or exclusion from YWAM Townsville.

Signature:_____ Relationship:_____ Date: D___ M___Y_____
Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Photos:

Please include two (2) recent photographs for our records

ATTACH PHOTOGRAPH HERE

Do NOT staple or glue.

ATTACH PHOTOGRAPH HERE

Do NOT staple or glue.

Please provide feedback on how you found the application process.

_____

_____

MISSION BUILDER APPLICATION FORM

References

We request that all Mision Builders provide a reference by their Pastor/Spiritual Leader or Employer/Teacher. The included reference form is to be handed personally to your referee with a stamp-addressed envelope. We ask that the form be completed as soon as possible and sent directly to the YWAM Townsville Registrar. We would also like to contact them upon your acceptance. If you feel it would be inappropriate to contact them further, please tick the box below.

Pastor/Employer/Teacher/YWAM Leader Reference Details:

First Name:_____ Last Name:_____

Street:_____ City/Town:_____

State:_____ Postal/Zip: Code_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

Position:_____ Church:_____

□ Do not send updates beyond initial information pack.

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not hesitate to contact us if you have any questions, comments or concerns.

PASTOR/EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM

APPLICANT: Please provide the following information on this form, and present it, with a stamp-addressed envelope to your employer/teacher, or most recent YWAM leader to complete.

Applicant Name:_____ Applying For: Mission Building

Referee Details:
Name:_____ Address:_____

City/State:_____Postal/Zip Code:_____Country_____

Primary Phone Number:_____Email:_____

Position:_____ Church:_____

The above applicant has applied for admission to YWAM Townsville. YWAM (Youth with a Mission) International has over 50 years experience in more than 150 countries worldwide. YWAM is a Christian charity that offers global opportunities for volunteers from diverse backgrounds to serve, build, care, and connect with individuals and communities. YWAM is decentralised in structure and financially autonomous, which allows each centre to adapt and serve the specific needs of the community. YWAM Townsville has operated for over 20 years with an aim to build capacity in young people and develop the community through four focus areas: Training, Medical Ships, Youth Teams, and Operations.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment if needed.

NOTE: Under the Australian Privacy Act, students may request to see this form.

How long have you known the applicant? _____ Years _____ Months

On a scale of 1-10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

How would you rate the applicant in the following areas?

Initiative/Self-starter:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Concern for Others:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Ability to Follow:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Leadership:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Judgment/Decision Making:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Response to Authority Figures:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
General Health:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Personal Appearance/Grooming:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior

Comments:_____

_____

Academic/Mental Ability:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Reliability:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Cooperativeness:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Flexibility:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Disposition:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Punctuality:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Time Management:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Financial Responsibility:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Willingness to be Accountable:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior

Comments:_____

_____

Please send completed forms to:
YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not hesitate to contact us if you have any questions, comments or concerns.

PASTOR/EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM

In your observations, how does the applicant adapt to changing social atmospheres?

□ Excellent - Applicant adapts to various social environments quickly and genuinely, engaging in relationships.

□ Normal - Applicant settles into different environments at a pace and initiates and maintains relationships.

□ Reserved - Applicant is hesitant to engage in groups but tends to become more comfortable once a relationship has been initiated with him/her.

□ Withdrawn - Applicant appears anxious in groups and tends to withdraw; does not engage in any relationship and isolates self.

Please rate the applicant as to his/her maturity and stability.

□ Outstanding - Mature. Has proven ability to operate under stress and pressure.
□ More mature and emotionally stable than average.
□ Possesses adequate emotional stability and maturity.
□ Doubtful - Experience has shown that the applicant may not be able to endure stress.
□ Applicant has frequently demonstrated signs of inability to cope with stress.

Comments:_____

How does the applicant react in trying situations?
□ Withdraws □ Gets Angry □ Accepts Patiently □ Gets Discouraged □ Meets Constructively □ Other (please specify)
_____

Please comment on applicant's strengths and weaknesses.
Strengths:_____

Weaknesses:_____

In your opinion, which of the following areas of ministry is the applicant gifted. (Please check all that apply)

□ Communications	□ Pastoring	□ Teaching	□ Doctor
□ Art	□ Evangelism	□ Discipleship	□ Encourager
□ Drama	□ Prayer	□ Youth Ministries	□ Hospitality
□ Music	□ Counseling	□ Children's Work	□ Administrator
□ Worship	□ Preaching	□ Nursing	□ Servant-Hearted

Please list any other giftings you have observed:_____

Are there any other areas of ministry or service that you would recommend this applicant for?_____

Please add any relevant remarks. (IE Medical, psychological, drug or alcohol related, or any other life situations we should be aware of)
_____

Please comment on the applicant's family background, if known.
_____

Would you have this person on your staff? □ Yes □ No Comment: _____

Would you recommend the applicant for acceptance by YWAM Townsville? □ Yes, unreservedly □ Yes □ No
Comment:_____

I certify that the information provided is complete and accurate according to my knowledge of the applicant.

Signature:_____Date: D___ M___Y_____

We would like to keep you informed and updated on the progress of the applicant and the broader ministry. If you would **NOT** like to receive these updates please tick the following box: □

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not hesitate to contact us if you have any questions, comments or concerns.