

# Youth With A Mission

## Grenada

### Staff Application

### Packet

This application packet has all you need to apply for staff in Youth With A Mission Grenada.

This Staff Application Packet contains:

1. Staff Application
2. Physicians Form
3. Pastor's / Elder's Reference form

To complete this packet you must:

1. Fill out the Staff Application form
2. Have your physician fill out the *Physician's* form (Only if you have not had a checkup within the last year, then send us that doctor's report)
3. Have your pastor or elder fill out the *Pastor's / Elder's Reference* form
4. Have your current YWAM base leader or past DTS leader and have them e-mail a reference letter to YWAM Grenada at [ywamgrenada@gmail.com](mailto:ywamgrenada@gmail.com) or fax to 1-473-442-1226
6. Include 4 recent passport sized photos of you (Needed for immigration and records)

**IMPORTANT:** YOU (the applicant) should never see the reference forms or reference letters after completion.

It is our desire to see more staff to come on board to YWAM Grenada. We appreciate all kinds of staff joining us either short term or long term. But we urge YWAMers to commit at least two years of serving.



**Youth With A Mission  
Grenada**

**Staff Application Form**

**Address:** Youth With A Mission  
Sauteur's Post Office  
St. Patrick's Grenada, W.I.  
**Tele/Fax:** 1-473-442-1226  
**Website:** ywamgrenada.org  
**E-mail:** ywamgrenada@gmail.com

Please complete all questions on this application. Husbands and wives should complete separate forms. Your application will be prayed over and considered when all the items listed below are returned to YWAM Grenada. Include your vision statement of why God is calling you to work with YWAM Grenada in this season.

**Please type or print clearly in blue ink. Use a separate sheet of paper when necessary**

**Personal Information:** **Date Available:** \_\_\_\_\_ **Serving Length:** \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Citizenship (state if dual): \_\_\_\_\_  
Male: \_\_\_ Female: \_\_\_ Birthday: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**DTS Information:**  
DTS Year: \_\_\_\_\_ Location: \_\_\_\_\_

**In Case of Emergency:**  
1<sup>st</sup> Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2<sup>nd</sup> Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:**  
 Single     Engaged     Married     Divorced     Widowed     Separated     Remarried

If Married, Date of Marriage: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

If you have been divorced, separated, or widowed please give relevant history on a separate sheet of paper.

If you have children, please fill out the following:

Name	Birthday	Sex	Passport Number	Expiry Date

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Do your parents attend church regularly? \_\_\_\_\_  
 How does your family feel about your decision to do missions work?: \_\_\_\_\_

### Christian Life and Ministry

Describe your current walk with the Lord: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you first come into contact with YWAM?:  
 \_\_\_\_\_  
 \_\_\_\_\_

What influenced you to want to join staff at YWAM Grenada?  
 \_\_\_\_\_

What are your calling and gifting?  
 \_\_\_\_\_  
 \_\_\_\_\_

What expectations do you have about serving at YWAM Grenada?  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff is generally required to work in an area of support work as well as training and outreach ministries. Indicate below the areas in which you are most interested to serve in. More than one may be chosen.

Support Ministries		Training and Outreach Ministries
<input type="checkbox"/> Admissions	<input type="checkbox"/> Writing and Editing	<input type="checkbox"/> Discipleship Training School (DTS)
<input type="checkbox"/> Car Mechanics	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Kingdom Generation Movement (KGM)
<input type="checkbox"/> Accounting	<input type="checkbox"/> Security	<input type="checkbox"/> Mobilizing
<input type="checkbox"/> Secretary	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> School of Frontier Missions (SOFM)
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mercy Ministries
<input type="checkbox"/> Construction	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Other:
<input type="checkbox"/> Child Care	<input type="checkbox"/> Kitchen	<input type="checkbox"/>
<input type="checkbox"/> Communication	<input type="checkbox"/> Landscaping	<input type="checkbox"/>
<input type="checkbox"/> Computers	<input type="checkbox"/> Maintenance	<input type="checkbox"/>
<input type="checkbox"/> Purchasing Supplies	<input type="checkbox"/> Other:	<input type="checkbox"/>
<input type="checkbox"/> Librarian	<input type="checkbox"/>	<input type="checkbox"/>

## Experience and Education

Have you completed high or secondary school? Yes  No  If no, what year did you complete? \_\_\_\_\_

List all the schooling you completed after secondary if any:

Name	Country	Dates Attended	Qualifications

Have you previously attended a YWAM school? Yes  No

List the YWAM schools that you have attended if any:

School	Lecture Phase Location	Outreach Phase Location	Dates Attended	Completed Yes or No	Leader's Name

Are you an ordained or licensed minister? Yes  No

Describe any other ministry experience which you have. Use a separate sheet if needed.

---



---

List any musical instruments in which you can play or if you sing:

---



---

### Finances

Are you in Debt? Yes  No  If yes, please explain and will this interfere with a long-term commitment?

---



---

Do you currently have monthly pledged support? Yes  No  If yes, how much? \_\_\_\_\_

If you do not currently have monthly supports, how do you plan to support yourself if accepted on staff? \_\_\_\_\_

---



---

### Legal Information

Are you involved in any current or pending law suits or legal proceedings? Yes  No  If yes, please explain:

---

Do you have a police record? Yes  No  If yes, please explain and provide record: \_\_\_\_\_

---

## References

Fill in the following information on those that are filling out your reference forms: (Only for references needed)

Name of your DTS/Base leader (Only if not currently serving): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name of your current YWAM base leader: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

Name of your pastor or elder: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

What is your pastor/elders church denomination? \_\_\_\_\_

Does your pastor/elder know that you are applying to join YWAM Grenada? Yes  No

Please describe your present relationship with your pastor/elder and with your home church: \_\_\_\_\_

\_\_\_\_\_

Would you like us to contact your pastor/elder and introduce our ministry to them? Yes  No

**Important:** Contact your DTS leader or DTS base leader if not currently serving in any YWAM location. If you are then contact your current Base Leader for a reference letter for this application. Have them e-mail or fax their references directly to YWAM Grenada.

## Health Details

Are you currently receiving or have received any compensation for disability from any source? Yes  No

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

Do you have any handicaps or health conditions that require special attention? Yes  No

If yes, please describe: \_\_\_\_\_

Have you had any psychiatric treatment or counseling before? Yes  No

If yes, please describe: \_\_\_\_\_

Do you have medical insurance? Yes  No  If yes, please fill out below section:

Name of insurer: \_\_\_\_\_

Medical insurance number: \_\_\_\_\_

Briefly explain what your insurance covers: \_\_\_\_\_

\_\_\_\_\_

### Consent for treatment:

I hereby agree to the performance of such treatment, anesthetics, and operations as are deemed necessary in the opinion of the attending physician.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Release of Liability:

I hereby release Youth With A Mission, its staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained during the course of my involvement with Youth With A Mission Grenada.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Youth With A Mission  
Grenada**

(Only if you do not had a doctor's visit within the last year)

## Physician's Reference-Staff App.

**Address:** Youth With A Mission  
Sauteur's Post Office  
St. Patrick's Grenada, W.I.  
**Tele/Fax:** 1-473-442-1226  
**Website:** ywamgrenada.org  
**E-mail:** ywamgrenada@gmail.com

### To the Physician:

Name of applicant: \_\_\_\_\_

The above person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the applicant's health information contained in this paper, complete the section below, and make any additional comments.

Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are there any abnormalities of the following systems? If yes, please describe.

Ear, nose, throat: \_\_\_\_\_

Eyes: \_\_\_\_\_

Neurological: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Would the applicant be able to walk three to four miles a day? Yes  No

### Physicians Recommendation:

The applicant is:       Acceptable without limitations       Not acceptable  
 Should remain in areas where adequate medical care is available.  
 Acceptable with limitations (please specify): \_\_\_\_\_  
\_\_\_\_\_

**Doctor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's name (please print):** \_\_\_\_\_

**Full address (please print):** \_\_\_\_\_  
\_\_\_\_\_



## Pastor's / Elder's Reference-Staff App.

**Address:** Youth With A Mission  
Sauteur's Post Office  
St. Patrick's, Grenada W.I.  
**Tele/Fax:** 1-473-442-1226  
**Website:** ywamgrenada.org  
**E-mail:** ywamgrenada@gmail.com

Please complete this form and e-mail or fax it to YWAM Grenada to the above e-mail and fax number.

**Applicant's Name:** \_\_\_\_\_

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

Personal Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

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

Church Phone: \_\_\_\_\_ Church E-mail: \_\_\_\_\_

1. How long have you known the applicant? Years/Months: \_\_\_\_\_
2. Please indicate your relationship with the applicant.  
 Pastor  Elder  Other: \_\_\_\_\_
3. How would you describe your relationship with the applicant?  
 Very Close  Fairly Close  An Acquaintance  Other: \_\_\_\_\_
4. Were you aware of the applicant's intent to join YWAM?  Yes  No
5. How long has the applicant been part of the congregation? Years/Months: \_\_\_\_\_
6. Would you want the applicant to work on your church staff?  Yes  No Please Explain: \_\_\_\_\_  
\_\_\_\_\_
7. Has the applicant shown initiative in being involved in church outreaches?  Yes  No
8. Can you give any other information concerning the applicant's home condition of family background?  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there any indication that the applicant's decision to join YWAM has been significantly influenced by;  
 A Desire to travel?  A desire to escape a difficult personal, family, or vocational situation?  
 A need to receive help, ministry or discipleship? Please explain: \_\_\_\_\_  
\_\_\_\_\_

10. Please rate the applicant in the following:

	Excellent	Good	Fair	Poor
Personal Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement and Servant Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Setting Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please rate the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is your recommendation for the applicant?  To be accepted on staff  Not to be accepted on staff

13. If you recommend that the applicant is accepted on staff, would you offer us any suggestions to help the applicant adjust to a new ministry situation? \_\_\_\_\_

\_\_\_\_\_

14. Do you have any further comments? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_