



YOUTH WITH A MISSION

YWAM MUIZENBERG,  
CAPE TOWN

## GENERAL INFORMATION

### OUR VISION

*YWAM Muizenberg serves as a multi-cultural platform to embrace, equip and launch people into all nations to reveal Christ.*

YWAM Muizenberg is one of the home bases to the movement within YWAM called **Nations 2 Nations** – an international movement that seeks to restore the identity, dignity and destiny of nations. Nations 2 Nations seeks to work with the body of Christ and invite all to come to the celebration before the throne of God, and as a base our heart is to see people from the nations being sent into the nations.

As a base we are involved in Training, Evangelism and Mercy Ministries. In **training** we offer the Discipleship Training School, the School of Biblical Studies (3 month and 9 month), Titus Project (a follow up outreach program to the 9 month SBS), the School of Intercessory Prayer, Church Planting School, School of Performing Arts, and School of Creative Evangelism. In the area of **evangelism** we as a base are involved in sports and youth ministry, entertainment arts, prison ministry as well as cross cultural church planting and evangelism. Involvement in **mercy ministries** is done through individuals and departments from the base getting involved in and serving alongside local projects/ministries such as orphanages, pregnancy crisis centres, addictive behavioural counselling. We are also involved in working with street children and refugees.

We also have a heart to see projects and ministries pioneered and multiplied within Cape Town, South Africa, Africa and the nations. Our passion for **pioneering** also involves **partnership** with other bases, **follow up** and **networking**. We are committed to the **development and care** of our staff as individuals and families. As YWAM Muizenberg we desire to live out our faith by example to the wider non-YWAM Muizenberg community.

### OUR YWAM COMMUNITY:

At present there are 3 YWAM centres in operation in the Cape Town area. As well as our own base, there is **Media Village**, whose focus is to train individuals to be effective in the different areas of communication and media. They offer a Video Production School, as well as a DTS, and also other schools in the College of Communications. For more information visit Media Village's website: <http://www.mediavillage.info/>. **Africom** is a communications ministry, located right next door to the Muizenberg base. They act as Africa's Field Communication Team, connecting YWAM staff in Africa to one another and to YWAM internationally, championing them and facilitating their work through mobilising people, prayer and resources. For more information visit Africom's blog: <http://commsteamafrica.blogspot.com/>.

Our base is located in a southern suburb of Cape Town. Though we provide housing for students, each staff member is responsible for their own accommodation and food. Most YWAMers find places to rent in the Muizenberg area. We have a beautiful three-story building used for student accommodation and lecture facilities. Our offices are located a block away from the student building.

Muizenberg, on the False Bay Coast, can be reached easily by train from Cape Town and is about a 30-minute drive by car from Cape Town International airport. It offers a shopping complex, a medical centre, library, Primary and High schools. We have found the churches in the area to be very warm and welcoming to YWAMers and we would encourage all staff to be part of a local church.



YWAM MUIZENBERG,  
CAPE TOWN

## PROCEDURE FOR APPLICATION

Thank you for applying to YOUTH WITH A MISSION Muizenberg, Cape Town! May God grant you His grace as you seek His direction in your life.

In order for us to process your application, we must receive all the following completed forms. (Husbands and wives applying for staff need to complete separate application forms.)

1. **Application Form:** This form needs to be completed by you and returned to us. Please fill it out prayerfully, answering section C to G on another sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidentiality. **Registration Fee:150 Rand**
2. **Indemnity Form:** Ensure that the consent for treatment/liability release and consent for burial on the last page of the application form is signed and sent in as a part of the application.
3. **Health Form :** This form needs to be filled out in complete honesty for your own health reasons.
4. **Pastor's Reference Form:** To be completed by your Pastor, (or Area Pastor, Home Group leader or Spiritual leader). If not your pastor, explain why at the end of Section H.
5. **YWAM Leader Reference Form:** Please get your most recent YWAM leader or school leader to fill this form out. Please fill in your name and the staff position that you are applying for and get them to send it back to us directly.
6. **Reference Forms:** The last form in this package you will need to make **2 copies** of and have completed by **2 mature Christian friends** who have known you over the last three years. Please fill in your name and the staff position that you are applying for and get them to send it back to us directly.
7. **Photograph.** Please submit a recent passport-size photograph with your application.
8. **Finances.** We encourage our single staff to have a monthly support of at least R2500 and our married staff at least R6000, when applying for staff and work towards a stronger support. Be aware that costs have recently gone up drastically. The above figures cover very basic living costs (food and accommodation only). It is also a regular practice in Muizenberg for rent to be increased every year by 10%.
9. **Registration Fee:** All applicants are required to send in a non-refundable registration fee of R150/25 American Dollars. Please make checks out to "Youth With A Mission." Or make a bank transfer to: Standard Bank of South Africa, Blue Route Branch, Code 025609. Current Cheque Account No. 072 032 901, Swift (BIN) Code SBZAZAJJ. Bank Address: Standard Bank of South Africa, Shop 2, Blue Route, Tokai Road, Cape Town 7950, Tel. No. +27 21 4013396.

**Please send all forms to:**

**YWAM Personnel Department  
PO Box 129  
Muizenberg  
Cape Town  
7950  
SOUTH AFRICA**

**Tel: (021) 788 7322**

**Fax: (021) 788 1247**

**E-mail: [personnel@ywammuizenberg.org](mailto:personnel@ywammuizenberg.org)**



YOUTH WITH A MISSION

YWAM MUIZENBERG,  
CAPE TOWN

# STAFF APPLICATION

## A. PERSONAL INFORMATION

Mr./Mrs./Miss \_\_\_\_\_

Surname

First Names

Permanent address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Birthplace: \_\_\_\_\_ Sex:  Male  Female  
dd mm yy

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital status:  Single  Engaged  Married

Divorced  Remarried  Widowed

Spouse's Name: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
dd mm yy

Names and details of children accompanying you:

Surname	First name	Birth date	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PASSPORT INFORMATION

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

Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country and City where issued: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_  
dd mm yy

Date of Expiry: \_\_\_/\_\_\_/\_\_\_  
dd mm yy

Area of service you are interested in: \_\_\_\_\_

Length of commitment: \_\_\_\_\_ When are you able to commence service? \_\_\_\_\_

Do you intend to attend any other course with YWAM within the next year? \_\_\_\_\_

If yes, specify course, location and dates: \_\_\_\_\_

## B. FINANCES

Do you have any outstanding debt? YES / NO

If yes, amount \_\_\_\_\_ and how do you propose to meet your obligations: \_\_\_\_\_

Are you financially obligated to any dependents? YES/NO If yes, specify: \_\_\_\_\_

Do you have guaranteed monthly support? YES / NO If yes, amount: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip / Post Code \_\_\_\_\_

Country \_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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## PLEASE ANSWER SECTIONS C TO H ON A SEPARATE SHEET OF PAPER

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### C. EDUCATION AND EXPERIENCE

1. Summarize your school, post school and Christian education history listing the names of the institutions and the qualification obtained.
  2. List any job experience over the last 5 years, giving the period of employment, name of employer and position held.
  3. Give details and dates of full-time positions held in the church or Christian organisations.
  4. Give details of YWAM Schools / Training programs you have successfully completed. Please show YWAM location, name of school, School Leader and dates.
  5. Give details of YWAM staff positions you have previously held, showing YWAM location, position held, Base Leader and dates.
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### D. SKILLS AND INTERESTS

1. What are your interests and hobbies?
  2. List your abilities and talents.
  3. What languages do you speak, read and write (in order of fluency)?
- 

### E. PERSONAL BACKGROUND

1. Are there any past experiences (i.e. drug or alcohol addiction, homosexuality, extra-marital activity etc.) which we should know about as we consider your application?
  2. Please give relevant history if you have been divorced, separated or remarried.
  3. Have you ever committed OR been convicted of a criminal offence?
  4. Are you still receiving help in any of the above areas? Would you appreciate counsel should you be accepted on staff?
- 

### F. CHRISTIAN LIFE AND CALL

1. Describe your present relationship with God.
  2. *YWAM has a very specific call to "Know God and make Him known." We, therefore, focus all we do to meet this aim. We have three main areas of involvement, namely Training, Mercy Ministries & Evangelism. Some of our staff go to the frontiers, some train others to get there, while others play a vital support role through being involved locally in administration and enabling others to go. On joining the Cape Town base, we expect that your heart is like ours. The following questions will help us to continue that focus in your life and enable you to reach your goals:*
    - a. How God called you into missionary service?
    - b. Which area of YWAM Cape Town do you primarily see yourself involved in – Training, Mercy Ministries, Evangelism or a combination?
    - c. To what are you specifically called?
    - d. If accepted, what are your expectations regarding YWAM Cape Town?
    - e. Where would you like to be in 5 years time?
    - f. What part of the world are you interested in? e.g. Muslim world, Children's ministry, Primary Health Care, etc.
    - g. What skills and gifting do you need to develop to achieve this?
    - h. How would you see the job that you are applying for fulfilling that need in your life?
- 

### G. REFERENCES

In considering your application, it is our policy to request that you submit the names of four references, one being your minister/pastor, the other being your last YWAM Leader and also the names of the two other people who have known you for at least three years who will complete the two Confidential Reference Forms for you. Please include contact addresses, phone, fax and email (if applicable).

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## H. HEALTH

1. Give a detailed description of any physical disabilities you suffer from.
2. Give details of any medication you are presently taking or doctor's treatment you are under.
3. Give details of any psychiatric treatment such as nervous breakdown, depression including manic depression you have received. Have you been in Burnout or had M.E. (chronic fatigue) the last two years. Do you still need help in this area?
4. Please send in an physical evaluation performed within the last three years by a doctor. If you have not had an exam in the last 3 years please have one done and send us the documentation. If you have had one done in the past 3 years for a YWAM school, it is your responsibility to contact the base for copies of the evaluation. (f you require a copy of the Physician's Evaluation form please visit where the application forms are located on our website.

In applying to YWAM Muizenberg, Cape Town, I declare that the information I have submitted in the above application is correct.

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

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

## INDEMNITY FORM

### Consent for Treatment.

Should I be in any way injured during my involvement with Youth With A Mission, I hereby agree to the performance of such treatment, anaesthetics and operations that are necessary in the opinion of the attending physician. I hereby release Youth With A Mission, including its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained to myself during the course of my involvement with Youth With A Mission.

### Release and Consent for Burial.

I, the undersigned, hereby grant consent to whatever national laws require, in the event of my death while in the service of Youth With A Mission. (Please note that Youth With A Mission is not in a position to deal with your mortal remains—this responsibility will be transferred to your next of kin at the time of death. In case of accidental death, we will do our best to abide by the wish of the applicant's family.)

### Health and Safety.

Notwithstanding any provisions to the contrary forming part of any agreement between myself and Youth With A Mission, whether written or not, I acknowledge that I have been granted permission by Youth With A Mission to enter the Base for the purposes as set out in my application and that I enter the said premises entirely at my own risk.

I shall have no claim against Youth With A Mission, including its agents, employees and volunteer assistants in the event of any loss, accident or injury whether fatal or otherwise, occurring to me during the course of my involvement with Youth With A Mission, whether such loss, damage, accident or injury occurs from any cause whatsoever, nothing at all excepted.

I agree to comply with Youth With A Mission's Policy, House Guidelines and Safety Guidelines whilst involved with Youth With a Mission.

I undertake to report to the most senior official present and/or available at the Base any hazard to health and safety.

If accepted by Youth With A Mission, I agree to abide by the spirit, rules, and schedule of the position.

\_\_\_\_\_  
Applicants Name. write clearly

\_\_\_\_\_  
Parent/Guardian's Name (If applicant is under 21)

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date



YOUTH WITH A MISSION

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

**PERSONAL HISTORY**

Please answer **ALL** questions. Explain any `YES' answers in the space below or on a separate sheet of paper.

Have you ever had, or do you have, any of the following?

	YES	NO		YES	NO		YES	NO
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestine troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumour; Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
• Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	• Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
• Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	• Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	• Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
• Serum	<input type="checkbox"/>	<input type="checkbox"/>	• Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	• Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
• Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	• Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	• Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
• Food - specify	<input type="checkbox"/>	<input type="checkbox"/>	• Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	• Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any of the following COMMUNICABLE DISEASES?

	YES	NO		YES	NO
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other - Specify: _____		

OTHER / If you answered YES to any of the above questions, please explain: \_\_\_\_\_

Are you now under doctor's care for any condition?  NO  YES - Specify

Are you taking any medication at this time?  NO  YES - Specify:

Do you have any physical handicaps or health conditions, which require special attention?  NO  YES - Specify:

Do you have a history of emotional instability or psychiatric treatment?  NO  YES -Specify:

EXPAND \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

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



YOUTH WITH A MISSION

YWAM MUIZENBERG,  
CAPE TOWN  
STAFF APPLICATION  
PASTOR'S REFERENCE

For completion by your spiritual leader, please

Name of Applicant: \_\_\_\_\_

Surname

First names

Youth With A Mission is a worldwide inter-denominational missionary organization, which was founded in 1960. It provides opportunities for voluntary Christian service on a short or long-term basis.

The applicant has applied for the staff position of \_\_\_\_\_ and we would like to liaise with you as the applicant's spiritual leader.

Please complete this questionnaire and return it to the address below. If you would prefer to give additional opinions by telephone, please feel free to do so.

Receipt of this form is necessary before we can consider the application.

1. Please comment briefly on: The quality and extent of the applicant's Christian service

\_\_\_\_\_  
\_\_\_\_\_

2. In your consideration, which of the following would best describe his/her Christian walk? Mature  Contagious  Genuine and Growing   
Over-emotional  Superficial  Non-existent

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

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

\_\_\_\_\_

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

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

5. In your opinion, does the applicant have a call to missions on their life?

\_\_\_\_\_

6. In which area of YWAM do you see the applicant involved, e.g. Training, Mercy Ministries or Evangelism? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

8. How long have you known the applicant? \_\_\_\_\_
9. For how long has he/she attended your church? \_\_\_\_\_
10. On a scale of 1-10, how well do you feel you know the applicant?  
 (1=very little; 10=intimately - *Circle one*) 1 2 3 4 5 6 7 8 9 10  
*(please circle as appropriate)*

11. (a) What kind of contribution has the applicant made to the church?  
 \_\_\_\_\_

(b) What area of the church has the applicant served in?  
 \_\_\_\_\_

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

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

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

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

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

Name: _____	
Address: _____	
Phone: (h) _____	(w) _____
Fax: _____	E-mail: _____
Signed: _____	Date: _____

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

**Please return completed form to: YWAM Personnel Dept**  
**P.O. Box 129**  
**Muizenberg**  
**7950**  
**South Africa**  
**Tel: (021) 788 7322**  
**Fax: (021) 788 1247**  
**E-mail: [personnel@ywammuizenberg.org](mailto:personnel@ywammuizenberg.org)**



YWAM Muizenberg,  
Cape Town  
**STAFF APPLICATION**  
**YWAM LEADER REFERENCE**  
For completion by your last YWAM leader

Name of Applicant: \_\_\_\_\_

**Surname**

**First names**

Youth With A Mission is a worldwide inter-denominational missionary organization, which was founded in 1960. It provides opportunities for voluntary Christian service on a short or long-term basis.

The applicant has applied for the staff position of \_\_\_\_\_ and we would like to liaise with you as one of the applicant's former YWAM leaders.

Please complete this questionnaire and return it to the address below. If you would prefer to give additional opinions by telephone, please feel free to do so.

Receipt of this form is necessary before we can consider the application.

1. What was your position of leadership over applicant? \_\_\_\_\_  
(e.g. DTS leader, SBS leader, Department head etc.)

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

- |   |                                      |  |
|---|--------------------------------------|--|
| Mature <input type="checkbox"/>         | Contagious <input type="checkbox"/>  | Genuine and Growing <input type="checkbox"/> |
| Over-emotional <input type="checkbox"/> | Superficial <input type="checkbox"/> | Non-existent <input type="checkbox"/>        |

3. Please describe in your own words how you would rate the applicant in the following areas:

Initiative	_____	Industriousness	_____
Social Adaptability	_____	Reliability	_____
Personal Appearance	_____	Cooperation	_____
Concern for others	_____	Self Discipline	_____
Leadership	_____	Christian Character	_____
Emotional Stability	_____	Temperament	_____
Ability to follow	_____	Punctuality	_____
Flexibility	_____	Perseverance	_____
Stewardship	_____	Ability to cope with stress	_____

4. In your opinion, in which of the following areas of ministry is the applicant gifted?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Communication    | <input type="checkbox"/> Preaching    | <input type="checkbox"/> Drama           |
| <input type="checkbox"/> Secretarial work | <input type="checkbox"/> One-on-one   | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Children's work  | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Pastoring       |
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Counseling   | <input type="checkbox"/> Prayer          |
| <input type="checkbox"/> Carpentry        | <input type="checkbox"/> Youth work   | <input type="checkbox"/> Worship         |
| <input type="checkbox"/> Teaching         | <input type="checkbox"/> Hospitality  | <input type="checkbox"/> Encourager      |
| <input type="checkbox"/> Doctor           | <input type="checkbox"/> Nurse        | <input type="checkbox"/> Servant-hearted |
| <input type="checkbox"/> Art              | <input type="checkbox"/> Evangelism   | <input type="checkbox"/> Other: _____    |

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

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

\_\_\_\_\_

\_\_\_\_\_

6. Please comment briefly on the applicant's ability to (a) take responsibility (b) relate to others and to be a part of a team (c) handle conflict in relationships (d) live and work cross-cultural (e) relate to authority.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

7. Overall, what do you consider to be the applicant's strong points? (Include special abilities). \_\_\_\_\_  
\_\_\_\_\_

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

9. In which area of YWAM do you see the applicant involved - Training, Mercy Ministries or Evangelism?  
\_\_\_\_\_

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

11. On a scale of 1-10, how well do you feel you know the applicant?  
(1=very little; 10=intimately - *Circle one*)    1    2    3    4    5    6    7    8    9    10

12. Have we overlooked anything that you consider relevant to this application?  
\_\_\_\_\_  
\_\_\_\_\_

Name: _____	
Address: _____ _____	
Phone: (h) _____	(w) _____
Fax: _____	E-mail: _____
Signed: _____	Date: _____

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

**Please return completed form to: YWAM Personnel Dept**  
**P.O. Box 129**  
**Muizenberg**  
**7950**  
**South Africa**  
**Tel: (021) 788 7322**  
**Fax: (021) 788 1247**  
**E-mail: [personnel@ywammuizenberg.org](mailto:personnel@ywammuizenberg.org)**



YOUTH WITH A MISSION

YWAM Muizenberg, Cape Town
STAFF APPLICATION
CONFIDENTIAL REFERENCE

For completion by 2 mature Christians

Name of Applicant: \_\_\_\_\_
Surname First names

Youth With A Mission is a worldwide inter-denominational missionary organization, which was founded in 1960. It provides opportunities for voluntary Christian service on a short or long-term basis.

The applicant has applied for the staff position of \_\_\_\_\_ and we would like to liaise with you as one of the applicant's mature Christian friends.

Please complete this questionnaire and return it to the address below. If you would prefer to give additional opinions by telephone, please feel free to do so.

Receipt of this form is necessary before we can consider the application.

1. Please assess the applicant on the characteristics listed below according to the following evaluation system: 1 = Usually 2 = Often 3 = Sometimes 4 = Rarely

- Healthy \_\_\_\_\_ Well-groomed \_\_\_\_\_ Accepts challenges \_\_\_\_\_
Flexible \_\_\_\_\_ Articulate \_\_\_\_\_ Financially Responsible \_\_\_\_\_
Concern for others \_\_\_\_\_ Consistent \_\_\_\_\_ Makes quick decisions \_\_\_\_\_
Enthusiastic \_\_\_\_\_ Loyal \_\_\_\_\_ Socially Adaptable \_\_\_\_\_
Diplomatic \_\_\_\_\_ Leader \_\_\_\_\_ Willing to serve \_\_\_\_\_
Energetic \_\_\_\_\_ Team \_\_\_\_\_ Mental Agility \_\_\_\_\_
Patient \_\_\_\_\_ Initiator \_\_\_\_\_ Worrier \_\_\_\_\_
Systematic \_\_\_\_\_ Reliable \_\_\_\_\_ Loner \_\_\_\_\_
Optimistic \_\_\_\_\_ Worker \_\_\_\_\_ Disruptive \_\_\_\_\_
Committed \_\_\_\_\_ Co-operative \_\_\_\_\_ Aggressor \_\_\_\_\_

2. Please comment briefly on: (a) The quality and extent of the applicant's Christian service. (b) His/her ability to relate to others and to be a part of a team. (c) The applicant's ability to handle conflicts in relationships. (d) His/her ability to live work cross-culturally. (e) His/her ability to relate to those in authority.

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

3. The applicant will be living and working closely with others for an extended period of time. Have there been problems in the past that might cause difficulties that could compromise their Christian sexual morality or relationship with others?

\_\_\_\_\_

4. In your consideration, which of the following would best describe his/her Christian walk?
Mature [ ] Contagious [ ] Genuine and Growing [ ]

Over-emotional

Superficial

Non-existent

5. Overall, what do you consider to be the applicant's strong points? (Include special abilities). \_\_\_\_\_  
\_\_\_\_\_

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

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

8. In which area of YWAM do you see the applicant involved - Training, Mercy Ministries or Evangelism?  
\_\_\_\_\_

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

10. On a scale of 1-10, how well do you feel you know the applicant?  
(1=very little; 10=intimately - *Circle one*)    1    2    3    4    5    6    7    8    9    10

11. What is your relationship with the applicant? \_\_\_\_\_  
(e.g. youth group/home group/leader/friend)

12. Have we overlooked anything that you consider relevant to this application?  
\_\_\_\_\_  
\_\_\_\_\_

Name: _____	
Address: _____ _____	
Phone: (h) _____	(w) _____
Fax: _____	E-mail: _____
Signed: _____	Date: _____

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

**Please return completed form to: YWAM Personnel Dept**  
**P.O. Box 129**  
**Muizenberg**  
**7950**  
**South Africa**  
**Tel: (021) 788 7322**  
**Fax: (021) 788 1247**  
**E-mail; personnel@ywammuizenberg.org**