



YOUTH WITH A MISSION

YWAM MUIZENBERG,
CAPE TOWN

**PROCEDURE FOR SHORT-TERM
VOLUNTEER APPLICATION**

Short-term volunteers are accepted for a length of time ranging from a minimum of 3 weeks to a maximum of 6 months. If there is a desire to continue serving with YWAM Muizenberg, after that length of time we would require the completion of a Discipleship Training School.

Processing Time: Please allow two months to process applications. **Tickets are not to be purchased prior to acceptance from YWAM Muizenberg.**

Photograph: Please fill out the below information accurately and provide a photo with your application when you send it in.

Application Forms: The attached application form needs to be filled out and returned to us. Please fill out the form in complete honesty. Be assured that your application will be treated with the strictest confidence.

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.

Reference Form: There is a reference form at the end of this document, please see that your Pastor, or somebody else in a position of Christian leadership over you who knows you well, fills it out and returns it to YWAM Muizenberg.

Physician's Evaluation: See that you have your physician fill in the attached evaluation form and send it in to us with your application.

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 your application to:
YWAM Muizenberg
Personnel Department
PO Box 129
Muizenberg 7950 Cape Town,
South Africa
Phone: +27 021 788 7322
Fax: +27 021 788 1247
E-mail: ywamstaff@yahoo.com**



YOUTH WITH A MISSION

YWAM MUIZENBERG,
CAPE TOWN

SHORT-TERM VOLUNTEER
APPLICATION FORM

Specify what **dates** you intend to volunteer: _____

If coming to serve in construction, list any tools that you are able to bring: _____

Desired ministry or areas: _____

When are you able to commence service? _____

PERSONAL INFORMATION

Name _____ Sex _____

Address _____ City _____

State/Province _____ Zip/Post Code _____

Country _____ Phone (_____) _____

E-mail address _____

Age _____ Birth date ____/____/____ Birthplace _____
(Month/day/year) (City) (Country)

Nationality _____ Height _____ Weight _____
(Country)

Passport no. _____ Expiry date: ____/____/____ (Day/Month/Year)

Marital Status (circle what applies):

Single / Engaged / Married / Separated / Divorced / Remarried / Widowed

Children accompanying you:

Name (First/Middle/Last)	Birth date (Mo/Day/Yr)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip / Post Code _____

Country _____ Home Phone # (_____) _____

Work Phone # (_____) _____ E-mail _____

CHRISTIAN LIFE AND HOME CHURCH

Describe your present relationship with the Lord (please use a separate sheet if necessary)

Name of home Church _____

How long have you attended? _____ Date of conversion: _____

Church address _____

City _____ State / County _____ Zip/Post Code _____

Church Phone (_____) _____ E-mail _____

Do you have any role in the church? If yes, define: _____

Pastor's Name _____

Phone Home (_____) _____ E-mail _____

OUR VISION

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

Visit our website for more information about YWAM Muizenberg: www.ywammuizenberg.org

SCHOOL EDUCATION/EMPLOYMENT/SKILLS

Highest level of education completed _____ Date of Graduation _____

What languages do you speak (in decreasing order of fluency)

1) _____ 2) _____ 3) _____

Present employment _____ Occupation _____

1: Other occupation or skills _____ Years of experience _____

2: Other occupation or skills _____ Years of experience _____

3: Other occupation or skills _____ Years of experience _____

Musical abilities or other talents _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in a YWAM short/long-term outreach, training program or any YWAM function? If yes, please specify when, where and in what capacity: _____

If previously involved with YWAM please provide name and contact information for your YWAM leader:

Why do you desire to volunteer with us? _____

HEALTH INFORMATION:

1. Do you have any physical handicaps or health conditions requiring special attention? (If so, please explain): _____

2. Are you now under a Doctor's care or taking medication? _____

3. Have you had any past psychiatric treatment or currently receiving help in this area? (If so, please explain): _____

4. Do you have Medical Insurance? _____ If so, what is the name? _____
What does your Medical Insurance cover? _____

6. Do you have any allergies of any kind? (If yes, please explain): _____

PERSONAL BACKGROUND:

1. Considering the nature of work many volunteers do, which includes working with children, are there any criminal offences that you have committed, charged or uncharged?

I 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
(21)

Parent/Guardian's Name (If applicant is under

Applicant's Signature and Date

Parent/Guardian Signature and Date



YOUTH WITH A MISSION

YWAM MUIZENBERG,
CAPE TOWN

SHORT-TERM VOLUNTEER
REFERENCE FORM

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 as a short-term volunteer with Youth With A Mission Muizenberg, and we would like your input as to the character and personality of the above mentioned person

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 is your relationship with the applicant? _____
(e.g. youth group/home group/leader)

2. 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 _____ |

3. 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. _____

4. The applicant will be living and working closely with others. Have you ever experienced any issues in the past in the way they relate with people that we should be aware of? _____

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

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. Do you have any reservations about his/her participation? Please explain.

8. 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
Phone: +27 021 788 7322
Fax: +27 021 788 1247

E-mail: ywamstaff@yahoo.com



YOUTH WITH A MISSION

PHYSICIAN'S EVALUATION

Name of Applicant: _____

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION. This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____ ECG (Over 40) _____

Blood Type: _____ Hearing: R _____ L _____

Visual acuity: (Without glasses) R _____ L _____ (With glasses) R _____ L _____

Are there any abnormalities of the following systems? Please describe fully.

	NO	YES	Please describe
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dermatological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernial Orifices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gynaecological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to be on their feet and do physical work for up to 8 hours a day? YES • NO

Additional comments: _____

PHYSICIAN'S RECOMMENDATION:

- Acceptable without limitations
- Acceptable with limitations -Specify: _____
- Not acceptable
- Should remain in areas where adequate medical care is provided

Physician's name: (Print) _____

Address: _____

Phone: _____

Date: ____/____/____ Physician's signature/stamp: _____