



YOUTH WITH A MISSION

## Drakensberg, South Africa

P.O. Box 307 Winterton 3340 South Africa Tel: +27 (0)72 399 8153 or +27 (0)72 855 6562  
e-mail: [ywam@theberg.org.za](mailto:ywam@theberg.org.za)

### PROCEDURE FOR STAFF APPLICATION

Thank you for applying to YOUTH WITH A MISSION Drakensberg! 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.** Needs to be completed by you and returned to us. You can type/write your answer next to or under the question or on a separate piece of paper.
2. **Reference forms.** Please fill in your name and the staff position that you are applying for before handing these forms out.
  - a) Christian friends references. Needs to be completed by two mature Christian friends who have known you over the last three years.
  - b) Previous YWAM leader's reference. Needs to be completed by your last YWAM leader.
  - c) Pastor's Reference form. Needs to be completed by your Pastor (or Area Pastor/ Home Group Leader/ Spiritual Leader).
3. **Life questions.** Please prayerfully answer the life questions. The reason for these personal questions is to help us to more accurately assess your application and, if accepted, to help us to understand you as a person. Please be assured that your application will be treated with the strictest confidentiality.
4. **Photograph.** Please submit a recent passport-size photograph with your application.
5. **Finances.** We encourage our single staff to have a monthly support of at least R1200 and our married staff at least R3000 and to work towards a stronger support base.
6. **Medical Insurance.** It is a S. A. governmental requirement that all foreigners entering S.A. to work or study (including Youth With A Mission) needs to have medical insurance. Please ensure that if you do have medical insurance that it covers you for hospitalization in South Africa. If you do not have medical insurance it will be your responsibility to get it immediately on arrival at our YWAM base in South Africa. You can expect to pay from about R300 per person per month.

Please send all forms to:  
P.O. Box 307 Winterton 3340 South Africa  
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e-mail: [ywam@theberg.org.za](mailto:ywam@theberg.org.za)



**STAFF APPLICATION FORM**

Area of service you feel called to: \_\_\_\_\_

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

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

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**A. PERSONAL INFORMATION**

Mr./Mrs./Miss \_\_\_\_\_  
*Surname First Name Middle name*

Permanent address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex:  Male  Female

Phone: Home : \_\_\_\_\_ Work : \_\_\_\_\_

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

ID No. \_\_\_\_\_ Occupation : \_\_\_\_\_

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

Passport No.: \_\_\_\_\_ Date of Expiry: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of issue: \_\_\_\_\_

Marital status: (Tick the inappropriate)  
 Single  Engaged  Married  Divorced  Remarried  Widowed

Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Surname First name*

Names of children accompanying you:

	Surname	First name	Birth date	Sex
1.	_____	_____	____/____/____	_____
2.	_____	_____	____/____/____	_____
3.	_____	_____	____/____/____	_____
4.	_____	_____	____/____/____	_____

\* Give details of YWAM Schools/Training programs you have successfully completed:

	YWAM location	Name of School	School Leader	Dates
1.	_____	_____	_____	____/____ - ____/____
2.	_____	_____	_____	____/____ - ____/____
3.	_____	_____	_____	____/____ - ____/____
4.	_____	_____	_____	____/____ - ____/____

\* Give details of YWAM staff positions you have previously held:

YWAM location	Position held	Base Leader	Dates
1. _____	_____	_____	___/___ - ___/___
2. _____	_____	_____	___/___ - ___/___
3. _____	_____	_____	___/___ - ___/___
4. _____	_____	_____	___/___ - ___/___

.....  
**B. FINANCES**

Do you have any outstanding debt? Yes / No  
If yes, please state the amount (in US\$ or Rand): \_\_\_\_\_

How do you propose to meet your obligations? \_\_\_\_\_  
\_\_\_\_\_

Are you financially obligated to any dependants? Yes / No

Do you have guaranteed monthly support? Yes / No  
If yes, amount (in US\$ or Rand): \_\_\_\_\_

.....  
**C. 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) during the last two years? Do you still need help in this area?  
\_\_\_\_\_

4. Have you ever had Psychiatric treatment?  
\_\_\_\_\_

5. Do you have any conscientious objections to utilizing medical service?  
\_\_\_\_\_

.....  
**D. SKILLS AND INTERESTS**

1. What are your interests and hobbies?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List your abilities and talents.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Which languages do you speak, read and write? List in order of fluency and rate each on a scale of 1 to 5, with 5 being excellent and 1 as minimal.  
\_\_\_\_\_

.....  
**E. PERSONAL BACKGROUND**

1. Parent's name: \_\_\_\_\_

2. Parent's address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Father's occupation: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

4. Parents church affiliation:

5. Are there any past experiences (i.e. drug or alcohol addiction, homosexuality, extramarital activity, etc.), which we should know about as we consider your application?

\_\_\_\_\_

6. Please give relevant history if you have been divorced, separated or remarried.

\_\_\_\_\_

7. How does your family feel about your decision for missions? Is there any domestic situation that might make it necessary for you to return home?

\_\_\_\_\_

8. Are you still receiving help in any of the above areas? Would you appreciate counsel should you be accepted on staff?

\_\_\_\_\_

9. As a ministry we stress the basis of our unity to be in Christ and we ask our staff members not to argue over or push other doctrines or experiences. Each person is free to share his views when asked or when others want to discuss them, but we feel it is more important that this be done in love and without pressurizing others to believe as you do. We give freedom of diversity of doctrinal beliefs as you have a clear understanding of 1 Cor 15:3-4 "For what I passed on to you as of first importance: That Christ died for our sins according to the scriptures, that he was buried, that he was raised on the third day according to the scriptures....." We embrace the move of the Holy Spirit and are committed to being open to all that God has for us during these exciting and challenging times. Do you accept this: Yes / No

.....  
**F. EXPERIENCE AND EDUCATION**

1. Are you an ordained or licensed clergyman?

\_\_\_\_\_

2. What books and periodicals have influenced you most?

\_\_\_\_\_

3. Are you a member of, or under appointment of, another mission board? Yes / No

Has another mission board ever turned you down? Yes / No

Give details:

\_\_\_\_\_

\_\_\_\_\_

4. What part have you taken in the activities of your community, and to what organization of civic, Political, or community nature have you belonged?

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5. What level of education have you completed?

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6. What is your present occupation?

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7. List your past job experiences up to the present. (Use a separate sheet if it is needed.)

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8. List your skills and hobbies, and give some indication as to the degree of your competence in them.

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**G. LEGAL INFORMATION**

Are you involved in any current or pending lawsuits or legal proceedings? Yes/ No

If yes please give details.

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**H. CHRISTIAN LIFE AND CALL**

1. Describe your present relationship with God.

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2. Our base has adopted a very specific mission statement, which is "From The Mountains to the Nations" We, therefore, focus all we do to meet this aim. We have three main areas of involvement, namely Training, Mercy Ministries and Evangelism. Some of our staff go to the spiritually and physically needy areas in Africa and elsewhere, 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 Drakensberg 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.

Write a statement describing your call including the following information:

a. How God called you into missionary service?

b. Which area of YWAM Drakensberg do you primarily see yourself involved in?

Training     Mercy Ministries     Evangelism or     a combination of these?

Which of the following ministries are you most interested in? You may check more than one.

Outreach Ministries:

Children's Ministries

Youth Ministries

Evangelism/ Drama

Support Ministries:

Graphic Design

Receptionist

Preschool

Kitchen

Accounting

Administration

Secretary

Communication

Garden

Housekeeping

Hospitality

Transport

Vehicle Mechanic

General Maintenance

- Personnel:  
 Personnel                       Pastoral Care

- Training:  
 School staff (Please specify which school) \_\_\_\_\_

- Mercy Ministries:  
 Primary Health Care               Community development

c. To what are you specifically called?

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

d. If accepted, what are your expectations regarding YWAM Drakensberg?

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

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 gifts do you need to develop in order to achieve this?

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

h. How would you see the job for which you are applying fulfilling that need?

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

.....  
**I. EMERGENCY INFORMATION**

Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

\_\_\_\_\_ Cell number: \_\_\_\_\_

\_\_\_\_\_ E Mail: \_\_\_\_\_

**CONSENT FOR TREATMENT**

I/We hereby agree to the performance of such treatment, anaesthetic and operations as in the opinion of the attending physician is deemed necessary on \_\_\_\_\_

\_\_\_\_\_ (Full name).

\_\_\_\_\_  
Staff applicant's signature

\_\_\_\_\_  
Parent/guardian signature (if under 21)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to staff applicant

.....  
**LIABILITY RELEASE**

I/We hereby release YOUTH WITH A MISSION, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by the above mentioned person during the course of involvement with YOUTH WITH A MISSION. I/We agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM directors or staff by means of reconciliation or arbitration, and waive the right to pursue action by way of litigation.

\_\_\_\_\_  
Staff applicant's signature

\_\_\_\_\_  
Parent/guardian signature (if under 21)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to staff applicant

.....  
**LEGAL CONSENT FOR MINORS** (All persons under 21)

I hereby give consent for

\_\_\_\_\_  
(Complete name of minor)

To travel outside the Republic of South Africa with YOUTH WITH A MISSION.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to staff applicant

.....  
**DECLARATION**

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

\_\_\_\_\_  
Staff applicant's signature

\_\_\_\_\_  
Parent/guardian signature (if under 21)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to staff applicant

**REFERENCES**

In considering your application, it is our policy to request that you submit the names of four references, one being your minister, the other being your last YWAM leader and also the names of two people who will complete the two Confidential Reference Forms for you.

**PASTOR'S REFERENCE**

Minister's/Pastor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**YWAM REFERENCE**

Name of last YWAM Leader: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**CONFIDENTIAL REFERENCE FORMS TO BE COMPLETED BY:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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



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## CONFIDENTIAL REFERENCE

*(For completion by 2 other mature Christians)*

Name of Applicant: \_\_\_\_\_  
*Surname* *First name*

Address: \_\_\_\_\_

Youth With A Mission is a international interdenominational 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 as soon as possible. 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.

### SECTION A

#### Personality/Character Profile

Please assess the applicant on the characteristics listed below according to the following evaluation system:

1 = Usually 2 = Often 3 = Sometimes 4 = Rarely

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Healthy      | <input type="checkbox"/> Initiator          | <input type="checkbox"/> Cooperative             |
| <input type="checkbox"/> Loner        | <input type="checkbox"/> Worrier            | <input type="checkbox"/> Mental agility          |
| <input type="checkbox"/> Disruptive   | <input type="checkbox"/> Flexible           | <input type="checkbox"/> Willing to serve        |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Concern for others | <input type="checkbox"/> Accepts challenges      |
| <input type="checkbox"/> Energetic    | <input type="checkbox"/> Patient            | <input type="checkbox"/> Financially responsible |
| <input type="checkbox"/> Systematic   | <input type="checkbox"/> Diplomatic         | <input type="checkbox"/> Makes quick decisions   |
| <input type="checkbox"/> Committed    | <input type="checkbox"/> Socially adaptable | <input type="checkbox"/> Worker                  |
| <input type="checkbox"/> Articulate   | <input type="checkbox"/> Optimistic         | <input type="checkbox"/> Aggressive              |
| <input type="checkbox"/> Consistent   | <input type="checkbox"/> Well-groomed       | <input type="checkbox"/> Leader                  |
| <input type="checkbox"/> Loyal        | <input type="checkbox"/> Reliable           | <input type="checkbox"/> Team                    |

### SECTION B

Please comment briefly on the quality and extent of the applicant's Christian service

\_\_\_\_\_

\_\_\_\_\_

His/her ability to relate to others and to be a part of a team

\_\_\_\_\_

\_\_\_\_\_

The applicant's ability to handle conflicts in relationships

\_\_\_\_\_

\_\_\_\_\_

His/her ability to live and work cross-culturally

\_\_\_\_\_

\_\_\_\_\_

The applicant will be living and working closely with others for an extended period of time. What difficulties do you foresee that could compromise their Christian sexual morality or relationship with others?

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

- Mature                       Contagious                       Genuine and growing  
 Overemotional                       Superficial

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

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Do you know the applicant's family?     Yes     No

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

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Have we overlooked anything, which you consider relevant to this application?

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### **SECTION C**

In your opinion, does the applicant have a call to missions on his/her life?

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

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

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How well do you know the applicant?

- very well     quite well     a little     very little

What is your relationship to the applicant?

\_\_\_\_\_ (e.g. youth group/home group leader/ friend)

Could we contact you if we require any further information?     Yes     No

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

*Please return completed form to: P.O. Box 307 Winterton 3340 South Africa  
If you have any questions, feel free to contact us*



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## PASTOR'S REFERENCE FORM

Name of Applicant: \_\_\_\_\_  
*Surname* *First name*

Address: \_\_\_\_\_

Youth With A Mission is a international interdenominational 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.

### SECTION A

Please comment briefly on the quality and extent of the applicant's Christian service

\_\_\_\_\_

\_\_\_\_\_

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

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Mature        | <input type="checkbox"/> Contagious  | <input type="checkbox"/> Genuine and growing |
| <input type="checkbox"/> Overemotional | <input type="checkbox"/> Superficial |  |

Do you know the applicant's family?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have we overlooked anything, which you consider relevant to this application?

\_\_\_\_\_

\_\_\_\_\_

### SECTION B

In your opinion, does the applicant have a call to missions on his/her life?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**SECTION C**

How long have you known the applicant? \_\_\_\_\_

For how long has he/she attended your church? \_\_\_\_\_

a. What kind of contribution has the applicant made to the church?

\_\_\_\_\_

b. What area(s) of church life / ministry has the applicant served in?

\_\_\_\_\_

When did the applicant inform you of their desire to join YWAM staff?

\_\_\_\_\_

Is the church sending out the applicant?  Yes  No

If yes, for what length of time? \_\_\_\_\_

Would you be happy to have your church consider supporting the applicant as a full-time missionary with YWAM  in prayer and/or  financially?

Comment \_\_\_\_\_

We are willing to share more information with you about the work of YWAM. Would you like to have more information through?  a brochure  a personal visit from a Senior YWAM member?

Is there anything you would specifically like to know?

\_\_\_\_\_

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)

\_\_\_\_\_

How well do you know the applicant?

very well  quite well  a little  very little

What is your relationship to the applicant?

\_\_\_\_\_ (e.g. youth group/home group leader/ friend)

Could we contact you if we require any further information?  Yes  No

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

*Please return completed form to: P.O. Box 307 Winterton 3340 South Africa  
If you have any questions, feel free to contact us*



**YWAM REFERENCE FORM**

*(For completion by current/last school leader or department head)*

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

Address: \_\_\_\_\_

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**SECTION A**

**Personality/Character Profile**

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| <input type="checkbox"/> Loner        | <input type="checkbox"/> Worrier            | <input type="checkbox"/> Mental agility          |
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| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Concern for others | <input type="checkbox"/> Accepts challenges      |
| <input type="checkbox"/> Energetic    | <input type="checkbox"/> Patient            | <input type="checkbox"/> Financially responsible |
| <input type="checkbox"/> Systematic   | <input type="checkbox"/> Diplomatic         | <input type="checkbox"/> Makes quick decisions   |
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| <input type="checkbox"/> Articulate   | <input type="checkbox"/> Optimistic         | <input type="checkbox"/> Aggressive              |
| <input type="checkbox"/> Consistent   | <input type="checkbox"/> Well-groomed       | <input type="checkbox"/> Leader                  |
| <input type="checkbox"/> Loyal        | <input type="checkbox"/> Reliable           | <input type="checkbox"/> Team                    |

**SECTION B**

Please comment briefly on the quality and extent of the applicant's Christian service

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\_\_\_\_\_

His/her ability to relate to others and to be a part of a team

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

The applicant's ability to handle conflicts in relationships

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

His/her ability to live and work cross-culturally

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\_\_\_\_\_

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 Overemotional                       Superficial

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

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Do you know the applicant's family?     Yes     No

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

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Have we overlooked anything, which you consider relevant to this application?

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**SECTION C**

In your opinion, does the applicant have a call to missions on his/her life?

---

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

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

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How well do you know the applicant?

- very well     quite well     a little     very little

What is your relationship to the applicant?

\_\_\_\_\_ (e.g. youth group/home group leader/ friend)

Could we contact you if we require any further information?     Yes     No

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

*Please return completed form to: P.O. Box 307 Winterton 3340 South Africa  
If you have any questions, feel free to contact us*