

GREETINGS FROM YOUTH WITH A MISSION, ANTIGUA, GUATEMALA

Thank you for your interest in our Mission Builder Program and your desire to offer your gifts, talents and skills for a season. We are so encouraged when people like you are willing to spend their time helping our mission.

Please complete the application form and return it to us as soon as possible for processing. The leadership will prayerfully evaluate your application, review available housing, and our on-going projects to make sure your skills and talents can be fully utilized. Then we can contact you to discuss the best time for you to come.

Limited housing for a reasonable fee with kitchen facilities is available to Mission Builders for up to three months. Workdays are usually Monday thru Friday from 8:00am – 5:00pm. However depending on our staff needs we may need help on Saturdays.

Please write or phone if you have any questions. Our direct phone is 011-502-7834-0390. Email ywamantigua@gmail.com. We feel we have a wonderful Christian community with loving and caring staff. We know you will be blessed by the Lord, if He calls you to come.

In His service,

Bruce Ahlberg
Director, YWAM Antigua

Note: Please submit two reference forms: One from your pastor or pastoral staff member and one from a personal friend or past employer.

YWAM Antigua
3ra Avenida 1-30, Zona 6
Cd. Vieja, Guatemala

Mission Builder Application

IMPORTANT

Please attach a recent
Passport size
photograph of yourself

Date of Application: _____

General Information:

Mr/Mrs/Miss _____
(last/family) (first) (spouse's first name)

P.O. Box / Street _____

City _____ State / Province _____

Postcode / Zip _____ Country _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Fax (____) _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Widowed ___ Divorced ___ Separated

Your Birthdate (day)___ (month)___ (year)___ Age ___ Place of Birth _____

Spouse's Birthdate (day)___ (month)___ (year)___ Age ___ Place of Birth _____

Children accompanying you: Name, Age and Sex (note: child care is not provided) _____

Are you an American Citizen? Yes ___ No ___ If "No", please list Citizenship, Passport # and Expiration date:

Emergency Contact:

Full Name _____

Relationship _____

P.O.Box/Street _____

City _____ State/Province _____

Postcode/Zip _____ Country _____ Phone (____) _____

Housing:

I will need housing: Yes ___ No ___

I will be using my recreational vehicle: Yes ___ No ___ Type & Length _____

Health

Do you have any physical limitations that would influence a placement decision? Yes ___ No ___

If "Yes", please explain _____

Do you have any special dietary needs? (please explain) _____

Are you taking any medication? Yes ___ No ___ If "Yes", please explain and give your Doctor's name and phone #) _____

Are you covered by medical insurance? Yes ___ No ___

Insured by: _____ Policy # _____

Volunteering:

The dates I would like to come are: From _____ to _____

Note: Dates are subject to approval by Base Leadership.

Please list any occupational skills or talents you are willing to share: i.e. music. _____

What areas do you have an interest in?

Maintenance ___ Food Services ___ Painting ___ Electrical ___

Landscaping ___ Plumbing ___ Cement/Masonry ___ Carpentry ___

Housekeeping ___ Sewing ___ Upholstery ___

Have you completed a YWAM DTS? Yes ___ No ___ Location _____ Date _____

Have you ever been on YWAM Staff? Yes ___ No ___ Location _____ Date _____

I certify that all information in this application is complete and accurate and if accepted by Youth With A Mission, I will abide by the spirit, guidelines and schedule of organization.

Applicant's Signature: _____ Date: _____
(Day/Month/Year)

Spiritual Information

Church Name _____ Pastor _____

P.O. Box / Street _____

City _____ State / Province _____

Postcode / Zip _____ Country _____ Phone (____) _____

Length of attendance at the above church _____ Are you a member? _____

Are you actively involved in your church? Yes ____ No ____ If "No", please briefly explain why not _____

Date you were saved and began a relationship with God _____

Are you committed to a regular time of reading God's work? Yes ____ No ____

Are you committed to a regular time of prayer? Yes ____ No ____

Briefly write your personal testimony of how you came to know God _____

In your opinion, what are the characteristics of a committed Christian lifestyle? _____

If you are accepted for Mission Building, what would you like to see God do in your life during this time?

Release of Liability & Consent for Treatment

RELEASE OF LIABILITY

I/ We do hereby release Youth With A Mission, Inc., its staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person (s) during the course of involvement with Youth With A Mission.

_____ Date: _____
Applicant's Signature

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, the attending doctor or physician may deem necessary.

_____ Date: _____
Applicant's Signature

Pastoral and Friend Reference

The person who gave you this form (listed below) is applying as a volunteer in our Mission Builder Program. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

Please mail the reference form to:
YWAM Antigua
444 Brickell Ave. Suite 53-85020
Miami, FL 33131

Name of Applicant _____

Address _____
(Street) (City) (State) (Zip code) (Country) (Phone #)

I, the above named applicant, waive any right to have or obtain copies of this recommendation knowing that this waiver is not required as a condition for admission. **Applicant's Signature** _____

1. What is your relationship to the applicant? Pastor____ Employer ____ Friend ____

2. How well do you know the applicant? Very well ____ Well ____ Casually ____

3. Please give approximate date during which you were associated with the applicant.

From _____ to _____
Month/Year Month/Year

4. I have observed this person at/in: Home____ Work____ School____ Bible Study____ Social Activities ____

5. What do you consider to be the applicant's strong points? _____

6. In your opinion, what are the applicant's motives for applying to YWAM, Antigua? _____

7. Does the applicant display high moral standards? Yes____ No____ If "No", please explain. _____

8. Is the applicant prejudiced against any groups, races or nationalities? Yes____ No____ If "Yes", please explain _____

9. If the applicant is married, how would you describe his/her relationship with:

Spouse: _____

Children: _____

10. Please rate this applicant by placing a check under each of the following categories:

Characteristic	Above Average	Average	Below Average	Observations / Comments
Initiative				
Social Adaptability				
Concern for others				
Ability to Follow				
Leadership Ability				
Teamwork				
Decision Making				
Emotional Stability				
Health				
Personal Appearance				
Teachable				
Communication Skills				
Dependable				
Mental Ability				
Industrious				
Christian Character				
Disposition				
Punctuality				
Financial Responsibility				

11. What could YWAM Chico do to aid the applicant's personal development? _____

12. Would you enjoy having this person work with or under you? Yes ___ No ___

13. Please add any other remarks about the applicant's background, family, health, etc., that might bear on the suitability for service at YWAM Antigua. _____

14. In your opinion, which of the following would best describe the applicant's Christian experience?

Mature ___ Contagious ___ Genuine and growing ___ Superficial ___ Over-emotional ___

15. Would you recommend the applicant for the YWAM Mission Builder program?

Wholeheartedly ___ With Some Reservations ___ Not at all ___

I declare that the contents of this confidential reference are correct to the best of my knowledge.				
Name _____				
Address _____				
Street	city	state	zip	country
Day Phone: _____ - _____		Eve Phone: _____ - _____		email: _____
Signed: _____			Date: _____	
I would like to receive more information about YWAM, Antigua ___ Yes ___ No				