



# YWAM/U OF N BACKGROUND INFORMATION

Have you previously attended any YWAM or U of N school(s)?  No  Yes (please answer below)

1. School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Location \_\_\_\_\_

2. School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Location \_\_\_\_\_

## REFERENCE INFORMATION

Home church \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

***Please have your pastor or home group leader complete the following reference form and fax or mail it directly to our office. We will not process your application until we receive the reference form.***

## LANGUAGES

Languages spoken in decreasing order of fluency:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

English Proficiency:

- elementary speaking
- limited word proficiency
- minimum professional
- native speaker
- mother tongue

TOEIC / TOEFL Score  
(if applicable): \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Postal/Zip Code Country

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

## SKILLS

Work Experience \_\_\_\_\_ Time Period \_\_\_\_\_

Work Experience \_\_\_\_\_ Time Period \_\_\_\_\_

Work Experience \_\_\_\_\_ Time Period \_\_\_\_\_

### Work Skills

- Carpentry/Construction
- Childcare
- Computers
- Coffee Service
- Dish Duty
- Food Preparation
- Housekeeping
- Maintenance (Building)
- Musician

### List Other Skills

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## EXPECTATIONS

How did you first hear of "After the Grind"?

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What expectations do you have as a volunteer of "After the Grind"?

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What reasons most influenced your decision to apply?

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What dates are you available? \_\_\_\_\_

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If you are local, are there certain days and times you would be available to volunteer? \_\_\_\_\_

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## **Youth With A Mission**

### **STATEMENT OF PURPOSE and FAITH**

Youth With A Mission (YWAM) is an international movement of Christians from many denominations dedicated to presenting Jesus Christ personally 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. As Christians of God's Kingdom, we are called to love, worship and obey our Lord, to love and serve His body, the Church, and to present the whole Gospel for the whole man throughout the whole world.

We in Youth With A Mission believe that the Bible is God's inspired and authoritative word, revealing that Jesus Christ is God's son; that man is created in God's image, that He created us to have eternal life through Jesus Christ; that although all men have sinned and come short of God's glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ; that repentance, faith, love and obedience are fitting responses to God's initiative of grace towards us; that God desires all men to be saved and to come to the knowledge of the truth; and that the Holy Spirit's power is demonstrated in and through us for the accomplishing of Christ's last commandment "...Go ye into all the world, and preach the gospel to every creature" (Mark 16:15)

I have read the Statement of Purpose and Faith. I believe and accept them in being considered for service. If accepted, I will abide by the spirit and guidelines of Youth With A Mission and After the Grind Coffee House.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

### **RELEASE FROM LIABILITY**

I hereby agree to hold harmless, and release from any liability, Youth With A Mission and After the Grind, its agents, employees and volunteer assistants, from liability whatsoever arising out of any injury, damage or loss which may be sustained during my time of involvement with Youth With A Mission. I state that I knowingly waive any and all rights to initiate any action before any court of law or equity against Youth With A Mission relating to my voluntary choice to be involved with Youth With A Mission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If applicant is under 18 years of age, signature of parent or responsible party is also required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please fax, mail or email your completed application to the address below.***

***We will notify you as soon as possible concerning the outcome of your application. If you have any questions or concerns please contact us at the address and phone numbers below or email: [info@ywamblackfalds.com](mailto:info@ywamblackfalds.com). Please remember to have your pastor or home group leader complete the attached reference form and fax or mail it to us.***

**Youth With a Mission Blackfalds • Box 1450 • Blackfalds, AB • T0M 0J0 •Canada**  
**Phone: 1-403-885-2560 • Fax: 1-403-885-2565 • email: [info@ywamblackfalds.com](mailto:info@ywamblackfalds.com)**  
**Web: [www.ywamblackfalds.com](http://www.ywamblackfalds.com)**



1. How long has the Applicant attended your church? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. In what ways has the Applicant been involved in your church and it's programs? \_\_\_\_\_  
\_\_\_\_\_
3. Does the Applicant display high moral standards?  Yes  No: please explain \_\_\_\_\_  
\_\_\_\_\_
4. Which of the following would describe the Applicant's Christian character?  
 Mature  Contagious  Genuine and Growing  Over-emotional  Superficial
5. What areas of strength and spiritual gifts have you observed in the applicant? \_\_\_\_\_  
\_\_\_\_\_
6. What areas of weakness / personal struggles have you observed in the applicant? \_\_\_\_\_  
\_\_\_\_\_
7. Would you enjoy having this person work on a team with you?  Yes  No: please explain \_\_\_\_\_  
\_\_\_\_\_
8. Please add any other remarks about the Applicant's background, family, health etc. that may bear significance on his/her suitability for service with YWAM. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Would you recommend the applicant?  *Wholeheartedly*  *With some reservation*  *Not at all*  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Name:** \_\_\_\_\_

1. Were you aware of the applicant's intentions to participate in this program?  Yes  No
2. Would your congregation/group consider financially supporting the applicant?  Yes  No
3. Is your congregation/group standing behind the applicant with enthusiasm and prayer?  Yes  No

**I declare that the contents of this confidential reference are correct and true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Would you like to receive more information about Youth With a Mission Blackfalds?**  Yes  No

Please Mail or Fax the completed form to:

***YWAM Blackfalds***  
***PO. Box 1450***  
***Blackfalds, AB T0M 0J0***

***Phone: 1-403- 885 – 2560***  
***Fax: 1-403- 885 – 2565***