



Guide to Completing STAFF Application

Thank you for applying to Youth With A Mission (YWAM) Blackfalds.

Before you begin...

We urge you to take the first and most important step of seeking God's guidance through prayer, Bible Study and counsel from your Pastor, mature Christian friends and family, before considering any type of involvement in ministry.

The Application Process

You can apply for a staff position at any time during your DTS or after your outreach is completed. When the required items listed below have been received, leadership will prayerfully consider your application. Final decisions will not be made until your DTS and outreach have been successfully completed.

1. **Application Form:** The following forms must be submitted for your application to be processed. If a question does not apply to you, write "NA" in the space provided. Husbands and wives must complete separate applications.
2. **Photograph:** If you are new to YWAM Blackfalds, please attach a small photo of yourself with the application.
3. **Reference Forms:** For applicants who have not had previous YWAM staff experience, two references are required: the YWAM Leader Reference and the Pastor's Reference. The YWAM Leader Reference is all that is required for YWAM staff transferring to YWAM Blackfalds from another YWAM location. These forms are kept confidential. The person filling out the reference forms needs to mail or fax it directly to YWAM Blackfalds.
4. **Background Information:** *Your Personal Call to Missions.*
Please answer the following questions describing your desire to be a part of YWAM. Please answer these questions on a separate piece of paper.
 - a. How did God call you personally to missionary service?
 - b. (For families) How did God call your family to missionary service?
 - c. How does your immediate family feel about your decision to enter missions?
 - d. What or who influenced you to apply for staff at YWAM Blackfalds?
 - e. What are your spiritual/ministry/missionary goals?
 - f. Are there any traumas, issues or situations which may affect your calling and commitment to YWAM (current/pending legal proceedings, domestic or family matters, divorce, deaths, separations)?

Financial Support

As is the policy throughout YWAM, staff members are responsible for trusting God for their own financial needs. We recognize the importance of being sent out with the blessing of a home church, secure in knowing that you have a firm foundation of prayer and financial support. A sufficient amount of finances pledged (or available by other means) is regarded as one confirmation of God's call for you to serve in ministry. Please be aware that you will need sufficient funds to pay for staff fees, housing, food, medical health coverage, transportation and all other personal needs.

Please Mail or Fax your completed form to:

YWAM Blackfalds

PO. Box 1450

Blackfalds, AB T0M 0J0 Canada

Phone: 1-403- 885 – 2560

Fax: 1-403- 885 – 2565

We will notify you as soon as possible concerning the outcome of your Application. If you have questions or concerns please contact us at the above address or phone: 1-(403) 885-2560, fax 1-(403) 885-2565 or email: info@ywamblackfalds.com

Staff Application Form

IMPORTANT

Please attach a recent wallet-sized photo of yourself

Date of Application: _____
Day/Month/Year

Intended Date to begin as Staff (if accepted): _____
Day/Month/Year

Circle one: Mr. /Mrs. /Miss Male Female

Family/Last Name First Name Middle Name Preferred Name

Age _____ Birth Date _____ Birth Place _____
Day/Month/Year

Current Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number: _____ Current Address Valid Until: _____
Day/Month/Year

Email Address: _____

Permanent Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number Fax Number

FAMILY

Marital Status: Single Engaged (Date: _____) Married (Date: _____)
 Widowed (Date: _____) Separated (Date: _____) Divorced (Date: _____)

Name of Fiancée or Spouse _____
Last Name First Name Middle Name

Age _____ Birth Date _____ Birth Place _____
Day/Month/Year City Province/State Country

Dependents: Please list any dependents accompanying you.

Last Name	First Name	Middle Name	Birth Date (D/M/Y)	Sex (M/F)	School Grade

PASSPORT INFORMATION

Country of Citizenship: _____ Passport# _____

Name (As listed on Passport): _____

City and County where Passport Issued: _____ Passport Expiry Date: _____
Day/Month/Year

Visa Type: _____ Entry Date: _____ Expires _____
Day/Month/Year Day/Month/Year

Have you ever been refused a visa? No Yes

If yes, give nation and describe the circumstance under which you were refused:

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): _____

POSITION INFORMATION:

What specific area(s) of service, school staff or position are you applying for?

Have you contacted or spoken to anyone at YWAM Blackfalds regarding this interest? Yes No

If so, whom? _____

EXPERIENCE AND EDUCATIONAL INFORMATION

When and where did you attend your DTS Lecture Phase and Outreach?

DTS/CDTS Lecture Phase: _____
Month/Year to Month Year Location Leader's Name

Outreach Field Assignment: _____
Month/Year to Month Year Location Leader's Name

List U of N Degree or other YWAM schools you have completed:

U of N Degree: _____
Degree College Dean/Advisor's Name

YWAM / U of N School: _____

YWAM / U of N School: _____

YWAM / U of N School: _____

YWAM / U of N School: _____
Month/Year to Month Year Location Leader's Name

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

1. How long has the Applicant been involved with your ministry? _____ Years _____ Months
2. In what ways has the Applicant been involved in your ministry 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 on his/her suitability for service at YWAM. _____

9. Would you recommend the applicant? *Wholeheartedly* *With some reservation* *Not at all*
Please explain: _____

Ministry Name: _____

1. Were you aware of the applicant's intentions to join YWAM Staff? Yes No
2. Are you or your ministry 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 further information about YWAM Blackfalds? **Yes** **No**

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