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**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 2 years?  
\_\_\_\_\_

**A. PERSONAL INFORMATION**

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

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

Current Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_  
*dd/mm/yyyy*

Sex:  Male  Female

Country code & Land phone: \_\_\_\_\_

Country code & Mobile: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

Current Work: \_\_\_\_\_

ID Card/Passport N°: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality: \_\_\_\_\_  
*dd/mm/yyyy*

Marital Status:  Single  Engaged  Married  Divorced  Widowed

Name of Spouse: \_\_\_\_\_  
*Surname First Name Midle name*

Date of Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*dd/mm/yyyy*

1. Names of Children accompanying you

Surname	First Name	Date of Birth	Sex
1.			
2.			
3.			
4.			

2. Give details of YWAM Schools/Training programs you successfully completed

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

3. Give details of YWAM positions you have previously held

Base/YWAM location	Positions held	Base Leader	Dates
1.			
2.			
3.			

**B. FINANCES**

Youth With A Mission is a mission of faith where neither leaders nor employees do not receive salary or compensation for their work. The worker is responsible for his every day financial needs.

1. Do you have any outstanding debt?  Yes  No. If yes, please state the amount (in US\$ or FCFA)

\_\_\_\_\_

2. How do you propose to meet your obligation? \_\_\_\_\_

\_\_\_\_\_

3. Are you financially obligated to any dependent?  Yes  No

4. Do you have guaranteed monthly support?  Yes  No

If yes, how much in (US\$ or FCFA)? \_\_\_\_\_

**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) 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. Do you ever have Psychiatric treatment? \_\_\_\_\_

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

6. Height : \_\_\_\_\_ Weight : \_\_\_\_\_ Blood Group: \_\_\_\_\_ (O, A, B, AB [+ or -] )

#### D. SKILLS AND INTERESTS

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

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

3. Wich language do you speak, write and read fluently? \_\_\_\_\_

List in order of fluency and rate the first two on a scale of 1 to 5, with 5 being excellent and 1 the minimal:

1<sup>st</sup> language : \_\_\_\_\_ 1  2  3  4  5

2<sup>nd</sup> language: \_\_\_\_\_ 1  2  3  4  5

#### E. PERSONAL BACKGROUND

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

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

Country code & Telephone: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation : \_\_\_\_\_

Religion: \_\_\_\_\_

If Christian, what church? \_\_\_\_\_

2. Mother's name: \_\_\_\_\_

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

Country code & Telephone: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation : \_\_\_\_\_

Religion: \_\_\_\_\_

If Christian, what church? \_\_\_\_\_

3. Are there past experiences (i.e. drug, or alcohol addiction, homosexuality, extramarital activities, etc.), which we should know about as we consider your application? \_\_\_\_\_

4. Are you still receiving help in any of the above areas? \_\_\_\_\_

Would you appreciate counsel should you be accepted on staff? \_\_\_\_\_

5. Please, give relevant history if you have been divorced, separated or remarried:  
\_\_\_\_\_  
\_\_\_\_\_

6. How does your family feel about your decision for mission? \_\_\_\_\_

7. Is there any domestic situation that might make it necessary for you to return home? \_\_\_\_\_

8. As a ministry, we stress the basis of unity to be in Christ as we ask our staff member not to argue over or push other doctrines or experience. Each person is free to share his views when asked or when others want to discuss them, but we feel it is 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 clear understanding of 1 Corinthians 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 scripture... »*

We embrace the move of the Holy Spirit and are committed to being open to all that God has for us during these exciting times. Do you accept this?  Yes  No

**F. EXPERIENCE AND EDUCATION**

1. Are you an ordained or licensed clergyman? \_\_\_\_\_

2. What books or periodicals have influenced you most? \_\_\_\_\_  
\_\_\_\_\_

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

If yes, give details please: \_\_\_\_\_  
\_\_\_\_\_

4. What level of instruction have you completed? \_\_\_\_\_

5. List your past job experiences up to the present (use separate paper sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

6. List your skills and aptitudes in work: \_\_\_\_\_  
\_\_\_\_\_

## G. LEGAL INFORMATION

1. Are you involved in any current or pending lawsuits or legal proceeding?  Yes  No

If yes please give details: \_\_\_\_\_

## H. CHRISTIAN LIFE AND CALL

*(Thank you to use additional paper sheet to answer the following questions, except for the question 2.b)*

1. Describe your present relationship with God

2. Our base has adopted a very specific statement, which to be « **a Source of Restoration for the individual, as well as for the Family and the Community.** » We, therefore, focus all we do to meet this aim. We have three main areas of involvement named: Training, Seminar, and Evangelism. On joining, YWAM Bonoua 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**.

a. How God called you into missionary service?

b. Which area of YWAM Bonoua do you primary see yourself involved in?

Training  Seminar  Evangelism  A combination of all these

In which of the following areas are you interested in?

Children Ministry  Youth Ministry  Evangelism

Transport & Vehicle mechanic  Painting  Maintenance

Preschool  Receptionist  Intendancy

Kitchen  Pastoral Care  Accounting

Administration  Secretary  Primary Health Care

Hospitality  Garden  Support to the base

Community Development  School Staff (please, specify which school.)

c. To what are you specifically called?

d. If accepted, what is your expectation regarding YWAM Bonoua?

e. Where would you like to be in 5 years time?

f. To what ministry do you think you are called for on this long term period of time?

g. What skills and gifts do you need to develop in order to achieve this?

h. How would you see the work for which you are applying fulfil that need?

**I. EMERGENCY INFORMATION**

**1. Contact Details**

Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Country code & Land phone: \_\_\_\_\_

Country code & Mobile: \_\_\_\_\_

Fax & country code: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Consent for Treatment**

I/We hereby agree to the performance of such treatment, anesthetic, blood transfusion and operation as in the opinion of the attending physician is deemed necessary on.

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

Staff applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's signature (if under 21) \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy* Relationship to the staff applicant: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

**3. Consent for Burial**

I agree that, in the case of my death while with YOUTH WITH A MISSION, YWAM may carry out the burial in the place of the deceased. If my family desires to have my body shipped home, my family will pay for it. I hereby absolve YOUTH WITH A MISSION and all its staff and associates of any burial costs.

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

Staff applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's signature (if under 21) \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*dd/mm/yyyy* Relationship to the staff applicant: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

**4. 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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's signature (if under 21): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship with the applicant: \_\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's Name: \_\_\_\_\_

**5. Legal consent for minor (all person under 21)**

I hereby give consent for \_\_\_\_\_  
to travel outside Republic of Côte d'Ivoire/Ivory Coast with YOUTH WITH A MISSION.

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to staff applicant: \_\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's Name: \_\_\_\_\_

**J. DECLARATION**

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

Staff Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's signature (if under 21): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to staff applicant: \_\_\_\_\_  
*dd/mm/yyyy*

Parent/Guardian's Name: \_\_\_\_\_

## K. REFERENCES

In considering your application, it is our policy to request that you submit the names of three (3) references, one being your minister ( or pastor), the other being your last YWAM leader and also the name of a Christian who will complete the last Confidential Reference Form for you. Thank you to give their names and addresses.

### 1. YWAM Previous Leader's Reference

YWAM leader's Name: \_\_\_\_\_

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

Country code Land phone: \_\_\_\_\_

Country code & Mobile: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Pastor's Reference

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

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

Country code & Land phone: \_\_\_\_\_

Country code & Mobile: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Mature Christian's Reference

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

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

Country code & Land phone: \_\_\_\_\_

country code & Mobile: \_\_\_\_\_

Skype: \_\_\_\_\_ Email: \_\_\_\_\_

*Thank you.*

Please, send all forms to:  
**Personnel Department, YWAM Bonoua**  
**P.O Box: 759 Bonoua, Côte d'Ivoire**  
**Telephone: +225 03 39 75 52 & +225 49 53 84 94**  
**Email: jem@jem-bonoua.com & jembonoua@yahoo.fr**  
**[www.jem-bonoua.com](http://www.jem-bonoua.com)**

