

Dear Friend,

Aloha from Honolulu! Thank you for your interest in our Mission Builder program. We are excited that the Lord maybe leading you to Youth With A Mission (YWAM) Honolulu.

Our Mission Builder Program is intended for those who are interested in missions and are eager to serve our base from 2 weeks to 3 months. Our desire is that you would find God's will for your life while being a blessing to our ministry by the different talents God has given you. There are different times of the year that we are in great need for Mission builders and other times when our jobs are full.

Enclosed is a Mission Builder application. Please complete the application form yourself. The two reference forms are for your pastor and a friend, family member or employer for them to fill out for you. The two references are to be sent directly to our offices by the person who completed it. You and your doctor should fill out the Health form.

Please include with the application form one photo of yourself for your file. Before we can process your application, everything needs to be received in our office.

Some other information that maybe helpful are:

- Work schedule usually starts around 8:30 am to 5:00 pm, Monday through Thursday and half day on Friday. We have different meetings such as worship, prayer, teaching and staff meetings included in this schedule.
- There are a variety of churches within walking distance from the base. There are times we have vans and cars go to other churches further away.
- Our living arrangements are simple. We usually place singles in rooms with other students or staff and married couples are usually in houses with other families sharing a kitchen, living room and bathroom.

Please pray and ask the Lord if He is leading you to join us here in Honolulu. We would love for you to be a part of our ohana (family). If you have any questions or need any more information, please let us know. We are looking forward to hearing from you.

Blessings,

Sharee Fox
Personnel Department

E-mail: personnel@ywamhonolulu.com
Web site: www.ywamhonolulu.com

YWAM-Honolulu

Mission Builder

Application

**Please return all forms to:
Personnel Department**
2707 Hipawai PL, Honolulu HI 96822
PH: 808-988-7015
FAX: 808-988-5618
E-Mail:
personnel@ywamhonolulu.com

**IMPORTANT!
ATTACH
RECENT
PHOTO
HERE**

Date of Application _____

Mr/Mrs/Miss _____
(Last Name/Family Name) (First Name) (Middle Initial) (Prefer to be Called)

PRESENT ADDRESS: (PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Phone) _____ - _____ (Fax) _____ - _____ (E-mail) _____ - _____

PERMANENT ADDRESS: (PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Phone) _____ - _____ (Fax) _____ - _____ (E-mail) _____ - _____

POSITION

Applying for _____ Start & Projected Finish Date _____ Related & Other Skills _____

IN CASE OF EMERGENCY, CONTACT: (Full Name) _____ (Relationship) _____

(PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Phone) _____ - _____ (Fax) _____ - _____ (Office) _____ - _____

HOME CHURCH: (Name) _____ (Pastor's Name) _____

(PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Church Phone) _____ - _____ (Fax) _____ - _____ Length of Attendance _____

GENERAL INFORMATION:

Date of Birth (mo) _____ (day) _____ (yr) _____ Age _____ Place of Birth _____

Country of Citizenship _____

U.S. Social Security # _____ Drivers License # _____ State _____

Marital Status (please circle one) Single Married Separated Divorced Engaged

Spouse's name _____ Anniversary (mo) _____ (day) _____ (yr) _____

Number of children accompanying you _____ Names & ages _____

Please take the time to answer the following questions on a separate sheet of paper:

A. Training

1. What kind of school/training have you received after primary school?
2. What professional qualifications do you have?
3. What experience do you have in these areas?
4. What is your current occupation?

B. Spiritual life:

1. How long have you been a Christian?
2. How did you become a Christian?
3. Have you ever had a position in Christian work? If so, give details.
4. Have you ever worked for a missionary organization? If so, give details.
5. Have you ever worked with YWAM? If so, give details.
6. How did you hear about YWAM Honolulu?
7. Why do you want to become a Mission Builder?
8. Have you discussed your interest in being a Mission Builder with your pastor?

Release of Liability:

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

Applicant's Name

Applicant's Signature _____ Date _____

Consent for Treatment:

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

Applicant's Name

Applicant's Signature _____ Date _____

YWAM-Honolulu Confidential Reference Form

Pastor Reference

Please return to: Personnel Dept.
 PO Box 61700, Honolulu HI 96839
 Fax: 808-988-5618
 PH: 1-808-988-7015
 E-Mail:
manoa@hawaii.rr.com

**Mission
 Builder
 Application**

To the person filling out this form: The below named person has applied for a Mission Builder position in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant. **Please mail this reference form directly to us at the address above.**

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

__ 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. How long have you known the applicant? _____
2. How well do you know the applicant? very well _____ well _____ acquaintance _____ casually _____
3. Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not observed</u>	<u>Comments</u>
Communication	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____	_____	_____
Working w/others	_____	_____	_____	_____	_____	_____
Stewardship	_____	_____	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____	_____

4. In which of the above-mentioned areas would you say the applicant is especially gifted? _____

5. Does he/she display high moral standards? __ yes, or __ no. (If no, please explain): _____

6. How does the applicant usually react in trying situations: (Please check one)

Withdraws Gets discouraged Gets angry
 Meets constructively Accepts patiently Other _____

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

Physical Condition <input type="checkbox"/> limited <input type="checkbox"/> normal <input type="checkbox"/> healthy Intelligence <input type="checkbox"/> slow <input type="checkbox"/> average <input type="checkbox"/> alert Social Adaptability <input type="checkbox"/> shy <input type="checkbox"/> friendly <input type="checkbox"/> outgoing Industrious <input type="checkbox"/> hard worker <input type="checkbox"/> average <input type="checkbox"/> not really Flexibility <input type="checkbox"/> open <input type="checkbox"/> average <input type="checkbox"/> tense Punctuality <input type="checkbox"/> punctual <input type="checkbox"/> average <input type="checkbox"/> often late	Personal Appearance <input type="checkbox"/> tolerable <input type="checkbox"/> normal <input type="checkbox"/> great Teamwork <input type="checkbox"/> independent <input type="checkbox"/> average <input type="checkbox"/> cooperative Emotional Resilience <input type="checkbox"/> very sensitive <input type="checkbox"/> even keel <input type="checkbox"/> strong Reliability <input type="checkbox"/> always <input type="checkbox"/> average <input type="checkbox"/> somewhat Disposition <input type="checkbox"/> cheerful <input type="checkbox"/> passive <input type="checkbox"/> moody Financial <input type="checkbox"/> honorable <input type="checkbox"/> normal <input type="checkbox"/> irresponsible
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8. Listed below are some of the qualities that describe a leader. Please rate as follows:
 (W= weak, D= Developing, A= Average, M= Mature, S= Strong)

<input type="checkbox"/> Positive, contagious spirit	<input type="checkbox"/> Decision-making ability	<input type="checkbox"/> Able to receive criticism
<input type="checkbox"/> Ability to motivate others	<input type="checkbox"/> Gets along with everyone	<input type="checkbox"/> Emotional stability
<input type="checkbox"/> Self-confidence	<input type="checkbox"/> Teachable attitude	
<input type="checkbox"/> Communication skills	<input type="checkbox"/> Respects the convictions of others	
<input type="checkbox"/> Social poise	<input type="checkbox"/> Able to deal with inter-personal problems	

9. For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant:

easily embarrassed, offended, or discouraged
frequently worried, anxious, nervous or tense
prejudice toward groups, races or nationalities
impatient, moody, intolerant, argumentative
exaggerates, "gives in" to peer pressure

given to exclusive & absorbing infatuations
lacking in humor, unable to take a joke
unable to cope with stress, erratic in actions
domineering, "cocky", critical of others
easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

10. Does the applicant respond well to authority? Yes No

If "no", please explain: _____

11. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

If "no", please explain: _____

12. Have you enjoyed having the applicant serve in your Church? Yes No

If "no", please explain: _____

13. Has the applicant been an asset to your Church? Yes No

If "no", please explain: _____

14. Has the applicant proven on any occasion to be dishonest or of questionable character? Yes No

If "yes", please explain: _____

15. Emotional Stability: Due to the cultural and environmental context of YWAM, adjustments may have to be made. *Keeping in mind the challenge of unusual demands*, please rate the applicant as to his/her maturity and stability: **(Please check one)** :

Mature. Has proven ability to operate under stress and pressure.

More mature and emotionally stable than average

Possesses adequate emotional stability

Doubtful. Experience has shown that the applicant might not be able to endure stress

Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary): _____

17. Would you recommend the applicant for a Mission Builder Position in YWAM that he/she is applying for?

Unsuitd

Average prospect

At this time, he/she is unsuitd

Great prospect

Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

Day Phone: _____ - _____ Evening Phone: _____ - _____

Church Location and your Position _____

Signed _____ Date _____

YWAM-Honolulu Confidential Reference Form

Employer or Friend Reference

Please return to: Personnel Dept.
 PO Box 61700, Honolulu HI 96839
 Fax: 808-988-5618
 PH: 1-808-988-7015
 E-Mail:
manoa@hawaii.rr.com

**Mission
 Builder
 Application**

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Name of Applicant _____

Address _____
 (Street) (City) (State/Province) (Zip code) (Country)

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 _____

- How long have you known the applicant? _____
- How well do you know the applicant? very well _____ well _____ acquaintance _____ casually _____
- Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not observed</u>	<u>Comments</u>
Communication	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____	_____	_____
Working w/others	_____	_____	_____	_____	_____	_____
Stewardship	_____	_____	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____	_____

4. In which of the above-mentioned areas would you say the applicant is especially gifted? _____

5. Does he/she display high moral standards? __ yes, or __ no. (If no, please explain): _____

6. How does the applicant usually react in trying situations: (Please check one)

Withdraws Gets discouraged Gets angry
 Meets constructively Accepts patiently Other _____

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

Physical Condition	Personal Appearance
<input type="checkbox"/> limited <input type="checkbox"/> normal <input type="checkbox"/> healthy	<input type="checkbox"/> tolerable <input type="checkbox"/> normal <input type="checkbox"/> great
Intelligence	Teamwork
<input type="checkbox"/> slow <input type="checkbox"/> average <input type="checkbox"/> alert	<input type="checkbox"/> independent <input type="checkbox"/> average <input type="checkbox"/> cooperative
Social Adaptability	Emotional Resilience
<input type="checkbox"/> shy <input type="checkbox"/> friendly <input type="checkbox"/> outgoing	<input type="checkbox"/> very sensitive <input type="checkbox"/> even keel <input type="checkbox"/> strong
Industrious	Reliability
<input type="checkbox"/> hard worker <input type="checkbox"/> average <input type="checkbox"/> not really	<input type="checkbox"/> always <input type="checkbox"/> average <input type="checkbox"/> somewhat
Flexibility	Disposition
<input type="checkbox"/> open <input type="checkbox"/> average <input type="checkbox"/> tense	<input type="checkbox"/> cheerful <input type="checkbox"/> passive <input type="checkbox"/> moody
Punctuality	Financial
<input type="checkbox"/> punctual <input type="checkbox"/> average <input type="checkbox"/> often late	<input type="checkbox"/> honorable <input type="checkbox"/> normal <input type="checkbox"/> irresponsible

8. Listed below are some of the qualities that describe a leader. Please rate as follows:
 (W= weak, D= Developing, A= Average, M= Mature, S= Strong)
- | | | |
|--|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Decision-making ability | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Gets along with everyone | <input type="checkbox"/> Emotional stability |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Teachable attitude | |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Respects the convictions of others | |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Able to deal with inter-personal problems | |

9. For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant:

easily embarrassed, offended, or discouraged
 frequently worried, anxious, nervous or tense
 prejudice toward groups, races or nationalities
 impatient, moody, intolerant, argumentative
 exaggerates, "gives in" to peer pressure

given to exclusive & absorbing infatuations
 lacking in humor, unable to take a joke
 unable to cope with stress, erratic in actions
 domineering, "cocky", critical of others
 easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

10. Does the applicant respond well to authority? Yes No
If "no", please explain: _____
11. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No
If "no", please explain: _____
12. Have you enjoyed having the applicant work under you? Yes No (for Employers only)
If "no", please explain: _____
13. Has the applicant been an asset to your business? Yes No (for Employer only)
If "no", please explain: _____
14. Has the applicant proven on any occasion to be dishonest or of questionable character? Yes No
If "yes", please explain: _____
15. Emotional Stability: Due to the cultural and environmental context of YWAM, adjustments may have to be made. *Keeping in mind the challenge of unusual demands*, please rate the applicant as to his/her maturity and stability: **(Please check one)** :

- Mature. Has proven ability to operate under stress and pressure.
 More mature and emotionally stable than average
 Possesses adequate emotional stability
 Doubtful. Experience has shown that the applicant might not be able to endure stress
 Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary): _____

17. Would you recommend the applicant for the Mission Builder position in YWAM that he/she is applying for?

- | | |
|--|---|
| <input type="checkbox"/> Unsuitd | <input type="checkbox"/> Average prospect |
| <input type="checkbox"/> At this time, he/she is unsuitd | <input type="checkbox"/> Great prospect |
| <input type="checkbox"/> Good prospect, but I have some reservations | |

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

I declare that the contents of this confidential reference are correct to the best of my knowledge.				
Name _____				
Address _____				
(Street)	(City)	(State/Province)	(Zip code)	(Country)
Day Phone: _____ - _____ Evening Phone: _____ - _____				
Relationship to applicant _____ Position _____				
Signed _____ Date _____				

Youth With A Mission- Honolulu

CONFIDENTIAL HEALTH FORM

PO Box 61700, Honolulu HI 96839

PH: 808-988-7015 FAX: 808-988-5618

Mission Builder Application

TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL.

Please print or type answers to **ALL** questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. **Less inclusive medicals done for other YWAM bases are not acceptable.**

DATE: _____

Name: _____ Date of Birth ____/____/____
(Last) (First) (Middle Initial) (mo) (day) (yr)

Permanent Address: _____
(Street) (City) (State/Province) (Zip code) (Country)

Home PH: _____ - _____ - _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____
(Last) (First)

Permanent Address: _____
(Street) (City) (State/Province) (Zip code) (Country)

Relationship: _____ Home PH: _____ - _____ - _____

PART A: PERSONAL HISTORY

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. **The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.**

Have you ever had, or do you now have, any of the following:

	NO	YES		NO	YES
Skin Condition	___	___	Low Blood pressure	___	___
Eye Trouble	___	___	Allergy: Bee Stings*	___	___
Ear Trouble	___	___	Allergy: Penicillin	___	___
Head Injury	___	___	Allergy: Sulfonamides	___	___
Recurrent Headaches	___	___	Allergy: Serum	___	___
Epilepsy	___	___	Allergy: Food (specify)	___	___
Fainting Spells	___	___	Tumor/Cancer	___	___
Mental/Nervous Disorders	___	___	Heart Trouble	___	___
Weakness	___	___	Rheumatism/Arthritis	___	___
Paralysis	___	___	Back Problems	___	___
Insomnia	___	___	Dislocation of Joints	___	___
Shortness of Breath	___	___	Broken Bones	___	___
Hay fever	___	___	Stomach/Duodenal Ulcer	___	___
Asthma	___	___	Gall Bladder Problems	___	___
Hepatitis	___	___	Jaundice	___	___
Recurrent Diarrhea	___	___	Intestinal Troubles	___	___
Kidney Disease	___	___	Diabetes	___	___
Venereal Disease	___	___	Anemia	___	___
High Blood Pressure	___	___			

Have you ever had any of the following COMMUNICABLE DISEASES?

	NO	YES
Chicken Pox	___	___
Measles (Rubella)	___	___
Measles (Rubeola)	___	___
Mumps	___	___
Pertussis	___	___
Scarlet Fever	___	___
Tuberculosis	___	___
OTHER (specify)	___	___

FEMALES ONLY:

Irregular Periods	___	___
Severe Cramps	___	___
Excessive Flow	___	___
Are you pregnant?	___	___
Previous pregnancies	___	___

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN: _____

***If you are allergic to bee sting, you must bring your own up-to-date reaction kit**

Confidential Health Form:
Page 2

I have specific need for counseling in the following area(s): _____

Do you wear contact lenses or glasses? ___No ___Yes Specify: _____
Have you been tested for HIV? ___No ___Yes If "yes", were the results ___Neg ___Pos

SURGERIES PERFORMED:

Date (month/year)	Type of Surgery	Outcome and long-term effects

X-RAYS PERFORMED:

Date (month/year)	Type of X-Ray	Result

Are you at present under a doctor's care for any condition? ___No ___Yes If "yes", please specify: _____

Are you taking any medication at this time? ___No ___Yes If "yes", please specify: _____

PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU

Do you now have, or have you ever received, any compensation for disability from any sources? ___No ___Yes
If "yes", please specify: _____

FAMILY HISTORY:

Have any of your relatives ever had any of the following?

	No	Yes	Relationship
Tuberculosis	___	___	_____
Diabetes	___	___	_____
Kidney Disease	___	___	_____
Heart Disease	___	___	_____
Arthritis	___	___	_____
Asthma, Hay Fever	___	___	_____
Stomach Disease	___	___	_____
Epilepsy, Convulsions	___	___	_____

PART B: PHYSICIAN'S EVALUATION

Applicant's Name _____ Date of Application ____/____/____
Last First Middle Initial mo day yr

TO THE PHYSICIAN:

Please review the information in PART A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

**CHILDHOOD RECORD OF IMMUNIZATIONS:
BASIC**

**ADULT IMMUNIZATIONS
BOOSTER**

	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
Diphtheria	/	/		/	/		/	/	
Tetanus	/	/		/	/		/	/	
Pertussis	/	/		/	/		/	/	
Polio	/	/		/	/		/	/	
Rubella	/	/		/	/		/	/	
Measles	/	/		/	/		/	/	
Mumps	/	/		/	/		/	/	

Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
/	/		/	/		/	/	
/	/		/	/		/	/	
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TUBERCULOSIS CONTROL (within 6 months of the school)

One of the following:	Date	Result	Examination Facility
Chest X-ray			
Skin Test*			

*If your skin test is positive
you MUST have a chest X-ray.

Date of last DT (Diphtheria/Tetanus) booster: Mo. _____ Day _____ Yr. _____ (must be within the last 5 years)

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Confidential Health Form:
Page 4

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses) R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

Are there any abnormalities of the following systems? Please describe fully.

E. N. T. _____

Ophthalmological _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Recommendations For Follow-up Tests / Treatment: _____

Additional Comments: _____

How long has this patient attended your office? Yrs. _____ Mo. _____ Wks. _____

PHYSICIAN'S RECOMMENDATION: _____ Acceptable Without Limitations _____ Not Acceptable
_____ Acceptable With Limitations (specify) _____

_____ Should Remain In Areas Where Adequate Medical Care Is Provided

PHYSICIAN'S NAME: (print) _____

ADDRESS: _____

PHONE# (_____) _____

DATE: _____ / _____ / _____
Month Day Year

PHYSICIAN'S SIGNATURE: _____