

OFFICE USE			
Date Received	/	/	Reg Fee
MR			U18 PC
Ref 1		Ref2	EC
Completed		Forwarded to TL	



Application for over 18s Short-term Missions Volunteer

- Please answer all the questions on this application form.
- Husbands, and wives must complete their own forms.
- If you need more space to answer a question, please use a separate piece of paper.

OUTREACH TEAM APPLIED FOR

1

PERSONAL DETAILS

First names	Date of birth	Day	/Month	/Year
Last name	Gender (for accommodation purposes) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Preferred name (if different from above)				
Address				
Post/Zip code	Country			
Telephone (Mobile)	(Home)			
(Work)	Your e-mail			

2

PASSPORT/VISA DETAILS (if non-UK citizen, or travelling out of UK for outreach)

Name as in passport							
Passport number							
Place of birth	Country of birth						
Nationality (for visa purposes)	Place of issue						
Passport issue date	Day	/Month	/Year	Passport expiry date	Day	/Month	/Year
Do you need a visa to enter the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No							

3

ABOUT YOU

How long have you been a follower of Jesus?

Briefly describe some significant points in your walk with God

What encourages you in your faith?

Why do you feel it is right to come on this mission experience?

What experience do you have of sharing your faith?

Have you ever been on a YWAM/other mission team before? Yes No If yes, when and where?)

4

SKILLS

Please indicate your skills, particularly those you would like to offer in the context of this outreach

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Bus/Minibus driver | <input type="checkbox"/> Sound/PA | <input type="checkbox"/> Book Keeping |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Child Care | <input type="checkbox"/> Choreography | <input type="checkbox"/> Vocal Training |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Medical | <input type="checkbox"/> First Aid | <input type="checkbox"/> Life Saving |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Cooking/catering | <input type="checkbox"/> Worship Leading | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Administration | <input type="checkbox"/> Evangelist | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Pastoral | <input type="checkbox"/> Any other skills, or comments on the above: | | |

5

FAMILY

Will your children be accompanying you? Yes No

If yes, and they are 10 years old or older, please help them complete an under 18s application form

Full names of children under 10 (as in passport)

Gender

Child 1

M F

Date of birth Day /Month /Year

Passport number

Nationality

Passport expiry date Day /Month /Year

Child 2

M F

Date of birth Day /Month /Year

Passport number

Nationality

Passport expiry date Day /Month /Year

4

Child 3	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of birth Day	/Month	/Year
Passport number	Nationality				
Passport expiry date Day	/Month	/Year			
Child 4	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of birth Day	/Month	/Year
Passport number	Nationality				
Passport expiry date Day	/Month	/Year			

5

CHURCH

Name and location of the church of which you are a member/regularly attend:

How long have you been a member there?

Have you mentioned to you church leader your intention of serving with us? Yes No If no, please give your reasons:

6

ACCOUNTABILITY/CHILD PROTECTION (Please fill in all parts of this section)

Have you ever had a criminal conviction, caution, reprimand or final warning in this country or abroad? Do you have a police enquiry or prosecution pending in this country or abroad? (This position is exempt from the Rehabilitation of Offenders Act 1974, and you are required to disclose all convictions, cautions, reprimands or final warnings, including those that have become spent. For motoring offences please only answer "Yes" if it resulted in disqualification)

Yes No (if yes please give details)

Has your conduct ever caused mental or physical harm to a child/young person or put a child at risk? To your knowledge, has it ever been alleged that your conduct has ever resulted in any of these things?

Yes No (if yes please give details)

Every Get Out applicant who is over 18 must undergo appropriate police checks. As we are an inter-church, inter-agency organisation, you **WILL** need to do a CRB Enhanced Disclosure through Youth With A Mission (YWAM) England if you have not done so within the last two years.

Please tick either **A**, **B** or **C**, according to which applies to you:

A If you have already obtained an Enhanced Disclosure for YWAM activities such as Get Out Summer Teams, or have this through your own church or other organisation and it is current within two years, then please enclose this document with this application. Your disclosure will be returned to you within fourteen days.

If you have enclosed your current Enhanced CRB Disclosure certificate, please tick

B if your current CRB certificate is over two years old, has expired, or you have never applied for one, you will need to fill out a CRB form, which will be provided for you by YWAM England.

To apply for an Enhanced CRB Disclosure through YWAM England, please tick

C if you have lived in the UK for less than two years or you are a resident of another country we ask you to provide a police check sometimes called a "certificate of good conduct" from your home country (this needs to be provided in English, with a stamp of authenticity from a Notary Public).

If this applies to you, and you have enclosed this certificate, please tick

If you still need to apply for this certificate, please tick (We need to see this before you are accepted)

7

PERSONAL COMMITMENT (Please fill in all parts of this section)

Get Out Teams work as a family/community, so we discourage exclusive relationships to develop. Will you accept the team leader's judgement in this area?

Agree (please tick)

Get Out Teams may from time to time involve ministry among people in nursing homes, hospitals, prisons, and housing estates. Are you prepared to go to these kinds of places?

Agree (please tick)

On your team, and among the people your team serves, there will be different backgrounds, cultures and viewpoints. Are you prepared, if necessary, to prefer others in the way you dress and behave in order to limit offence or misunderstanding?

Agree (please tick)

In some nations it is very difficult to source meals/ ingredients for special diets (vegetarian, food intolerances, allergies), particularly if we are being hosted by local people. While we do our utmost to cater for our team's needs, it is sometimes impossible to guarantee you will be served according to your diet. Do you accept this risk?

Agree (please tick)

8

FINANCES

How will you raise the required finances for this outreach?

Please check our fundraising tips, and please be in touch with any prayer needs so we can stand with you.

9

IMPORTANT INSURANCE INFORMATION FOR ALL OVERSEAS TEAMS

TRAVEL INSURANCE IS MANDATORY. Please take out fully comprehensive travel insurance which should include cover for: medical costs (minimum £1 million GBP or equivalent), flights home due to emergency situations (including death) (this should also include helicopter evacuation), cancellation, personal belongings, legal costs and public liability.

Two companies we have used in the past are *Talent Trust Consultants* and *Banner Group Insurance*. Please let us know in advance your **insurer** and **policy number**. You will also need to bring your insurance certificate with you to confirm that you are adequately covered for your trip.

10

RELEASE OF LIABILITY

Though every effort is made to provide a safe environment, Youth With A Mission Limited, their agents, employees and volunteer assistants are insured against loss or injury caused by the negligence of Youth With A Mission Limited.

In the absence of any negligence or other breach of duty by Youth With A Mission Limited, participation in a Youth With A Mission Limited organised programme, event or outreach is entirely at the participant's own risk.

Accordingly participants are required to have adequate medical insurance for all phases of their involvement with Youth With A Mission Limited.

APPLICANT'S NAME

Short-term
Missions Volunteer

I have read and agree with the DECLARATIONS, CONSENT FOR TREATMENT and RELEASE OF LIABILITY above, and I declare that I have completed this application truthfully, to the best of my knowledge.

Signature

Date (dd/mm/yy)

Printed Name

11

APPLICANT'S AGREEMENT/DECLARATION

I am committed to using my talents, strengths, time and energy to serve the Lord on this Get Out team. I am prepared to serve, even in areas where I do not have a natural preference, with a willing heart. I am prepared to give up my rights to comforts, as can be necessary in an outreach situation. I am committed to working in unity with the leadership and the rest of the team.

I confirm that I have read and fully understand what is expected of me as part of the Get Out team that I have applied for.

I declare that to the best of my knowledge, the information given in this form is true and accurate.

I consent to this information being retained by YWAM and disclosed as necessary in obtaining relevant checks to confirm my identity (which may be necessary from time to time).

I consent to references and further checks being made with the relevant authorities if necessary.

Signature

Date (dd/mm/yy)

Printed Name

PLEASE RETURN TO:

GET OUT 2011, The King's Lodge, Watling Street, Nuneaton, Warks, CV10 0TZ

Email: getout2@ywamengland.org



over 18s

Confidential Reference

To be completed by your Church/Youth leader

1

APPLICANT'S NAME

OUTREACH TEAM APPLIED FOR

TO THE APPLICANT

Please complete section 1 of this reference yourself. Then give it to your referee to complete the remaining sections.

TO THE REFEREE

Youth With A Mission (YWAM) is a worldwide inter-denominational missionary organisation which was founded in 1960. It provides opportunities for voluntary Christian service on a short- or long-term basis. The applicant has given your name as a referee. In accordance with the UK Data Protection Act 1998, please confine your answers to what you know of the applicant from your own experience.

- Please complete sections 2–7 of this reference and return it to the address below. If you would prefer to give additional comments by telephone, please feel free to do so.
- Receipt of this form is necessary before we can consider the application. Thank you for taking the time to complete this reference on the applicant's behalf.

2

How long and in what capacity have you known the applicant?

How long has the applicant been a member of your church?

Do they attend regularly?

In what ways do they contribute to church life?

How well do you know the applicant? Very Well Quite Well A Little Not At All (Please Circle)

3

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the characteristics listed below according to the following evaluation system and make any further comments as relevant.

1–Usually 2–Often 3–Sometimes 4–Rarely 5–Don't Know

- Adaptable

- Demonstrates initiative

- Demonstrates leadership potential

- Emotionally stable

- Handles conflict well

- Honest

- Perseveres

- Reliable

- Sensitive to others

- Team player

- Healthy

- Causes friction

- Easily stressed

- Teachable/Willing to receive counsel

What would you see as the applicant's areas of strength?

What would you see as their areas of weakness?

Please comment briefly on:

The applicant's spiritual maturity and their growth as a Christian

Have we overlooked anything that you would consider relevant to this application?

4

SERVING WITH YWAM

Do you think participation in YWAM would be beneficial for the applicant?

Yes (unreservedly) Yes (with reservations) No Please explain.

Some of our Get Out teams will include under 18s and will be ministering to children and young people. Do you have any concerns about the applicant's suitability for this?

Which areas of ministry would you recommend the applicant for?

5

DATA PROTECTION

In accordance with the UK Data Protection Act 1998, the information given in this reference will not be kept for longer than is necessary. It will only be used and retained for the stated purpose of selection of this candidate. If the application is successful, this reference will form part of their personnel file. If not, this reference will be destroyed.

6

WAIVER OF CONFIDENTIALITY

Under the Data Protection Act, an individual has the right to request to see their references with the permission of the author. Would you be willing for this reference to be disclosed to the applicant on request? Yes No

7

REFEREE'S DETAILS

Name

Address

Post/Zip code

E-mail address

Telephone (Work)

Mobile

Church address

Post/Zip code

E-mail address

Telephone (Work)

Mobile

Are you fluent in English? Yes No

If not, which language would you prefer to speak, if we need to contact you

Signed

Date (dd/mm/yy)

PLEASE RETURN TO:

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Email: getout2@ywamengland.org



over 18s

Confidential Reference

To be completed by a mature Christian friend

1

APPLICANT'S NAME

OUTREACH TEAM APPLIED FOR

TO THE APPLICANT

Please complete section 1 of this reference yourself. Then give it to your referee to complete the remaining sections.

TO THE REFEREE

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- Please complete sections 2–7 of this reference and return it to the address below. If you would prefer to give additional comments by telephone, please feel free to do so.
- Receipt of this form is necessary before we can consider the application. Thank you for taking the time to complete this reference on the applicant's behalf.

2

What is your relationship to the applicant?

How long have you known the applicant?

How well do you know the applicant? Very Well Quite Well A Little Not At All (Please Circle)

3

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the characteristics listed below according to the following evaluation system and make any further comments as relevant.

1–Usually 2–Often 3–Sometimes 4–Rarely 5–Don't Know

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7

REFEREE'S DETAILS

Name

Contact address

Post/Zip code

Telephone

Mobile

E-mail address

Are you fluent in English? Yes No

If not, which language would you prefer to speak, if we need to contact you

Signed

Date (dd/mm/yy)

PLEASE RETURN TO:

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Email: getout2@ywamengland.org



over 18s

Medical Reference

- Please answer all the questions on this medical reference form.
- It will help us if you type your answers or print carefully in black/blue ink.
- Husbands and wives must supply separate medical references.
- If you need more space to answer a question, please use a separate piece of paper.

1

PERSONAL DETAILS

Name (Title / Surname / First Name)

Date of Birth (dd/mm/yy)

NHS No. (British)

Current Address

Post/Zip code

Outreach team being applied for

Start date (dd/mm/yy)

2

GENERAL HEALTH

Are you able to walk up to six miles (10 kilometres) in one day? Yes No

If this is a problem, please explain:

Are you able to carry out reasonably strenuous physical work? Yes No

If NO, please explain:

Are you presently in good health? Yes No

If **NO**, please give brief details:

3

MEDICAL HISTORY

Please answer the following questions as fully as possible:

List all the **SERIOUS ILLNESSES** and **OPERATIONS** you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health both now and in the future). Please also state the outcome and whether there are any residual problems.

Illness/Operation	Date	Outcome
-------------------	------	---------

List any **SERIOUS MENTAL** or **PHYSICAL ILLNESS** in your **IMMEDIATE FAMILY**:

Illness	Family Member
---------	---------------

Describe any **CURRENT MEDICAL PROBLEMS** for which you are receiving treatment, or which may affect your health:

List any **MEDICATIONS** which you take, either on a regular basis, or only when needed :

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders)

Is there any other information which will be helpful for us to know as we consider your application?

4

INNOCULATIONS

Rubella (single dose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of vaccination
Tuberculosis —TB (single dose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of vaccination
Tetanus (every 10 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of vaccination

5

ALLERGIES/DIET

Do you have any allergies? Yes No If yes, please give details, including any medication required

Do you carry an Epi-pen? Yes No

Do you have any dietary restrictions? Yes No If yes, please give details

6

CONSENT FOR TREATMENT — AN EMERGENCY PROVISION

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. Whilst YWAM will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for YWAM to act in my best interests. I recognise that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

7

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for medical information to be reviewed by a registered nurse or medical doctor, or suitably qualified allied health professional for purposes of assessing my suitability for service with Youth With A Mission.

I give permission for the release of relevant medical information to the Youth With A Mission medical officer in consultation, if necessary, with the personnel manager or team leader only.

Signed

Date: (dd/mm/yy)

When you have completed the above sections, please take the **whole** medical reference to your doctor and ask him/her to complete their section. Then please return the completed reference to us at the address on the front of this form.

PLEASE RETURN TO:

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Email: getout2@ywamengland.org



YOUTH WITH A MISSION
ENGLAND & WALES

over 18s

Emergency Contact

Affix
photograph
here

APPLICANT'S NAME

- Please fill in all the sections of this form.
- It will help us if you type your answers or print carefully in black/blue ink.
- Husbands and wives must complete separate forms.

1

PERSONAL DETAILS

Please attach a recent passport sized photograph.

Surname	Title
First name	Preferred name

2

EMERGENCY CONTACT

For all applicants (someone other than your spouse if married)

Surname	Title
First name	Preferred name
Relationship to you	
Address	
Post/Zip code	Country
Tel No: Daytime	Evening
E-mail	Mobile
Can this person be contacted in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, what language do they speak?	

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