

**OFFICE USE**

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



YOUTH WITH A MISSION  
ENGLAND & WALES

# Application for under 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

## FAMILY

Father's name

Mother's name

Do you live with both parents?  Yes  No

Are your parents your parents applying to join this Get Out team as well?  Yes  No

Some teams will have a T-shirt for identification. What T-shirt size are you  Small  Medium  Large  X-Large

# 4

## CHURCH

Which church do you currently attend?

Denomination

Church leader's name and address

Post/Zip code

Country

Telephone (Home)

(Work)

E-mail

Fax

How long have you been attending this church or other churches?

Church name

Dates of attendance

Location

Have you mentioned to your Church Leader your intention of serving with us?  Yes  No

If NO, please give the reason (Please use a separate sheet of paper if necessary)

# 5

## COMPETENCIES

Which languages do you speak, in order of fluency?

1

2

3

How well do you speak English?  Very well  Well  Average  Poorly

What skills do you have

Journalism/Blogging

Clowning

Circus (eg: juggling)

Drama

Dance

Art/craft

Computer/Media

Face painting

PA/AV

Cooking

Hospitality

Photography

Balloon modelling

Video

First Aider

Video

Musical/Vocal (Please give details)

Sports (Please give details)

Other talents, special interests, hobbies

# 6

## CRIMINAL OFFENCES

Have you ever been cautioned, charged or convicted of a criminal offence in any country, or do you have any cases pending.  No  Yes If YES, please explain.

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Have you ever been the subject of a police investigation in any country which did not lead to a criminal conviction?  No  Yes If YES, please give details.

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Has any allegation ever been made against you which has been reported to, and investigated by Social Services/The Social Work Department in any country?  No  Yes If YES, please give details.

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Has any disciplinary action ever been taken against you or written warning given to you in any country, by any employer or any charitable or other organisation or body working with children or young people in relation to your behaviour with children or young people?  No  Yes If YES, please give details.

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YWAM England and Wales, as an agency working with children and young people, is exempt from the UK Rehabilitation of Offenders Act (1974) and therefore applicants must declare all previous convictions. Police record checks can be made by YWAM to verify information.

# 7

## ABOUT YOU

We would encourage you to pray about being involved with this missions trip. Please share any scriptures, thoughts, ideas and encouragements the Lord gives you:

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### RELATIONSHIP WITH GOD

How did you become a follower of Jesus?

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How often do you spend time alone with God?

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Have you ever seen God answer your prayers? Please tell us about it:

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What experience do you have of sharing your faith?

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**SELF IMAGE**

When I am with my family and friends, I am usually (tick the answers that describe you best);

- |                                     |                                      |                                    |                                   |
|-------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Lazy     |
| <input type="checkbox"/> Helpful    | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Outgoing  | <input type="checkbox"/> Shy      |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Solitary    | <input type="checkbox"/> Stubborn  |                                   |

When I am meeting new people I am usually (tick the answers that describe you best):

- |                                     |                                      |                                    |                                   |
|-------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Lazy     |
| <input type="checkbox"/> Helpful    | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Outgoing  | <input type="checkbox"/> Shy      |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Solitary    | <input type="checkbox"/> Stubborn  |                                   |

I get on best with (tick the answers that describe you best)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> People my own age | <input type="checkbox"/> People older than me | <input type="checkbox"/> People of all ages | <input type="checkbox"/> People younger than me |
|--|---|---|---|

8

**YOU AND MISSION**

Why do you want to join a Get Out team this summer?

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Please share any scriptures, words, encouragements etc you feel God has given you.

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Have you ever been on a YWAM/ other mission team before? If yes, when and where:

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9

**PERSONAL COMMITMENT**

The mission teams may involve ministry among people in nursing homes, hospitals, prisons, and housing estates. How do you feel about this?

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

10

**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.*

11

**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.

12

**APPLICANT'S AGREEMENT**

As an applicant for a YWAM/King's Kids mission team, I take responsibility to prepare myself as requested, to obey the guidelines given by the mission team staff, and to give them my full attention and support.

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](mailto:getout2@ywamengland.org)**

APPLICANT'S NAME

Short-term  
Missions Volunteer

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9

10



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

---

- Self-confident

---

- Handles conflict well

---

- Honest

---

- Perseveres

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- Reliable

---

- Sensitive to others

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- Team player

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- Healthy

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- Causes friction

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- Easily stressed

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- Teachable/Willing to receive counsel

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

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What would you see as their areas of weakness?

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Please comment briefly on:

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

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

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4

**SERVING WITH YWAM**

Do you feel participation in this outreach is the right step for the applicant at this time? (please include any scriptures, words, encouragements etc you feel God has given you)

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Which areas of ministry would you recommend the applicant for?

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Are there any family circumstances you are aware of which could affect the applicant during their time with us?

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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

---

Work address

---

Post/Zip code

E-mail address

---

Telephone

Mobile

---

Church address

Post/Zip code

E-mail address

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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:**

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

**Email: [getout2@ywamengland.org](mailto:getout2@ywamengland.org)**



under 18s

# Parent/Guardian Confidential Reference

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

What is your relationship to the applicant?  Mother  Father  Other (please specify)

if you are the named child's guardian, please answer the following:

How long and in what capacity have you known applicant?

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

# 3

## PERSONALITY/CHARACTER PROFILE

How would you describe your child when with family and friends? (tick the answers that describe your child best);

- |                                     |                                      |                                    |                                   |
|-------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Lazy     |
| <input type="checkbox"/> Helpful    | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Outgoing  | <input type="checkbox"/> Shy      |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Solitary    | <input type="checkbox"/> Stubborn  |                                   |

How would you describe your child when meeting new people? (tick the answers that describe your child best);

- |                                     |                                      |                                    |                                   |
|-------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Confident  | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Lazy     |
| <input type="checkbox"/> Helpful    | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Outgoing  | <input type="checkbox"/> Shy      |
| <input type="checkbox"/> Nervous    | <input type="checkbox"/> Solitary    | <input type="checkbox"/> Stubborn  |                                   |

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

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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?

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In your opinion, does your child have a relationship with God?  Yes  No

If yes, please tick the best description of this:

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Inconsistent | <input type="checkbox"/> Lacks depth | <input type="checkbox"/> Genuine and growing |
| <input type="checkbox"/> Contagious   | <input type="checkbox"/> Dynamic     | <input type="checkbox"/> Mature              |

Please comment:

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4

**SERVING WITH YWAM**

Please share with us why you feel it might be appropriate for your son/daughter to be involved in a Youth With A Mission/ King's Kids Team.

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If you are able, please share with us any scriptures or impressions you have received in prayer concerning your son/ daughter's participation.

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Are both applicant's parents in complete agreement on his/ her participation in a Get Out team this summer?  Yes  No

If no please comment

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Any further comments

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5

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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:**

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

**Email: [getout2@ywamengland.org](mailto:getout2@ywamengland.org)**



# under 18s Parental Consent Medical Reference Emergency Contact

Affix  
photograph  
here

- The parent or guardian of the applicant should answer all the questions on this form.
- It will help us if you type your answers or print carefully in black/blue ink..
- Please attach a recent passport sized photograph.

CHILD'S NAME

1

## EMERGENCY CONTACT

Please ensure at least one emergency contact speaks English

### FAMILY CONTACT

Mr/Mrs/Ms/Miss

First Name

Surname

Home Phone

Mobile

Other Phone (eg work)

Email

Relationship to applicant

Speaks English?  Yes  No If not, which language is spoken

### OTHER CONTACT

Mr/Mrs/Ms/Miss

First Name

Surname

Home Phone

Mobile

Other Phone (eg work)

Email

APPLICANT'S NAME

Parental  
Consent

Relationship to applicant

Speaks English?  Yes  No If not, which language is spoken

2

### PHOTO PERMISSION

Throughout the outreach staff will take photos and video footage for internal outreach journals and promotional materials. Please indicate if you do NOT wish your child's image to appear in any of the above.

I do NOT wish for my child's image to appear on any internal or promotional materials

3

### MEDICAL DETAILS

Name of doctor

Address of surgery

Doctor's phone number

Does your child have any medical conditions?  Yes  No If yes, please explain

Does your child have any allergies?  Yes  No If yes, please give details

Is your child on any medication?  Yes  No If yes, please give details (what, when and how taken, self/carer administered etc)

Does your child have any dietary restrictions?  Yes  No If yes, please explain

APPLICANT'S NAME

Is there any physical or medical reason your child's full participation in any part of the outreach may be limited?

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Date of last tetanus inoculation (dd/mm/yy)

4

#### HEALTH INSURANCE

Non-UK nationals please give details of your health insurance

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5

#### MEDICAL CONSENT

In the event of illness or accident to \_\_\_\_\_ (applicant's name), I give permission for medical treatment to be administered where deemed necessary by the nominated first aider or qualified medical practitioners. Should emergency hospital treatment be required, I authorise an adult leader to sign on my behalf any written consent form required by a GP and/or hospital, including treatment under general anaesthetic if required. Every effort will be made to contact me as soon as possible.

Signed

Date (dd/mm/yy)

Print Name

Relationship to applicant

6

#### PARENTAL CONSENT

I/We give parental responsibility to Get Out/YWAM staff for our child, from the time they arrive until the time they are picked up or put on transport home. I/We understand that if there is a problem I/we will be contacted and if necessary will be expected to arrange transport back home for our child.

I/We will try to ensure that a contact person will be available at all times and able to deal with the situation or to quickly contact someone who is able to do so.

Signed (parent/guardian)

Date (dd/mm/yy)

Signed (parent/guardian)

Date (dd/mm/yy)

To be signed by all parents/guardians with parental responsibility

#### PLEASE RETURN TO:

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

Email: [getout2@ywamengland.org](mailto:getout2@ywamengland.org)

APPLICANT'S NAME

Parental  
Consent

5

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is positioned to the right of the number '5'.