

# Mission Builder Application Form



## Section A - Application Details

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month (in Full) Year

Availability From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month (in Full) Year Day Month (in Full) Year  
*(One Month Min. To Three Months Max.)*

## Section B - Previous YWAM History

Have you served as a Mission Builder in any capacity before? .....  Yes  No  
 Have you completed a YWAM Discipleship Training School (DTS)? .....  Yes  No

If you have served as a Mission Builder (anywhere in the world), please list below:

Location	Dates	Area of Service	Supervisor

## Section C - General Information

### Part 1: General Information

Last/Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed  
 Spouse Name (If married): \_\_\_\_\_ Anniversary: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year  
 Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Day Month Year  
 Birthplace: \_\_\_\_\_  
City/State Country  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
O, A, B, AB + or -

### Part 2: Contact Information

#### Primary Address:

*\*Please write according to your country's specific format.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Emergency Contact**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Part 3: Language Information**

Please list the languages that you speak (most fluent first):

1. \_\_\_\_\_  Native  Fluent  Conversational  Basic  
 2. \_\_\_\_\_  Native  Fluent  Conversational  Basic  
 3. \_\_\_\_\_  Native  Fluent  Conversational  Basic

**Part 4: Background Information**

How did you first hear about the YWAM St. Croix? \_\_\_\_\_  
 \_\_\_\_\_

What expectations do you have as a Mission Builder? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted, imprisoned, been on probation or parole? .....  Yes  No

Have you ever been indicted or convicted of any crimes of sexual offense.....  Yes  No

If you answered yes to either of questions above, may we check into your background? ...  Yes  No

**Please tell us about yourself:**

	Good	Fair	Poor	N/A
<b>SOCIAL</b>				
Consideration of Others				
Social Adaptability				
Marital Harmony				
Relationship with Children				
Team Player				
Friendliness				
Sensitivity to Other Cultures				
Ability to Confront				
Receives Correction				

<b>PHYSICAL AND EMOTIONAL</b>				
Health				
Perseverance				
Energy				
Patience				
Emotional Stability				
Self-Confidence				
<b>SPIRITUAL</b>				
Christian Character				
Humility				
Faithfulness in Christian Work				
Knowledge of the Bible				
Teachability				

<b>PERSONAL</b>				
Servant's Attitude				
Flexibility				
Punctuality				
Dependability				
Moral Standards				
Integrity				
Ability to Lead				
Ability to Follow				
Respect for Authority				

## Section D - Education

What is the highest level of education you have completed?

Name	Location	Dates Attended	Degree/Major

## Section E - Health Information

### \*Insurance is Required for Mission Builders

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any physical limitations that would influence your work placement? .....  Yes  No

If yes, please list any health concerns (such as back problems, high blood pressure, asthma, heart trouble, arthritis, etc): \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? .....  Yes  No

If yes, please specify: \_\_\_\_\_

Are you under the doctor's care for any condition at the present time? .....  Yes  No

If yes, please specify: \_\_\_\_\_

Are you taking any medication at this time? .....  Yes  No

If yes, please specify: \_\_\_\_\_

### **CONSENT FOR TREATMENT**

In case of serious illness, I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of the attending physician(s).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month (in Full) Year

## Section F - Visa and Passport Information

Name on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Country: \_\_\_\_\_

Passport Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month (in Full) Year

Visa Type Issued: \_\_\_\_\_

Visa Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month (in Full) Year

# Section G - Job Experience and Skills

Current Occupation / Job (list previous occupations if retired) \_\_\_\_\_

List below your skills and corresponding skill levels:

5-Professional—Able to lead      4-Full Professional      3-Minimum Professional      2-Working Knowledge      1-Minimum Knowledge

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Secretarial/Admin _____       | <input type="checkbox"/> Computer Technology _____ | <input type="checkbox"/> Maintenance _____ |
| <input type="checkbox"/> Cook / Kitchen _____          | <input type="checkbox"/> Hospitality _____         | <input type="checkbox"/> Child Care _____  |
| <input type="checkbox"/> Construction _____            | <input type="checkbox"/> Mechanics _____           | <input type="checkbox"/> Electrical _____  |
| <input type="checkbox"/> Plumbing _____                | <input type="checkbox"/> Grounds/Landscaping _____ |  |
| <input type="checkbox"/> Other (please specify): _____ |  |  |

Please list any other information that may help in your job placement: \_\_\_\_\_

What Mission Builder work are you most interested in (select up to 3)?

- Mechanics     Maintenance     Grounds     Kitchen     Office Work     Housekeeping
- Other (please specify): \_\_\_\_\_

***Your job will be assigned when you arrive according to your skills and the areas needed at the time.  
It's important to come with a willingness to serve in whatever position needed.***

What do you believe is your spiritual gift(s)?: \_\_\_\_\_

# Section H - Church Involvement and Spiritual Life

*Please answer the following 2 Questions. Use a Separate Piece of Paper:*

1. Please describe your attendance and involvement with your local church.
2. Please describe your conversion experience and present spiritual relationship with the Lord.

***Please fax or mail your completed application to:***

**YWAM St. Croix  
#4030 Diamond Ruby  
Christiansted, VI 00820**

**FAX: (340) 778-7373**



# Mission Builder Reference Form

## PART 1 (To Be Completed By Applicant):

The Applicant should complete this section, and provide the person filling out this reference form with a stamped envelope addressed to YWAM St. Croix.

Name of Applicant: \_\_\_\_\_  
First Middle Last/Family Name

*I, the above named applicant WAIVE any right I have to read or obtain copies of this Reference form, knowing this waiver is NOT required as a condition of acceptance.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART 2

The above applicant has applied to work as a Mission Builder at YWAM St. Croix. YWAM, founded in 1960, now has more than 1200 centers in over 170 nations on all six continents. Its purposes include training, discipleship, and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Mission Builders come to serve the staff and students and vision at the YWAM St. Croix. Please complete this reference form carefully. Serious consideration will be given to your comments. Your prompt attention in completing this form (within 7 days) is important. This information will be treated confidentially. Please do not return this form to the applicant. Thank you for your cooperation.

1. What is your relationship to the applicant? \_\_\_\_\_

Employer/Company Name OR Pastor/Church Name

2. How well do you know the applicant?       Very Well       Well       Casually

3. I have observed this person (check all that apply):

at home     at work     at school     in Bible study groups     at social activities

4. Do you see him/her functioning better in a large group or one-on-one? \_\_\_\_\_

5. Which of the following would best describe the applicant's Christian character?

Mature     Contagious     Genuine and Growing     Over-emotional     Superficial



9. What do you feel the applicant's motives are in applying for Mission Builders? (check all that apply):

- Serving the body of Christ
- Adventure and travel
- Exposure to missions
- Escape an unpleasant home situation
- Receive help or ministry
- English Language Development
- Experience other cultures
- Spiritual growth
- Explore future opportunities with YWAM
- Christian environment
- Evangelism
- Other \_\_\_\_\_

10. Do you recommend the applicant:  Wholeheartedly  With some reservation  Not at all

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for completing this reference form! Please fill in your details below for our records:***

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

***\*Please do not return this form to the applicant.***

***Please mail or fax this form to:***

YWAM St. Croix  
#4030 Diamond Ruby  
Christiansted, VI 00820

FAX: (340) 778-7373

If you have any questions, please contact us at:

Phone: (340) 778-7373

Email: [missionbuilders@ywamstcroix.com](mailto:missionbuilders@ywamstcroix.com)