



# YOUTH WITH A MISSION

Juventud Con Una Misión, PTY-2912, PO Box 025207, Miami,

FL 33102-5207

Tel. 507-216-7152

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[www.ywampanama.org](http://www.ywampanama.org)

## APPLICATION FOR:

Short term worker at Chilibre base

**IMPORTANT**  
  
**Attach a clear  
Photo**

Date you would like to start: \_\_\_\_\_

Aproximate length of visit: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State)

\_\_\_\_\_  
(Zip) (Country) (Telephone)

\_\_\_\_\_  
(Email)

Home church: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Country) (Telephone)

Passport No. \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Birth-date: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

Marital Status:  Single  Married  Divorced  Separated  Widow(er)

How many children? \_\_\_\_\_

Names and Birthdates: \_\_\_\_\_

In Case of Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**Language (rate your proficiency):**

English: I know... nothing\_\_ A very small amount\_\_ A lot\_\_ I am fluent\_\_  
Spanish: I know... nothing\_\_ A very small amount\_\_ A lot\_\_ I am fluent\_\_  
\_\_\_\_\_: I know... nothing\_\_ A very small amount\_\_ A lot\_\_ I am fluent\_\_  
\_\_\_\_\_: I know... nothing\_\_ A very small amount\_\_ A lot\_\_ I am fluent\_\_

**Education:**

High School: \_\_\_ Yes \_\_\_ No If no, last grade completed:\_\_\_\_\_

*High School / Secondary / Technical / University / Seminary Attended:*

Name: Address: Dates Attended: Diploma / Degree  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*YWAM Schools or trips attended:*

School	Location	Leader
_____	_____	_____
_____	_____	_____

**Work History:**

**YWAM Positions you have held:**

Position	Location	Date	Leader
_____	_____	_____	_____
_____	_____	_____	_____

**Other work experience (within the past year):**

Position	Company or Church	Dates
_____	_____	_____
_____	_____	_____

**Trade Certificates**

Held: \_\_\_\_\_  
\_\_\_\_\_

## Health Information:

Please indicate if you have had or do have any of the following:

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Skin Condition</b>		<b>Eye Trouble</b>		<b>Gall Bladder Problems</b>
<input type="checkbox"/>	<b>Surgery</b>	<input type="checkbox"/>	<b>Appendectomy</b>	<input type="checkbox"/>	<b>Tonsillectomy</b>
<input type="checkbox"/>	<b>Hernia repair</b>	<input type="checkbox"/>	<b>Weakness</b>	<input type="checkbox"/>	<b>Paralysis</b>
<input type="checkbox"/>	<b>Insomnia</b>	<input type="checkbox"/>	<b>Shortness of Breath</b>	<input type="checkbox"/>	<b>Asthma</b>
<input type="checkbox"/>	<b>Allergies</b>	<input type="checkbox"/>	<b>Heart Trouble</b>	<input type="checkbox"/>	<b>High Blood Pressure</b>
<input type="checkbox"/>	<b>Low Blood Pressure</b>	<input type="checkbox"/>	<b>Rheumatism</b>	<input type="checkbox"/>	<b>Arthritis</b>
<input type="checkbox"/>	<b>Back Problems</b>	<input type="checkbox"/>	<b>Dislocated Joints</b>	<input type="checkbox"/>	<b>Broken Bones</b>
<input type="checkbox"/>	<b>Stomach Ulcer</b>	<input type="checkbox"/>	<b>Ear Trouble</b>	<input type="checkbox"/>	<b>Head Injury</b>
<input type="checkbox"/>	<b>Recurrent diarrhea</b>	<input type="checkbox"/>	<b>Epilepsy</b>	<input type="checkbox"/>	<b>Fainting spells</b>
<input type="checkbox"/>	<b>Mental or nervous</b>	<input type="checkbox"/>	<b>Jaundice</b>	<input type="checkbox"/>	<b>Hepatitis</b>
<input type="checkbox"/>	<b>Recurrent headaches</b>	<input type="checkbox"/>	<b>Diabetes</b>	<input type="checkbox"/>	<b>Kidney disease</b>
<input type="checkbox"/>	<b>Anemia</b>	<input type="checkbox"/>	<b>Venereal Disease</b>	<input type="checkbox"/>	<b>Tumor / cancer</b>
<input type="checkbox"/>	<b>HIV positive/AIDS</b>	<input type="checkbox"/>	<b>Severe cramps</b>	<input type="checkbox"/>	<b>Menstrual problems</b>
<input type="checkbox"/>	<b>Pregnant</b>	<input type="checkbox"/>	<b>Addict</b>	<input type="checkbox"/>	<b>Alcoholic</b>

Please comment on any yes answers or other diseases you have: \_\_\_\_\_

\_\_\_\_\_

Are you presently under a doctor's care?  Yes  No (If yes please explain)

\_\_\_\_\_

Are you taking any medication at this time?  Yes  No (If yes please explain)

\_\_\_\_\_

Are you allergic to any drugs?  Yes  No (If yes please explain)

\_\_\_\_\_

Have you had any past psychiatric treatment?  Yes  No (If yes please explain)

\_\_\_\_\_

Do you have medical insurance good for Central America?  Yes  No (If so with whom and what policy number.)

\_\_\_\_\_

### Consent of Treatment:

I hereby agree to the performance of such treatments, anesthetics, and operations that in the opinion of the attending physician are deemed necessary:

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Finances:**

Do you have the money for your time here? (\$250 per month)\_\_\_\_\_

**References:**

Your former employer, former teacher or YWAM Leader:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your pastor:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your parents or guardian or friend:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please email a reference form to each of the people and have them email the form to YWAM Panama, or include a stamped addressed envelope to be sent to YWAM Panama.*

**Release of Liability:**

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## **Christian Life and Ministry:**

*Please respond in a brief, yet thorough manner.*

1. What was the approximate date of your conversion? \_\_\_\_\_  
\_\_\_\_\_
2. What is your current involvement in your church? (helping with youth, attending or leading a bible study, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Tell us briefly about one thing God has taught or shown you recently. \_\_\_\_\_  
\_\_\_\_\_
4. Have you recently suffered bereavement either through death or an important relationship being severed? If so, please describe briefly. \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever visited another country? Was the trip for vacation or mission work? When did you go and for how long?  
\_\_\_\_\_  
\_\_\_\_\_
6. What are your reasons, purposes and what do you hope to gain through your time with us? What are your expectations? Why YWAM Panama? How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If you are married, does your spouse support you being here? If not, why? \_\_\_\_\_  
\_\_\_\_\_
8. What do you consider your personal character strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you willing to work, study, or minister 8- 10 hours a day, five and sometimes six days a week? If not, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there anything else that you feel we should be made aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What areas of ministry are you interested in? (more will be asked about this later)  
\_\_ Evangelism \_\_ Discipleship \_\_ Church Planting \_\_ Preaching \_\_ Teaching  
\_\_ Worship

Please number the following activities 1-6 in regard to your preference of each activity. 1 being the activity you would most enjoy doing while you are here and 6 being the one you would least enjoy doing:

- \_\_\_\_\_ Kitchen duty (cooking and preparing for meals)
- \_\_\_\_\_ Cleaning/Hospitality
- \_\_\_\_\_ Maintenance (physical labor)
- \_\_\_\_\_ Childcare
- \_\_\_\_\_ Helping with our school
- \_\_\_\_\_ Administrative/Office work

*\*Please note that you may (and probably will) be asked to do each of these activities at some point on your trip with us. This is just a general guide for us to try to daily place you in the activity best suited to your likes and dislikes.\**

Please check any of the following special skills you may have (please only check this if you are certified or have had a large amount of experience in these areas):

- \_\_\_\_\_ Electric Work
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Construction
- \_\_\_\_\_ Teaching
- \_\_\_\_\_ Sewing
- \_\_\_\_\_ Music (worship, instruments, etc)
- \_\_\_\_\_ Cosmetology School (hair, make up, nails, etc.)
- \_\_\_\_\_ Graphic Design
- \_\_\_\_\_ Art
- \_\_\_\_\_ English as a Second Language (ESL)
- \_\_\_\_\_ Other

Please specify anything you would like us to know about your training or experience in these areas. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*We will begin processing your application as soon as we have received all of the application and reference forms. Please email the application and reference forms (pages 1-6) for faster processing and mail the release of liability and physician's note (pages 1-7). Please make copies of what is sent, as we sometimes lose mail in the foreign postal system.*

\_\_\_\_\_  
Signature Date

Juventud Con Una Mision  
PTY-2912  
PO Box 025207

Miami, FL 33102-5207

**TO THE PHYSICIAN:**



**YOUTH WITH A MISSION**

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ywampanama@gmail.com

Tel. 507-216-7152

\_\_\_\_\_ has applied for service with Youth With A Mission. This is a short-term missionary service in which there will be some strenuous physical exertion.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANT'S HEALTH**

1. Would he/she be able to walk 3-4 miles a day? \_\_\_\_\_
2. Is he/she overweight/underweight? \_\_\_\_\_ If so, how many pounds? \_\_\_\_\_
3. Is he/she under medical supervision at this time, or taking any medication? \_\_\_\_\_  
If so what kind? \_\_\_\_\_
4. Would you consider the applicant to be in generally good health? \_\_\_\_\_  
\_\_\_\_\_
5. Do you certify the applicant to be non-contagious? \_\_\_\_\_

**(Requirement of authorities in country to which applicant will travel.)**

*Note: Please use the reverse side of this form to make additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.*

Doctor's name: \_\_\_\_\_

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

Signature or Medical Doctor's stamp:  
\_\_\_\_\_

Date:

Juventud Con Una Misi3n, PTY-2912, PO Box 0252207, Miami, FL 33102-5207

## CONFIDENTIAL REFERENCE FORM

**TO THE APPLICANT:** Please *complete the information in this section and provide a stamped envelope addressed to YWAM Panama for the person filling this reference.*

Name of the applicant: \_\_\_\_\_

I, the above named applicant, waive any right I have to read or obtain copies of this recommendation, knowing that this waiver is not required as a condition for admission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational Christian Missionary organization. YWAM, founded in 1960, now has over 16,000 permanent staff working at 1000 centers in 149 nations and it has over 35,000 people involved in short term projects.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance. Please check the following and comment where necessary.

What is your relationship to the applicant?  Employer  Teacher  Friend  
 Pastor  Parent  other: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years

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

In what situations have you observed the applicant?  At Home  At work  At School  
 Socially  At church  Other: \_\_\_\_\_

	Excellent	Good	Average	Poor
Initiative	—	—	—	—
Social Adaptability	—	—	—	—
Concern for others	—	—	—	—
Ability to follow leadership	—	—	—	—
Judgment/Decision making	—	—	—	—
Emotional Stability	—	—	—	—
Health	—	—	—	—
Personal Appearance	—	—	—	—
Communications skills	—	—	—	—
Mental ability	—	—	—	—
Industry	—	—	—	—
Reliability	—	—	—	—
Cooperation	—	—	—	—
Flexibility	—	—	—	—
Christian character	—	—	—	—
Disposition	—	—	—	—
Punctuality	—	—	—	—
Financial Responsibility	—	—	—	—
Patience	—	—	—	—

Please comment on any other of the above marked below average:

\_\_\_\_\_

1. Does he/she display high moral standards?  Yes  No (Please Explain) \_\_\_\_\_

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2. To what extent and what type of church work is the applicant involved? \_\_\_\_\_

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6. Is he/she prejudiced against any groups, races, or nationalities?  No  Yes (Please Explain) \_\_\_\_\_
7. What kinds of cross-cultural experience or exposure has he/she had? \_\_\_\_\_

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8. With reference to his/her Christian service, do you consider the applicant to be:  
 Dedicated  Average  Casual (Please explain) \_\_\_\_\_

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9. In your consideration which of the following would best describe the applicants Christian experience?  Mature  Contagious  Genuine and Growing  Over-emotional  Superficial Comments: \_\_\_\_\_
10. Overall, what would you consider to be the applicant's strong points and special abilities? \_\_\_\_\_
11. How does the applicant deal with discouragements, difficulties, and trials? \_\_\_\_\_

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12. Please comment on the applicant's family background. \_\_\_\_\_

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13. In your opinion, what are the applicants motives for applying to YWAM Panama? \_\_\_\_\_

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14. What are the areas in which the applicant still needs to grow? \_\_\_\_\_

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15. How do you see us helping? \_\_\_\_\_

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16. Is the applicant financially responsible? \_\_\_\_\_
17. We ask that you add on any other remarks concerning medical, psychological, drug/alcohol abuse, or other areas of their life we should know more about before they join our base in Panama. (*Cross-cultural work can be very stressful.*) \_\_\_\_\_

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18. Would you recommend the applicant for acceptance by Youth With A Mission Panama? (*Please take into account that YWAM is a missionary organization and we do not specialize in helping people who have great emotional needs or who have had a particularly scared past.*)  Yes  With some reservation  No (Please Explain) \_\_\_\_\_

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19. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?  No  Yes (Please explain) \_\_\_\_\_

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I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that he/she possesses the qualities indicated above.

Name: \_\_\_\_\_ Position \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and return to YWAM Panama with in a week. Thank you for your cooperation. Please mail all forms to:

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 Tel. 507-216-7152, e-mail: [panama@ywamconnect.com](mailto:panama@ywamconnect.com)