



YOUTH WITH A MISSION

Juventud Con Una Misión, Apdo.0850-00212, Zona 15
Las Cumbres, Rep.de Panamá, Tel. 507-216-7152
E-mail: dtsywampanama@gmail.com
panama@ywamconnect.com
www.ywampanama.org

APPLICATION FOR:

- Staff
- Discipleship Training School
- Basic Leadership School
- School of Gospel Contextualization
- Short term worker
- Other _____

IMPORTANT

Attach a clear
Photo

Date you would like to start: _____

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 an emergency:

Contact: _____ Tel: _____ Address: _____

Language:

English:	Read ___	Write ___	Speak ___
Spanish:	Read ___	Write ___	Speak ___
_____	Read ___	Write ___	Speak ___
_____	Read ___	Write ___	Speak ___

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 attended:

School	Location	Leader
---------------	-----------------	---------------

Work History:

YWAM Positions you have held:

Position	Location	Date	Leader
-----------------	-----------------	-------------	---------------

Other work experience:

Position	Company or Church	Dates
-----------------	--------------------------	--------------

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"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy
<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones
<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells
<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Tumor / cancer
<input type="checkbox"/>	<input type="checkbox"/>	HIV positive/AIDS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Alcoholic

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 any outstanding debts? Yes No

If so please explain: _____

Do you have the full fees for your school (or short-term staff fees) ? Yes No

If not, how much do you have and how do you plan to secure the remaining funds?

References:

Your former employer, former teacher or YWAM Leader:

—

Phone: _____ Fax: _____ E-mail: _____

Your pastor:

Phone: _____ Fax: _____ E-mail: _____

Your parents or guardian:

Phone: _____ Fax: _____ E-mail: _____

A friend:

Phone: _____ Fax: _____ E-mail: _____

Please give each of the people above a reference form and 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 complete sentences and as concisely as possible while giving the necessary information.

- 1. Describe your conversion experience and your Christian growth up to your present relationship with the Lord Jesus Christ.**
- 2. Please list experience you might have had in leadership, both church and secular. Explain the general responsibilities you had and which ones you enjoyed.**
- 3. What books or periodicals have influenced you the most? (Both secular and Christian) On the average, how many books do you read per month?**
- 4. Are you engaged? If so, how long? Would you participate if your fiancé were not accepted?**
- 5. Have you recently suffered bereavement either through death or an important relationship being severed? If so, please describe briefly.**
- 6. List your abilities, talents and giftings. Include spiritual, manual, etc. (ex: music, mechanic, typing, cooking, sewing, first aid, etc.)**
- 7. Please describe past experiences you have had with a culture not your own.**
- 8. What have you and are you doing in the area of evangelism? Have you ever led anyone to Christ? Have you ever discipled anyone? Please describe your present ministry.**
- 9. Please explain briefly what you feel you are called to long-term and how you came to that conclusion.**
- 10. 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?**
- 11. If you are married, please describe your present relationship with your spouse.**
- 12. Have you been part of any other missionary organization in the past? Were you ever turned down by another missionary organization? If so, why?**
- 13. If you have been in YWAM in the past either long-term or short term, please explain where, how long, and what you did.**

14. What do you consider your personal character strengths and weaknesses?
15. What areas of ministry are you interested in? Evangelism Discipleship
 Church Planting Preaching Teaching Administration Support
 Ministries (cooking, mechanic, etc.) Or Technical support (television, computer,
 etc.) Please state specifically what you would like to be doing in these or in other areas.
16. Are you willing to attend language training before or upon your arrival? If not, please explain.
17. Are you willing to work, study, or minister 8- 10 hours a day, five and sometimes six days a week? If not, please explain.
18. Is there anything else that you feel we should be made aware of?

Please be sure to send with \$25.00 registration fee to our address listed below. Make checks payable to: "JUCUM or YWAM" We will begin processing your application as soon as we have received all of the application and reference forms. Please make copies of what is sent, as we sometimes lose mail in the foreign postal system. If you scan and e-mail your application please send a check or pay your registration fee online. For instructions write dtsywampanama@gmail.com

We cannot receive Canadian Checks or Money Orders in Panama no matter if they are in US dollars. The Canadians will have to wire their fees or bring them in cash.

Signature	Date
JUCUM, # PTY 2912 PO Box 025207 Miami, FL 33102-5207	Tel. 507-216-7152 E-mail: dtsywampanama@gmail.com panama@ywamconnect.com www.ywampanama.org



YOUTH WITH A MISSION

Juventud Con Una Misión, Apdo.0850-00212, Zona 15
Las Cumbres, Rep.de Panamá, Tel. 507-216-7152
E-mail: dtsywampanama@gmail.com
panama@ywamconnect.com
www.ywampanama.org

TO THE PHYSICIAN:

_____ 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 applicants health or special limitations affecting physical, mental or emotional capabilities.

Doctor's name: _____

Address: _____

Signature or Medical Doctor's stamp:

Date: _____

JUCUM, # PTY 2912, PO Box 025207, Miami, FL 33102-5207
Tel. 507-216-7152, e-mail: dtsywampanama@gmail.com, panama@ywamconnect.com

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) _____

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

3. Is he/she prejudiced against any groups, races, or nationalities? No Yes (Please Explain) _____

4. What kinds of cross-cultural experience or exposure has he/she had? _____

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

6. In your consideration which of the following would best describe the applicants Christian experience? Mature Contagious Genuine and Growing Over-emotional Superficial Comments: _____

7. Overall, what would you consider to be the applicant's strong points and special abilities? _____

8. How does the applicant deal with discouragements, difficulties, and trials? _____

9. Please comment on the applicant's family background. _____

10. In your opinion, what are the applicants motives for applying to YWAM Panama? _____

11. What are the areas in which the applicant still needs to grow? _____

12. How do you see us helping? _____

13. Is the applicant financially responsible? _____

14. 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.*) _____

15. 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) _____

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

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:

JUCUM, # PTY 2912, PO Box 025207, Miami, FL 33102-5207
 Tel. 507-216-7152, e-mail: dtsywampanama@gmail.com, panama@ywamconnect.com