



YOUTH WITH A MISSION

Antipolo Training Center

APPLICATION FORM

Attach
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**PLEASE MAIL COMPLETED
APPLICATION FORM TO:**
The Registrar
P.O. Box 196, Q.
Plaza
1900 Cainta Rizal
Philippines

This application will be considered only when all of the items listed below are received by the Registrar Office of Youth With A Mission, Antipolo Training Center.

- Completed application, medical, and consent forms, including signatures and all requested information.
- Non-refundable application fee of US\$25.00 (check only)
(Filipino residents P 300)
- Photograph - a recent picture of yourself (passport photo)
- 2 Confidential Reference Forms completed by:
 - a) your employer / or YWAM school or base leader if you have previous YWAM involvement.
 - b) a Christian friend who has known you for longer than 2 years.
- Pastor's Confidential Reference Form.

I wish to apply for the following:

- School
 Staff Position (Minimum 2 years)
 Volunteer Staff (Special Arrangement- Maximum 3 mos.)

Specify school / Staff position _____

Location: _____ Starting date: _____
Month/ Day/ Year

I. PERSONAL INFORMATION

Mr Mrs Miss _____
First
Middle
Last
Nickname

Postal Address: _____
P.O. Box / Street
City

State/Province
Zip/Postal Code
Country
 Phone: _____ E-mail Address: _____
Home
Fax
Mobile

Age: ____ Birth date: _____ Sex: Male Female Place of Birth: _____

Citizenship: _____ Passport Number: _____ Date of Expiry: _____

Highest level of education completed _____

Marital Status: Single Married Engaged Separated Divorced Widowed

Spouse`s Name: _____ Fiancé/ée`s Name: _____

Will your children or dependents be accompanying you? Yes No

If so, please list below:

Name	Age	Birth date	Relationship

Do you need information on schooling? Yes No Specify grade level: _____

B. YWAM Contingency Form

TO: YWAM Workers
FROM: National Leadership Team

Because of the increase in attempts at extortion and incidents of violence against missionaries we feel it necessary to state the position and policy of Youth With A Mission, Philippines with regard to ransom payments and extortion.

Our responsibility as an organization is not just to Youth With A Mission personnel but also to other missionaries and expatriates living in the country. If we are prepared and wise in our response to a crisis of this nature we can do a lot to minimize the likelihood of recurrences.

Please carefully note the following:

1. Youth With A Mission will not pay extortion.
2. Youth With A Mission will not make ransom payments in the event of a hostage taking.
3. Youth With A Mission will not withdraw from ministry in the Philippines under duress or pressure from hostage-takers or extortionists.
4. Youth With A Mission, Philippines will not allow funds to be channeled through its bank accounts for the purpose of paying ransom or extortion.

A Crisis Management Team has been set up to prepare for and handle such contingencies. In the event of a hostage taking, act of violence or natural disaster, this team would be Youth With A Mission's official representative in dealing with the authorities, press, family, etc., and if necessary, with the perpetrators. This team consists mostly of the National Leadership Team and others as deemed necessary.

I have read and understood the above and acknowledge that I am agreeing to these conditions and policies, and accepting the involvement of the Crisis Management Team on my behalf should it be necessary.

Signature: _____

C. Contingency Information

Name: (please print) _____

PERSONAL INFORMATION

Color of Hair: _____ Height: _____

Color of Eyes: _____ Weight: _____

Color of Skin: _____ Blood Type: _____

Eye-glasses/Contact Lens: Yes No

Identifying scars or birthmarks: _____

CONSENT AND AGREEMENT

I do hereby release, YOUTH WITH A MISSION INC., PHILIPPINES, its agents and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

Applicant's Signature: _____ Date: _____

CONSENT FOR TREATMENT

I hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician may deem necessary for me.

Applicant's Signature: _____ Date: _____

CONSENT FOR BURIAL (For Foreigners only)

In the case of accidental death, some Asian nations require by law either immediate entombment or cremation. For the purpose of governmental formalities, please sign the following statement:

I, the undersigned, hereby grant consent to whatever national laws require, in the eventuality of my death while in the service of Youth With A Mission. I acknowledge that Youth With A Mission is under no obligation to underwrite the cost of shipping my body to another country in the event of my death.

Applicant's Signature: _____ Date: _____