

วายแวมประเทศให Youth With A Mission Thailand

#### **Dear Potential Applicant,**

Thank you for expressing an interest in joining YWAM Thailand as a long-term staff member. There are a few points that we would like you to be aware of before beginning the application process. They are:

- 1. During your first 12-24 months in Thailand you will be in a Culture and Language (C&L) program, which is designed to help you establish a firm foundation of the Thai language and culture, as well as to learn effective ways of ministering to the Thai people. Your local C&L leader in consultation with you will work out the details of your C&L phase.
- 2. If you apply for a specific ministry, the leader of that ministry will decide whether he/she can accept you as C&L staff or whether it would be better for you to receive your C&L training at another location in Thailand.
- 3. If you seek to pioneer a new ministry, you must be willing to serve an existing team for your C&L phase or until the Location Leadership Team releases you. In all situations, a strategic plan for a new ministry must be submitted to and approved by the Location Leadership Team.
- 4. Please be aware that there is a shortage of official "missionary visa slots." The YWAM Thailand National Office will do its best to help you obtain a one-year visa; however, included in the guidelines for this visa, it will be necessary for you to leave Thailand and re-enter the country approximately every 90 days. In addition, a new visa must be obtained every 12-15 months by applying in your home country or another country. More information related to obtaining a visa will be sent to you in an Acceptance Packet in the event that you are accepted. Please be aware that the Thai Authorities approval of your visa application is not guaranteed.

We also would like to ask for your patience during the application process. Since Thailand is a frontier country it requires commitment on both your part and ours. We want to make sure that everything is in order for your C&L phase and so we ask that you please contact our office (office@ywamthai.org) once you have received confirmation from your ministry leader that you have been accepted as staff.

Thank you for your desire to come serve the Lord here in Thailand, and feel free to contact our office with any questions that you may have.

Blessings,

National Office Administrator YWAM Thailand



#### YWAM BASIC PHILOSOPHY OF MINISTRY

Thank you for prayerfully considering involvement with YWAM Thailand. We want to give you some understanding of our calling as a mission. The following are our basic guidelines:

#### WE OPERATE AS A TEAM MINISTRY

We have regular team meetings not only for better communication and logistics, but also for teaching, prayer, and personal spiritual nurturing, and accountability. Attendance is expected. We believe that a spirit of accountability welcomes correction, encouragement, and openness in our corporate and personal lives.

#### GOD HAS CALLED US AS A MISSION TO PRAY AND INTERCEDE FOR THE NATIONS

At the International Leadership Conference in December 1985, a prayer covenant was made by each YWAM director to have regular prayer times and that all YWAM staff, whether short or long term, would participate in that calling.

#### **OUR MISSION OPERATES UNDER AUTHORITY**

We work with the local government and therefore submit to their guidelines and policies. We also cooperate closely with various international agencies and communicate and coordinate accordingly. We confirm our need to be in submission to those we serve, those who are over us in the Lord, and those we work with as co-laborers.

#### OUR PRIORITY AS A MISSION IS TO SERVE GOD. EACH OTHER. AND NON-BELIEVERS

We are dedicated to being relationship oriented in our living and working together. Individual relationships with God will affect the way we relate to both fellow staff and non-believers. We desire to minimize the need for structure and rules by leading lives of transparency, humility, open communication and keeping short accounts. People watch how we love and relate together and know we are Christians by the love. We come from many nations, cultures and backgrounds, but our common purpose is to know God and make Him known. Therefore, we have the opportunity to develop cultural sensitivity, and to learn different ways of accomplishing our goals. I have read and acknowledge the guidelines under which I will be serving if accepted.

| Applicant's Name:      | Mr./Mrs./Ms. |
|------------------------|--------------|
| Applicant's Signature: |              |
| Date: (DD/MM/YYYY)     |              |



### ายแวมประเทศไ Youth With A Mission Thailand

### **GENERAL INFORMATION**

All parts of this application must be completed in detail to the best of your ability, and all portions (including reference forms) received in our National Office before we can consider your application for service with YWAM Thailand. The non-refundable registration fee of \$40 USD per adult or \$60 USD per married couple should accompany this application. Please contact the National Office administrator (office@ywamthai.org) for further information on available methods of payment.

| Last Name:            |               |    |    |  |
|-----------------------|---------------|----|----|--|
| First Name:           | Mr./Mrs./Ms.  |    |    |  |
| Middle Name:          |               |    |    |  |
| Marital Status:       |               |    |    |  |
|                       |               |    |    |  |
| Date of Marriage: (if | f applicable) |    |    |  |
| Birth Date: (DD/MM    | I/YYYY)       |    |    |  |
| Ministry You Are Ap   | plying For:   |    |    |  |
| Proposed Arrival Da   | ite:          |    |    |  |
| Email Address:        |               |    |    |  |
| Mailing Address:      |               |    |    |  |
|                       |               |    |    |  |
|                       |               |    |    |  |
|                       |               |    |    |  |
|                       | 1             | 2. | 3. |  |
| Languages Spoken:     | 1.            | ۷. | 3. |  |



### **GENERAL INFORMATION (continued)**

| Gender:                   |  |
|---------------------------|--|
|                           |  |
| Nationality:              |  |
|                           |  |
| Passport Number:          |  |
|                           |  |
| Passport Expiration Date: |  |
|                           |  |
| Citizenship:              |  |
|                           |  |
| Blood Type:               |  |



### **FAMILY INFORMATION (if married)**

| Full Name:                | Mr./Mrs./Ms. |
|---------------------------|--------------|
| Relationship              |              |
| Sex:                      |              |
| Nationality:              |              |
| Passport Number:          |              |
| Passport Expiration Date: |              |
| Citizenship:              |              |
| Birth Date:               |              |
| Blood Type:               |              |



### **FAMILY INFORMATION (if you have children)**

| Full Name:                 | Mr./Mrs./Ms. |
|----------------------------|--------------|
| Delete celte               |              |
| Relationship               |              |
| Sex:                       |              |
| Nationality:               |              |
| reactionality.             |              |
| Passport Number:           |              |
| Passport Expiration Date:  |              |
| r assport Expiration Date. |              |
| Citizenship:               |              |
| Divith Data                |              |
| Birth Date:                |              |
| Blood Type:                |              |



### PERSON TO NOTIFY IN CASE OF AN EMERGENCY

| Name:             | Mr./Mrs./Ms.                         |
|-------------------|--------------------------------------|
| Relationship:     |                                      |
| Address:          |                                      |
|                   |                                      |
|                   |                                      |
| Telephone Numbe   | r:                                   |
|                   | CONFIDENTIAL REFERENCE FORMS SENT TO |
| Name of School Lo | eader: Mr./Mrs./Ms.                  |
| Name of YWAM B    | ase:                                 |
| Email Address:    |                                      |
|                   |                                      |
| Name of Pastor:   | Mr./Mrs./Ms.                         |
| Name of Church:   |                                      |
| Email Address:    |                                      |



### **EDUCATION / WORK EXPERIENCE**

List your skills and hobbies. Please be specific i.e. typing (WPM), dance, sewing, administration, musical abilities, carpentry etc.

| HIGH SCHOOL / UNIVERSITY / TRADE SCHOOL (most recent first) |                          |                 |                 |  |  |
|---|--------------------------|-----------------|-----------------|--|--|
| Name  | Dates                    | Academic Field  | Graduated (Y/N) |  |  |
| 1.  |                          |                 |                 |  |  |
| 2.  |                          |                 |                 |  |  |
| 3.  |                          |                 |                 |  |  |
| YWAM SECONDARY SCHO   | OLS COMPLETED (most rece | nt first)       |                 |  |  |
| School  | Dates                    | Director's Name | Location        |  |  |
| 1.  |                          |                 |                 |  |  |
| 2.  |                          |                 |                 |  |  |
| 3.  |                          |                 |                 |  |  |
| EMPLOYMENT HISTORY (m                                       | nost recent first)       |                 |                 |  |  |
| Employer  | Dates                    | Position        | Location        |  |  |
| 1.  |                          |                 |                 |  |  |
| 2.  |                          |                 |                 |  |  |
| 3.  |                          |                 |                 |  |  |



#### **HEALTH INFORMATION**

#### **VACCINATIONS**

Listed below are the vaccinations that are required for Thailand. Since the threat of disease is real in a developing nation, we ask that you seriously consider being properly vaccinated. All of these vaccinations are available in Thailand at a much lower cost compared to Western nations, and we offer you the option of obtaining them within the first 2-4 weeks following your arrival in Thailand. However, you must face the risk of not having appropriate immunity during that time. We request that you consult your physician before choosing this option and also obtain additional professional recommendations.

- 1. Polio
- 2. Tetanus (within the last 5 years)
- 3. Typhoid (within the last 7 years)
- 4. DP (diphtheria, pertussis)
- 5. BCG (if not positive PPD)
- 6. Measles
- 7. Hepatitis A
- 8. Hepatitis B

### **OPTIONAL** (but highly recommended)

- 1. Japanese Encephalitis (especially for young children)
- 2. Rabies (for those families that like pets) Available in Thailand as a series of 5 injections

If you anticipate serving in rural or remote areas, we also recommend that you consider anti-malarial medication in consultation with your physician. NOTE: We also recommend that you take a "deworming" pill (i.e. Benda 500) every 6 months once you are living here in Thailand. These pills can be purchased quite cheaply in Thailand.

### **REQUIRED MEDICAL INSURANCE**

YWAM Thailand requires all foreign staff to have medical insurance. We cannot approve your application until this in place. The majority of our foreign staff is enrolled with Talent Trust Consultants. More information is available on there website at: www.talent-trust.com

| Name of Insurance Carrier: |  |
|----------------------------|--|
|                            |  |
| Insurance Contact Number:  |  |



Are you pregnant?

วายแวมประเทศใก Youth With A Mission Thailand

### **PERSONAL HEALTH CHART**

Please answer all the questions below. Additional comments may be written on a separate sheet of paper or on the back of this form.

|                   | Y/N |                     | Y/N |                       | Y/N |
|-------------------|-----|---------------------|-----|-----------------------|-----|
| Skin Disease      |     | Hernia Repair       |     | Broken Bones          |     |
| Eye Trouble       |     | Epilepsy            |     | Dislocation of Joints |     |
| Ear Trouble       |     | Easily Fatigued     |     | Gall Bladder Problems |     |
| Head Injury       |     | Back Problems       |     | Nervous Disorder      |     |
| Asthma            |     | Stomach Ulcer       |     | Fainting Spells       |     |
| Tuberculosis      |     | Diabetes            |     | Frequent Headaches    |     |
| Paralysis         |     | Jaundice            |     | Appendectomy          |     |
| Hepatitis         |     | Intestinal Trouble  |     | Tonsillectomy         |     |
| Hay Fever         |     | Shortness of Breath |     | Frequent Diarrhea     |     |
| Kidney Disease    |     | Insomnia            |     | Urinary Infections    |     |
| Anemia            |     | Surgery             |     | Low Blood Pressure    |     |
| Veneral Disease   |     | Cancer              |     | Allergy/Pencillin     |     |
| Heart Trouble     |     | High Blood Pressure |     | Allergy/Serum         |     |
| FEMALES ONLY      |     |                     |     |                       |     |
|                   | Y/N |                     | Y/N |                       | Y/N |
| Irregular Periods |     | Severe Cramps       |     | Excessive Flow        |     |

Previous pregnancy?



### **PERSONAL HEALTH CHART (continued)**

| ALLERGIES   |
|---|
| Are you allergic to any medications (not specified above):                          |
|   |
|   |
| Are you allergic to any foods:  |
|   |
|   |
| Are you at present under a doctor's care for any condition? If yes, please explain: |
|   |
|   |
|   |
|   |
|   |
|   |
| Are you at present taking any medications? If yes, please explain why:              |
|   |
|   |
|   |
|   |



### **CONFIDENTIAL HEALTH FORM (to be completed by a physician)**

| Applicant's Name:   |     |   |  |  |  |
|---|-----|---|--|--|--|
| Please be aware that the applicant has the right to know the results that Youth With A Mission Thailand (YWAM) receives from the physician. Only information relevant and necessary to the working situation may be submitted to YWAM Thailand. |     |   |  |  |  |
| APPLICANT'S AGREEM  | ENT |   |  |  |  |
|   |     | I examination give YWAM Thailand information about necessary for my future working situation shall be |  |  |  |
| Applicant's Signature:  |     |   |  |  |  |
| PHYSICAL EXAMINATIO   | )N  |   |  |  |  |
| Height:   |     | Skeletal System:  |  |  |  |
| Weight:   |     | Lymph Nodes:  |  |  |  |
| Over/Underweight:   |     | Eyes:   |  |  |  |
| Blood Pressure:   |     | Ears:   |  |  |  |
| Pulse:  |     | Skin:   |  |  |  |
| Heart:  |     | Hearing:  |  |  |  |
| Lungs:  |     | Blood Type:   |  |  |  |
| Abdomen:  |     | Rh Factor:  |  |  |  |
| Neurological:   |     |   |  |  |  |



### **CONFIDENTIAL HEALTH FORM (to be completed by a physician)**

#### FFFDBACK TO YWAM THAII AND

Address of Physician:

| EDBACK TO TWAIN THAILAND   |  |
|--|--|
| your opinion, is the applicant physically and mentally able to serve with YWAM Thailand? |  |
| S, without reservations:   |  |
| S, but with the following reservations/under the following conditions:                   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| , because of the following reasons:  |  |
|  |  |
|  |  |
|  |  |
| e there any conditions in the applicant's health that YWAM Thailand should be aware of?  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ysician's Signature:   |  |
|  |  |
| me of Physician: Mr./Mrs./Ms.  |  |
|  |  |



# PERSONAL INFORMATION QUESTIONS Please type or print on a separate piece(s) of paper

Applicant's Name: Mr./Mrs./Ms.

- 1. Please describe your Christian experience in the following three stages: A) Pre-conversion B) Conversion C) Current
- 2. Please describe your family relationships in the following stages: A) Childhood 0-18 years of age B) Current
- 3. Please list your ministry and spiritual gifts and provide examples of how they have been used.
- 4. Please list areas of weakness, temptation, and personal struggles both past and present (in Thailand, these areas are often targeted for spiritual attack and we would like to provide you with appropriate support and accountability).
- 5. How do you know that you have been called to serve with YWAM Thailand long-term?
- 6. What are your goals and expectations for serving with YWAM Thailand?
- 7. Do you have a home church? If so, in what ways will they provide support for you?
- 8. Do you prefer to work with a team or as an individual? Please describe your preferred work setting?
- 9. Are they any pending circumstances that might necessitate your immediate return from the mission field? Circumstances such as: financial or legal commitments, care for elderly/ill family members, ongoing issues with your children etc. If so, please explain.
- 10. Are there any other factors in your current situation that you would like to share with us or that we should be aware of?



### **RELEASE FORM**

I hereby release YWAM Thailand, its agents, employees, staff and volunteers 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 YWAM Thailand.

| Applicant's Signature:   |   |
|--|---|
| Date: (DD/MM/YYYY)   |   |
|  | CONSENT OF TREATMENT  |
| I do hereby agree to the per<br>of the attending physician is                                | formance of such treatment, anesthetics, and operations as in the opinion deemed necessary on me.   |
| Applicant's Signature:   |   |
| Date: (DD/MM/YYYY)   |   |
|  | BURIAL INFORMATION  |
| your body to your home cou<br>exceptional situations this n<br>will be sought out to contact | ealthcare insurance scheme will cover the costs related to the shipment of<br>ntry or alternative burial costs at the place of death. However, in<br>nay not be the case. Please read the policy excursions. Every possibility<br>the family and fulfill their desires. However, in the event that they cannot<br>le time frame, we need you to sign the following agreement: |
|  | CONSENT OF BURIAL   |
| out the burial in the location understand that my family v does not cover the costs. I H     | by death while in YWAM Thailand that YWAM Thailand may have to carry of death. If my family desires to see the body shipped home, I would need to pay all expenses incurred in the event that my insurance EREBY ABSOLVE YWAM THAILAND AND ITS ENTIRE STAFF AND SPONSIBILITY FOR REPATRIATION COSTS.  |
| Applicant's Signature:   |   |
| Date: (DD/MM/VVVV)   |   |

E: office@ywamthai.org

P: +66-2-752-8180

F: +66-2-752-8014



### YWAM SCHOOL LEADER'S REFERENCE FORM

| Applicant's Name:                   | Mr./Mrs./Ms. |
|-------------------------------------|--------------|
| School Location and Name:           |              |
|                                     |              |
| Dates Attended:                     |              |
| How well do you know the applicant? |              |

The applicant has applied for service with YWAM Thailand. We ask for your thoughtful and candid evaluation of the applicant when answering the questions below. YWAM Thailand staff often work in cross-cultural and pioneering situations that can be challenging and emotionally stressful. It is important that the applicant is a mature Christian who can maintain open and close relationships in a spiritually demanding environment. The information you provide will be kept strictly confidential. Thank you for taking the time to complete this reference form.



### YWAM SCHOOL LEADER'S REFERENCE FORM (continued)

Please mark one of the following: S=Superior, AA=Above Average, A=Average, BA=Below Average, I=Inferior

| Spiritual Maturity:  |
|----------------------|
| Emotional Stability: |
| Concern for Others:  |
| Physical Health:     |
| Social Adaptability: |
| Personal Appearance: |
| Ability to Lead:     |
| Initiative:          |
| Ability to Follow:   |
| Personal Discipline: |
| Decision Making:     |
| Sensitivity:         |
|                      |

### **COMMENTS**



### YWAM SCHOOL LEADER'S REFERENCE FORM (continued)

Please mark one of the following: S=Superior, AA=Above Average, A=Average, BA=Below Average, I=Inferior

**Mental Ability:** 

| •                          |
|----------------------------|
| Industry:                  |
| Reliability:               |
| Ability To Work in A Team: |
| Flexibility:               |
| Christian Character:       |
| Disposition:               |
| Punctuality:               |
| Financial Responsibility:  |
| Worship:                   |
| Prayer:                    |
|                            |

### **COMMENTS**



**Contact Email Address:** 

# QUESTIONS (continued) Please type or print on a separate piece(s) of paper

| 1. What spiritual gifts and  | areas of strength have you observed in the applicant?                            |  |
|--|--|--|
| 2. What areas of weakness  | 2. What areas of weakness/personal struggles have you observed in the applicant? |  |
| 3. How would you describe  | 3. How would you describe the applicant's relationship with others?              |  |
| 4. If the applicant is married, how would you describe the relationship with his/her spouse and/or children? |  |  |
| 5. Do you believe the applicant is prepared for full-time missions ministry? If not, please explain.         |  |  |
| 6. Would you want the applicant working with your team? If not, please explain.                              |  |  |
| 7. Is there anything else that we should know about the applicant?   |  |  |
|  |  |  |
| Name of School Leader:   |  |  |
| School Leader's Signature:   |  |  |
| Date:  |  |  |
| Name of YWAM Base:   |  |  |

E: office@ywamthai.org

P: +66-2-752-8180

F: +66-2-752-8014



### **PASTOR'S REFERENCE FORM**

| Applicant's Name:                   | Mr./Mrs./Ms. |
|-------------------------------------|--------------|
| Pastor's Name:                      |              |
| Church Name:                        |              |
| Church Name.                        |              |
| How well do you know the applicant? |              |

The applicant has applied for service with YWAM Thailand. We ask for your thoughtful and candid evaluation of the applicant when answering the questions below. YWAM Thailand staff often work in cross-cultural and pioneering situations that can be challenging and emotionally stressful. It is important that the applicant is a mature Christian who can maintain open and close relationships in a spiritually demanding environment. The information you provide will be kept strictly confidential. Thank you for taking the time to complete this reference form.



### **PASTOR'S REFERENCE FORM (continued)**

Please mark one of the following: S=Superior, AA=Above Average, A=Average, BA=Below Average, I=Inferior

| Spiritual Maturity:  |
|----------------------|
| Emotional Stability: |
| Concern for Others:  |
| Physical Health:     |
| Social Adaptability: |
| Personal Appearance: |
| Ability to Lead:     |
| Initiative:          |
| Ability to Follow:   |
| Personal Discipline: |
| Decision Making:     |
| Sensitivity:         |
|                      |

**COMMENTS** 



### **PASTOR'S REFERENCE FORM (continued)**

Please mark one of the following: S=Superior, AA=Above Average, A=Average, BA=Below Average, I=Inferior

Mental Ability:

| •                          |
|----------------------------|
| Industry:                  |
| Reliability:               |
| Ability To Work in A Team: |
| Flexibility:               |
| Christian Character:       |
| Disposition:               |
| Punctuality:               |
| Financial Responsibility:  |
| Worship:                   |
| Prayer:                    |
| Racial Sensitivity:        |
|                            |

**COMMENTS** 



# QUESTIONS (continued) Please type or print on a separate piece(s) of paper

- 1. What spiritual gifts and areas of strength have you observed in the applicant?
- 2. What areas of weakness/personal struggles have you observed in the applicant?
- 3. How would you describe the applicant's relationship with others?
- 4. If the applicant is married, how would you describe the relationship with his/her spouse and/or children?
- 5. Do you believe the applicant is prepared for full-time missions ministry? If not, please explain.
- 6. What do you believe is the applicant's motive in applying to full-time missions ministry?
- 7. Would you want the applicant working with your church? If not, please explain.
- 8. Has the applicant ever been a source of conflict in your congregation? If so, please explain.
- 9. In what ways is your congregation committed to providing support for the applicant?
- 10. Is there anything else that we should know about the applicant?
- 11. How can YWAM Thailand better serve you in ways related to the applicant or otherwise?

| Name:                  |  |
|------------------------|--|
| Signature:             |  |
| Date:                  |  |
| Contact Phone Number:  |  |
| Contact Email Address: |  |



### **FINANCIAL STATEMENT**

### I confirm that:

- 1. Upon arrival I will have sufficient finances for return tickets for my family, if applicable and myself.
- 2. I will have committed, regular support in the amount determined by my ministry leader and location leader.

| Applicant's Name:      |  |
|------------------------|--|
| Applicant's Signature: |  |
| Date: (DD/MM/YYYY)     |  |