



YWAM Cluj-Napoca

P.O. Box 1-468
400750, Cluj-Napoca
Romania
Fax: 004-0264-550-941
ariseromania@ywamcluj.ro

VOLUNTEER STAFF APPLICATION

Revised 10/2009

Please
Attach
Photo

Please fill out the application form and return it to the address above, along with a recent, wallet-sized photo and the completed skills list. Give one reference form to your pastor/spiritual leader and one to someone who has known you for at least a year.

A. PERSONAL INFORMATION

- Name: _____
First Middle Last
- Address: _____
- Home Phone: _____ Work Phone: _____ Cell Phone: _____
- Email Address: _____
- Birthdate: _____ Age: ____ Sex: Male Female
Month Day Year
- Passport Number: _____ Expiration Date: _____ Place of Issue: _____
- Driver's License Number: _____ Type(s): _____ Country or State: _____
- Marital Status: Single Married Engaged Separated Divorced Widowed
- List full name, age, schooling grade level and sex of children accompanying you: _____
- Length of time you can volunteer: _____
- Emergency Contact: _____
Name Address
Relationship to you: _____ Emergency contact phone number: _____

B. CHURCH INFORMATION

- Home Church: _____ How long have you attended? _____
- Church Address: _____ Church Denomination: _____
- Pastor's Name: _____ Church Phone: _____

C. HEALTH INFORMATION

- Do you have any physical handicaps, health conditions or dietary needs requiring special attention? Explain: _____
- Are you under a doctor's care or taking medication? Yes No (If yes, please explain): _____
- Have you ever had psychiatric treatment? Yes No (If yes, please explain): _____
- Do you have medical insurance? Yes No (If yes, please supply the following information):
Name of Insurer: _____
Medical Insurance: _____
What does your insurance cover? _____

D. VOLUNTEER SKILLS LIST

Please indicate your experience by checking the box on the left and your skill level by entering the following letters in the brackets:

F = Fair

P = Professional

H = No experience, but willing to help

Explain if necessary.

Construction/Maintenance/Operator

- Plumbing [] _____
- Carpentry [] _____
- Electrical [] _____
- Mechanics [] _____
- Appliance Repair [] _____
- Cabinetry [] _____
- Concrete [] _____
- Framing [] _____
- Gardening [] _____
- Masonry [] _____
- Landscaping [] _____
- Painting [] _____
- Tiling [] _____
- Welding [] _____
- Roofing [] _____
- Other [] _____

Administration

- Data Entry [] _____
- Receptionist [] _____
- General Office [] _____
- Other [] _____

Serving

- Childcare [] _____
- Cooking [] _____
- Sewing [] _____
- Housekeeping [] _____
- Teaching [] _____
- Teaching English [] _____
- Teaching Romanian [] _____
- Other [] _____

Communications

- Graphic Design [] _____
- Web Design [] _____
- Writing [] _____
- Video [] _____
- Photography [] _____
- Other [] _____

SCHOOLS

- Discipleship Training School (DTS) [] _____
- School of Ministry and Personal Development (SMPD) [] _____
- Pro-life DTS [] _____
- Other [] _____

Other skills not listed: _____

Tools I can bring: _____

E. CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

F. LIABILITY RELEASE

I/We hereby relate YOUTH WITH A MISSION, INC., its agents, employees 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, INC. I/We agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules and schedule of the volunteer program. I understand that any and all Confidential Evaluations in my file are YWAM property and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors, or staff by means of reconciliations or mediation and waive any right to pursue action by way of litigation.

Signature: _____ Date: _____



Please return form to
YWAM Cluj-Napoca • Administration Department
P.O. Box 1-468 • 400750 Cluj-Napoca, Romania
Fax: +40 264-550-941 • ywamcluj.ro

CONFIDENTIAL REFERENCE

TO THE APPLICANT:

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to:

YWAM Cluj-Napoca • Administration Department • P.O. Box 1-468 • 400750 Cluj-Napoca, Romania.

Name of Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Program applying for: _____ Starting date: _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Cluj-Napoca, Romania, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend

Past YWAM leader Other _____

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

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary:

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

- | | | | |
|---------------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard-worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well-balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____

1. Which one of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and growing Over-emotional Superficial

Comments: _____

2. With reference to his/her Christian service, he/she is Dedicated Average Casual

Comments: _____

3. Does he/she display high moral standards? Yes No Explain: _____

4. What do you feel are the applicant's motives in applying to this program?

Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 Other (Specify): _____

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

6. What do you consider to be the applicant's strong points? (include special abilities): _____

7. Please add any other pertinent remarks (ex: medical, psychological, drug or alcohol abuse, criminal record, eating disorders , homosexuality, occult activities, etc.) _____

8. What could YWAM do to aid in the applicant's personal development? _____

9. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

10. Would you recommend the applicant for acceptance to this YWAM program?

Yes With some reservations (Explain) No (Explain) _____

Signature: _____

Name (please print): _____ Phone: _____

Address: _____ State: _____ Zip: _____ Country: _____



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Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

- | | | | |
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