

# *Youth With A Mission*

## *To know God and to make Him known*

### *A Vision of Waves*

It began in 1960 with an ordinary young man and an extraordinary vision. Loren Cunningham described it as a waking dream. He saw a map of the world with waves crashing onto the continents, advancing inland until all the nations were covered.

Loren says, “As I watched, the waves became young people of all races ... talking to people on street corners and outside bars. Going from house to house. Helping the lonely and the hungry. Caring for people everywhere they went ...”

That God-given vision has become a reality. Since the beginning of Youth With A Mission, thousands have been involved worldwide in fulfilling Christ’s commandment to, “Go into all the world and preach the Gospel to every creature” (Mark 16:15).

### *What is YWAM?*

Youth With A Mission is an international movement of Christians from many denominations dedicated to serving Jesus Christ throughout the world. As Christians of God’s Kingdom, we are called to love, worship and obey our Lord, to love and serve His Body, the Church, and to present the whole Gospel for the whole man throughout the whole world.

YWAMers are all ages – young people, families and retired people. We come from many ethnic and educational backgrounds, from many denominations and countries. We love Jesus and thank God for allowing us to play a part in helping to fulfil the Great Commission. Each year over 30,000 people are involved in YWAM’s short-term projects. Mobile ministries have gone into every country of the world. Over 16,000 work as permanent staff in more than 1000 locations in over 149 nations.

### *Three Methods of Action*

YWAM embraces three methods of action – ways that we believe God has given us to be a part of the goal of taking the gospel to the world:

- ◆ Evangelism – spreading God’s message.
- ◆ Training – preparing workers to reach others.
- ◆ Mercy Ministries – showing God’s love through practical assistance.

### **Statement of Faith**

We of Youth With A Mission believe that the Bible is God’s inspired and authoritative word, revealing that Jesus Christ is God’s Son; that people are created in God’s image; that He created us to have eternal life through Jesus Christ; that although all people have sinned and come short of God’s glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ; that repentance, faith, love and obedience are fitting responses to God’s initiative of grace toward us; that God desires all people to be saved and to come to the knowledge of the truth; and that the Holy Spirit’s power is demonstrated in and through us for the accomplishing of Christ’s last commandment “...Go ye into all the world and preach the Gospel to every creature” (Mark 16:15).

# Guide to Completing Application Form

Thank you for applying to Youth With A Mission, Fort McMurray, Alberta, Canada. May you know the Lord's grace as you seek His direction. The following forms must be submitted so that your staff application can be processed. If a question does not apply to you, write "N/A" in the space provided. **Husbands and wives applying as staff are requested to submit separate applications.**

- A. Staff Application Form.** This form must be completed and returned to the address indicated at the bottom of the application.  
*Note: All dates are requested in an international format: Day / Month / Year.*
- B. Personal History.** Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to your Staff Application Form. Your answers will be significant in the application process.
  1. Please describe how you became a Christian and your present spiritual walk with the Lord. (Not to exceed one page.)
  2. What areas of your character are you presently seeking God to further develop and improve?
  3. Describe your spiritual and/or ministry goals, including missionary service goals.
  4. Describe your ministry experience and talents/abilities.
  5. Financial support is recommended and will be discussed during the processing of each application. Please describe your past experiences in support raising and your plans for future support raising.
  6. Please indicate your plans/expectations about housing.
- C. Health Form.** Please complete this form and return it with your Staff Application Form.
- D. Reference Forms.** Please provide stamped envelopes for each of your (*three*) references. Address the envelopes to Personnel at Youth With A Mission, Fort McMurray. These forms must be received before your application can be processed.  
*Note: Please, no family members giving references.*



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
"Based on the foundation of relationships, we are committed to seeing  
spiritual restoration in individuals and bringing social change to our  
community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

# Staff Application Form

## PERSONAL INFORMATION:

Date of Application: \_\_\_\_\_  
*Day/Month/Year*

Mr. Mrs. Miss \_\_\_\_\_

Current Address until: \_\_\_\_\_  
*Day/Month/Year*

**Current Address:** Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

**Permanent Address:** Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

Prov./State: \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ o Male o Female  
*Day/Month/Year City Country*

**IMPORTANT**  
*Please attach a recent wallet sized photo.*

## FAMILY:

Marital Status:  Single  Engaged (Date \_\_\_\_\_)  Married (Date \_\_\_\_\_)  Separated (Date \_\_\_\_\_)  
 Divorced (Date \_\_\_\_\_)  Remarried (Date \_\_\_\_\_)  Widowed (Date \_\_\_\_\_)

Name of Fiancée or Spouse \_\_\_\_\_  
*Last Name First Name Middle Name*

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*Day/Month/Year City Prov./State Country*

**DEPENDENTS:** Name of dependents accompanying you.

FAMILY NAME	FIRST NAME	BIRTH DATE (Day/Month/Year)	SEX (M or F)	SCHOOL GRADE



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
 "Based on the foundation of relationships, we are committed to seeing spiritual restoration in individuals and bringing social change to our community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
 email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

**EDUCATIONAL INFORMATION:**

I have not completed High/Secondary school. Highest level completed: \_\_\_\_\_

**High School / College / University / Seminary attended:**

NAME	CITY / COUNTRY	DATES ATTENDED	DEGREE / MAJOR

**CRIMINAL RECORD:**

Do you have a criminal record?       Yes     No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OCCUPATIONAL SKILLS:**

Work Experience: \_\_\_\_\_ Time Period \_\_\_\_\_  
 Work Experience: \_\_\_\_\_ Time Period \_\_\_\_\_  
 Work Experience: \_\_\_\_\_ Time Period \_\_\_\_\_

Mark the abilities and skills that apply to you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting / Bookkeeping | <input type="checkbox"/> Electrical              | <input type="checkbox"/> Maintenance               |
| <input type="checkbox"/> Administration           | <input type="checkbox"/> Evangelism              | <input type="checkbox"/> Mechanics                 |
| <input type="checkbox"/> Business Management      | <input type="checkbox"/> Gardening               | <input type="checkbox"/> Musical (vocal)           |
| <input type="checkbox"/> Carpentry                | <input type="checkbox"/> Graphic Design          | <input type="checkbox"/> Musical (list instrument) |
| <input type="checkbox"/> Childcare                | <input type="checkbox"/> Health Care             | <input type="checkbox"/> Painting                  |
| <input type="checkbox"/> Computers                | <input type="checkbox"/> Hospitality             | <input type="checkbox"/> Plumbing                  |
| <input type="checkbox"/> Construction             | <input type="checkbox"/> Housekeeping            | <input type="checkbox"/> Secretarial               |
| <input type="checkbox"/> Cooking                  | <input type="checkbox"/> Kitchen / Food Services | <input type="checkbox"/> Sewing                    |
| <input type="checkbox"/> Drama                    | <input type="checkbox"/> Marketing               | <input type="checkbox"/> Writing / Editing         |

**LIST OTHER SKILLS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YWAM UNIVERSITY OF THE NATIONS INFORMATION:**

I have previously attended YWAM or U of N schools (including DTS or C/DTS):       Yes     No      If Yes:

PHASE	SCHOOL	DATES MM/YY	LOCATION City / Country
1. Lecture			
Field Assignment			
2. Lecture			
Field Assignment			

EXPECTATIONS:

How did you first hear of Youth With A Mission, Fort McMurray, Alberta?
 GO Manual  Friend  Missions Conference
 Web Sites  Other \_\_\_\_\_

What expectations do you have of YWAM Fort McMurray? \_\_\_\_\_

A minimum two-year commitment is requested of staff. Please give your earliest starting date. If you are unable to make a two-year commitment, please explain why and the length of commitment you are able to make. \_\_\_\_\_

Are you facing any difficult situations or issues with regards to your desire to join YWAM?  Yes  No

If yes, how can we effectively pray for you? \_\_\_\_\_

If you are not accepted as staff, what are your alternative plans? \_\_\_\_\_

REFERENCES:

Please have the enclosed references completed and mailed directly to our office. Please provide all references a stamped envelope addressed to Youth With A Mission Fort McMurray. Your application cannot be processed until all these forms have been returned to YWAM Fort McMurray. List the names of your references below.

Please, no family members giving references.

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

Home Church: \_\_\_\_\_

Address: \_\_\_\_\_
Street City Prov./State Postal (Zip) Code Country

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street City Prov./State Postal (Zip) Code Country

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Previous YWAM Leader's Name: \_\_\_\_\_

Base Location: \_\_\_\_\_

Address: \_\_\_\_\_
Street City Prov./State Postal (Zip) Code Country

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



YOUTH WITH A MISSION

YWAM Fort McMurray's mission statement,
'Based on the foundation of relationships, we are committed to seeing spiritual restoration in individuals and bringing social change to our community.'

**EMERGENCY INFORMATION:**

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Prov./State Postal (Zip) Code Country*

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONSENT FOR TREATMENT**

**In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*

**RELEASE OF LIABILITY:**

I do hereby release Youth With A Mission Alberta Society, 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(s) during the course of involvement with Youth With A Mission.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*

**STATEMENT OF COMMITMENT:**

I have completed all portions of this application accurately. I have also read the policies and if I am accepted, I will abide by the spirit, guidelines and schedules of Youth With A Mission Fort McMurray.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
"Based on the foundation of relationships, we are committed to seeing  
spiritual restoration in individuals and bringing social change to our  
community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

# Confidential Health Form

Applicant's Name: \_\_\_\_\_  
*Last Name First Name Middle Preferred*

Course Applying For: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City Prov./State Postal (Zip) Code Country*

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Youth With A Mission, Alberta requires applicants to have medical insurance coverage during your time with us.**

Name of Insurer : \_\_\_\_\_ Medical Insurance Coverage: \_\_\_\_\_

## PERSONAL HISTORY:

Please answer all questions. Comment on all positive answers on a separate paper.

- | Yes                      | No                       |                      | Yes                      | No                       |                       | Yes                      | No                       |                            |
|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Skin condition       | <input type="checkbox"/> | <input type="checkbox"/> | Heart Trouble         | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease             |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye trouble          | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure   | <input type="checkbox"/> | <input type="checkbox"/> | Anemia                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear trouble          | <input type="checkbox"/> | <input type="checkbox"/> | Low blood pressure    | <input type="checkbox"/> | <input type="checkbox"/> | Cancer (specify)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury          | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism/Arthritis  | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurrent headaches  | <input type="checkbox"/> | <input type="checkbox"/> | Back problems         | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (specify)        |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy             | <input type="checkbox"/> | <input type="checkbox"/> | Dislocation of joints | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells      | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones          |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Ulcer (specify)       |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Weakness             | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder problems |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Paralysis            | <input type="checkbox"/> | <input type="checkbox"/> | Surgery (specify)     |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Insomnia             | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice              |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath  | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis             |                          |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Hay fever, Asthma    | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent diarrhea    |                          |                          |                            |

Other illness or conditions \_\_\_\_\_

Are you at present under the doctor's care for any condition? No  Yes  (specify) \_\_\_\_\_

Are you taking any medication at this time? No  Yes  (specify) : \_\_\_\_\_

Are you allergic to any drugs? No  Yes  (specify): \_\_\_\_\_

Do you have any food allergies? No  Yes  (specify): \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment? No  Yes  (specify): \_\_\_\_\_

Do you now or have you ever received any compensation for disability from any source? No  Yes  (specify): \_\_\_\_\_

Do you have any physical impairments, handicaps or health conditions which require special attention? No  Yes  (specify): \_\_\_\_\_

*(Your response to this question will not affect admission consideration.)*

## COMMUNICABLE DISEASES:

Have you ever had any of the following?

- | Yes                      | No                       |               | Yes                      | No                       |                   |                                 |
|--------------------------|--------------------------|---------------|--------------------------|--------------------------|-------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox    | <input type="checkbox"/> | <input type="checkbox"/> | Measles (specify) | Other (specify): _____<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis      |                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps         | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify)   |                                 |

**TO THE PHYSICIAN:**

**Name of Applicant:** \_\_\_\_\_

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the “Personal History” information on the opposite, fill out the portion below, and make any additional comments. Thank you.

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

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

Are there any abnormalities of the following?

	Yes	No	Please describe:
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would the applicant be capable of walking 5 – 6 kilometers per day? Yes  No  (comment): \_\_\_\_\_

How would you describe the applicant’s health?  Excellent  Good  Fair  Poor

**PHYSICIAN’S RECOMMENDATION:**

- \_ Acceptable without limitations
- \_ Should remain in areas where adequate medical care is provided
- Not acceptable
- Acceptable with limitations (specify): \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_

Physician’s Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*
*City*
*Prov./State*
*Postal (Zip) Code*
*Country*

Date: \_\_\_\_\_  
*Day/Month/Year*



YOUTH WITH A MISSION

***YWAM Fort McMurray’s mission statement,  
“Based on the foundation of relationships, we are committed to seeing  
spiritual restoration in individuals and bringing social change to our  
community.”***



# YWAM Leader's Confidential Reference Form

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to Youth With A Mission, 9902 Manning Ave, Fort McMurray, Alberta, T9H 2B9, Canada, to the attention of *Personnel*.

Applicant's Name: \_\_\_\_\_  
Last Name
First Name
Middle
Preferred

Permanent Address: \_\_\_\_\_  
Street
City
Prov./State
Postal (Zip) Code
Country

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_  
Day/Month/Year

The above applicant has applied for a position with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has centres in over 1000 locations in over 149 countries, with a staff of nearly 16,000 worldwide. Its purposes include training, evangelism and mercy ministries.

Serious consideration is given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

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

I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.

Skills of Applicant	Excellent	Good	Fair	Poor	N/A
Oral Communication					
Written Communication					
Receiving Instructions					
Faithfulness in Tasks					
Giving Instructions					
Organizing / Oversight					
Time Management					
Relating to the Public					
Industrious					
Innovative					
Team Work					
Social Skills					

Comments: \_\_\_\_\_



YOUTH WITH A MISSION

***YWAM Fort McMurray's mission statement,  
 "Based on the foundation of relationships, we are committed to seeing  
 spiritual restoration in individuals and bringing social change to our  
 community."***

9902 Manning Ave • Fort McMurray, AB T9H 2B9 • CANADA • telephone: (780) 748-3737 • fax: (780) 748-3738  
 email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

***YWAM Leader's Confidential Reference Form – Page 2***

(Please use additional paper if necessary in answering the following questions.)

1. Describe the applicant's strengths. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please comment on the applicant's:  
Relationships with peers: \_\_\_\_\_  
\_\_\_\_\_  
Self-Image: \_\_\_\_\_  
\_\_\_\_\_

3. Which of the following leadership styles does the applicant respond best to?  
 DIRECTIVE       COACHING       SUPPORTIVE       RELEASING  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. We are committed to staff training and development. Please describe two areas of growth that we can aid the applicant in. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Would you have the applicant work for you?     Yes                       With some reservation                       No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Would you like a telephone call to talk to us personally regarding the applicant?     Yes \_\_\_\_\_     No \_\_\_\_\_  
Preferred telephone number to call: \_\_\_\_\_    Preferred time of day to call: \_\_\_\_\_

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*

Name: \_\_\_\_\_ Base Location: \_\_\_\_\_  
*Last Name First Name*

Address: \_\_\_\_\_  
*Street City Prov./State Postal (Zip) Code Country*

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# Pastor's Confidential Reference Form

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to Youth With A Mission, 9902 Manning Ave, Fort McMurray, Alberta, T9H 2B9, Canada, to the attention of *Personnel*.

Applicant's Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle* *Preferred*

Permanent Address: \_\_\_\_\_  
*Street* *City* *Prov./State* *Postal (Zip) Code* *Country*

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_  
*Day/Month/Year*

The above applicant has applied for a position with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has centres in over 1000 locations in over 149 countries, with a staff of nearly 16,000 worldwide. Its purposes include training, evangelism and mercy ministries

Serious consideration is given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

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

I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.

Skills of Applicant	Excellent	Good	Fair	Poor	N/A
Oral Communication					
Written Communication					
Receiving Instructions					
Faithfulness in Tasks					
Giving Instructions					
Organizing / Oversight					
Time Management					
Relating to the Public					
Industrious					
Innovative					
Team Work					
Social Skills					

Comments: \_\_\_\_\_



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
 "Based on the foundation of relationships, we are committed to seeing  
 spiritual restoration in individuals and bringing social change to our  
 community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
 email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

**Pastor's Confidential Reference Form – Page 2**

(Please use additional paper if necessary in answering the following questions).

1. Describe the applicant's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Please comment on the applicant's:  
Relationships with family and friends: \_\_\_\_\_  
\_\_\_\_\_  
Self-Image: \_\_\_\_\_  
\_\_\_\_\_
  
3. Which of the following leadership styles does the applicant respond best to:  
 DIRECTIVE       COACHING       SUPPORTIVE       RELEASING  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
  
4. We are committed to staff training and development. Please describe two areas of growth in which we can aid the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Would you have the applicant work for you?       Yes       With some reservation       No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
  
6. Would you like a telephone call to talk to us personally regarding the applicant?       Yes       No  
Preferred telephone number to call: \_\_\_\_\_ Preferred time of day to call: \_\_\_\_\_

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*

Name: \_\_\_\_\_ Church: \_\_\_\_\_  
*Last Name*      *First Name*

Address: \_\_\_\_\_  
*Street*      *City*      *Prov./State*      *Postal (Zip) Code*      *Country*

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive further information about Youth With A Mission?       Yes       No

# Employer's Confidential Reference Form

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to Youth With A Mission, 9902 Manning Ave, Fort McMurray, Alberta, T9H 2B9, Canada, to the attention of *Personnel*.

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Preferred

Permanent Address: \_\_\_\_\_  
Street City Prov./State Postal (Zip) Code Country

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_  
Day/Month/Year

The above applicant has applied for a position with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has centres in over 1000 locations in over 149 countries, with a staff of nearly 16,000 worldwide. Its purposes include training, evangelism and mercy ministries

Serious consideration is given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

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

I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.

Skills of Applicant	Excellent	Good	Fair	Poor	N/A
Oral Communication					
Written Communication					
Receiving Instructions					
Faithfulness in Tasks					
Giving Instructions					
Organizing / Oversight					
Time Management					
Relating to the Public					
Industrious					
Innovative					
Team Work					
Social Skills					

Comments: \_\_\_\_\_



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
 "Based on the foundations of relationships, we are committed to seeing  
 spiritual restoration in individuals and bringing social change to our  
 community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
 email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com

**Employer's Confidential Reference Form – Page 2**

(Please use additional paper if necessary in answering the following questions).

1. Describe the applicant's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Please comment on the applicant's:  
Relationships with co-workers: \_\_\_\_\_  
\_\_\_\_\_  
Self-Image: \_\_\_\_\_  
\_\_\_\_\_
  
3. Which of the following leadership styles does the applicant respond best to:  
 DIRECTIVE       COACHING       SUPPORTIVE       RELEASING  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
  
4. We are committed to staff training and development. Please describe two areas of growth in which we can aid the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Would you have the applicant work for you?       Yes       With some reservation       No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
  
6. Would you like a telephone call to talk to us personally regarding the applicant?       Yes       No  
Preferred telephone number to call: \_\_\_\_\_ Preferred time of day to call: \_\_\_\_\_

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
*Last Name*      *First Name*

Address: \_\_\_\_\_  
*Street*      *City*      *Prov./State*      *Postal (Zip) Code*      *Country*

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive further information about Youth With A Mission?       Yes       No

# License & Driver Information

## LICENSE INFORMATION:

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Day/Month/Year*

Driver's License #: \_\_\_\_\_ Place of Issue: \_\_\_\_\_  
*City/Country*

Class/Type of License: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
*Day/Month/Year*

Date of Expiry: \_\_\_\_\_  
*Day/Month/Year*

## DRIVING HISTORY:

Have you had any accidents or violations in the last three years?  Yes  No

If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to drive Fort McMurray A Mission vehicle, you must:

- Possess a valid Alberta driver's license.
- Be 25 years of age or older.
- Have a two year minimum accident and violation free record.
- Upon acceptance, present a Driver's Abstract (accident history) from your insurance agency or local Motor Vehicle Licensing Agency.

## CONSENT:

I do hereby authorize Youth With A Mission Alberta Society, its agents, employees and volunteer assistants to obtain a driving record abstract, at my cost, before being listed as an insured driver with the organization.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Day/Month/Year*



YOUTH WITH A MISSION

*YWAM Fort McMurray's mission statement,  
"Based on the foundation of relationships, we are committed to seeing  
spiritual restoration in individuals and bringing social change to our  
community."*

101 Spruce St • Fort McMurray, AB T9K 1E2 • CANADA • telephone: (780) 748-3737 • fax: (780) 790-1869  
email: ywamfortmcmurray@yahoo.ca • web: www.ywamfortmcmurray.com