



Discover Your Destiny

4 Park Lane, Kloof 3610, Durban, South Africa
Tel: +27 31 767 5150 Email: admin@ywamdurban.org
Website: www.ywamdurban.org Reg No: 2004/016156/08

PROCEDURE FOR APPLICATION

Please read below **before** you begin filling out your forms

Thank you for applying to Youth With A Mission Durban! May you know God's grace as you seek His direction for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space.

Husbands and wives enrolling as short term volunteers must complete separate applications.

1. Application fee. A nonrefundable Application fee of R100 for South African residents (US\$30 single applicants outside South Africa) is to be deposited into the following account:

Bank Name: ABSA

Bank Address: PO Box 2952 Durban 40001

Account Name: Discover Your Destiny

Account Number: 4063155848

Branch Code: 632005

Swift Code: ABSAZAJJ

Your application cannot be processed without it.

2. Application form / Health form / Physicians Evaluation. These forms must be completed by you / your doctor for any initial volunteer period you wish to do at YWAM, Durban.
3. Life questions. Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.
4. Financial agreement. Please read carefully, complete and sign the Financial Policy and Indemnity form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.
5. Reference forms. On each of the three Confidential Reference Forms fill in your name, what you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor. **As these forms are confidential, please ask them to complete the form and post or email it DIRECTLY to YWAM Durban.** We must receive at least 2 of the reference forms (pastor's form must be one) BEFORE we can process your application.
6. Photographs. Please submit two recent passport-size photographs with your application.
7. Overseas applicants - please note our fax number. Should the time you have to return your forms be limited, you may fax or email the forms and post the originals, plus photographs and application fee. Please note however that we require the original forms to process your application in full.

IMPORTANT!

All short term volunteers are encouraged to apply early, generally about 2 months prior to the start of the volunteer period for South Africans. For non-South African short term volunteers at least 3 months prior to the start of the volunteer period, as applying for a volunteer visa can take a long time. Additionally, you will be required to deposit 50% of your total volunteer fees into our account prior to coming. For Category A the amount of deposit is R14 250, for Category B the amount of deposit is R12 000.

Please send all forms or address inquiries to:

The Registrar Tel: (27) 31 767 5150

Youth With A Mission Fax: (27) 0866 193 635

4 Park Lane

Kloof, Durban 3610

South Africa.

E-mail: admin@ywamdurban.org

NB: All of our schools are full-time residential training courses. It is not possible for short term volunteers to pursue other courses of study or part-time employment while taking a U of N course.

SHORT TERM VOLUNTEER APPLICATION FORM

Applying for: _____

Starting date: _____

PERSONAL INFORMATION

Mr/Mrs/Miss _____

Surname First name Middle name Preferred name

Address: _____

_____ Postal Code: _____ Valid until: _____

Phone: _____ Fax: _____

E-Mail: _____

Future address: _____

_____ Postal Code: _____

Valid until: _____ Phone: _____

Fax: _____ E-Mail: _____

Date of Birth: ___/___/___ Age: ___ Birthplace: _____ Sex: ___ Male ___ Female

MARITAL STATUS

___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed

Please take note that married couples **MUST** be accompanied by their spouse and children.

Spouse's name: _____ Date of Birth: ___/___/___

Age: ___ Is your spouse accompanying you? ___

DEPENDENTS

Names of children and dependants: (**Please note** your spouse and children are required to accompany you)

Surname First name Birth date Sex

EMERGENCY INFORMATION

In case of an emergency, contact: _____

Relationship: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Home Church: _____

Denomination: _____

Pastor's name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

SHORT TERM VOLUNTEER EMERGENCY INFORMATION

Height: _____ Weight: _____ Kg Blood type: _____ (O, A, B, AB:Rh Positive or Negative)

Are you allergic to any drugs? No Yes

Specify: _____

CONSENT FOR TREATMENT

In the case of an emergency I/we 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: _____

Signature: _____ Date: _____

Relationship: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age

PASSPORT INFORMATION

Country of citizenship: _____

Passport No. _____

Name as listed on passport: _____

City & country where passport issued: _____

Date passport issued: _____ Expiry date: _____

NB: If your spouse is accompanying you, and not also applying as a YWAM volunteer please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.

LANGUAGES

Please identify and indicate your proficiency in the languages that you speak

1	Elementary speaking	4	full professional proficiency
2	Limited word proficiency	5	native speaking proficiency
3	Minimum professional proficiency	6	mother tongue

English proficiency _____

Other languages and proficiency _____

EDUCATIONAL INFORMATION

I have not completed high/secondary school.

I have completed 12 years of primary & secondary school

Highest school leaving certificate or diploma obtained (or grade level completed) _____.

High/Secondary School/Post High School

Name of institution: _____

Location: _____

Period of attendance: _____

Date of graduation: _____

Standard/Diploma/Degree attained: _____

SKILLS

Occupation: _____

Years of experience: _____

Other skills/talents: _____

FINANCIAL POLICY

YOUTH WITH A MISSION is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The costs are met by the volunteer fees although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All South African residents and citizens applying from within the Country shall pay R100.00.
2. All applicants applying from abroad shall pay \$US30 each, and \$US45 for couples.

COSTS OF ALL SHORT TERM VOLUNTEERS PER QUARTER

Food, lodging, and tuition for each quarter (3 months) costs as follows (based on the Per Capita Income of the nation in which the volunteer has citizenship): -

- **Category A:** First World Nations, e.g. the North American, European Union, and Australasian (including Japan) nations will pay R16500 (Sixteen Thousand Five Hundred Rand)
- **Category B:** Second World nations, e.g. the G 22 group (including Nigeria, South Africa, Russia, Malaysia, Brazil, Korea etc.) will pay R11900 (Eleven Thousand Nine Hundred Rand)

	<u>Current 01/01/2004</u>
* Spouse not attending	R8900.00
* Children under two years	FREE
* Children 2-6 years	R4450.00
* Children 7- 17 years	R8900.00
* Youth over 17 years	R8900.00
* Airport collection fee (if required)	R300.00
* Nanny attending the children	R8900.00

PAYMENT PLANS

- A. Normal plan: 50% deposit prior to coming with the remaining 50% payable on the day of registration.
- B. Deferred plan: 50% deposit prior to coming with the remaining 50% payable four weeks later.

LATE PAYMENTS

No late payments are allowed for short term volunteers doing their very first volunteer period with YWAM Durban. No short term volunteer will be allowed to stay beyond the 3rd week if no payment is received. Late payments may be allowed in instances other than the first if prearranged with the Base Leader.

Late payments may be subject to a 10% penalty.

METHOD OF PAYMENT

Due to the volatility of our Rand against most other major currencies, this base now works only in our local currency. We are however in a position to take any foreign currency and bank this and credit you with its value on the day we do the transaction. The Rand equivalent of the US Dollar is currently between 6 and 7 Rand to the Dollar. This means that for example some one coming from Category B will pay R12000 divided by 6 equals \$2000.

SCHOLARSHIPS

As our prices are among the lowest, there can be no further reduction on the fees. Since YWAM is an international, interdenominational, multilingual, and multiracial organisation, the fee schedule takes all of the above factors into consideration in order to make university level education accessible to applicants meeting the requirements for admission. We view the higher fees paid by short term volunteers from more advantaged communities as their contribution to the process of empowering others who are less fortunate. Such generosity is always a welcome return to our founding values. Further more, we deeply appreciate the participation of short term volunteers who feel the way we do about helping the needy.

NB: Should a short term volunteer not complete a volunteer period the YWAM Durban refund policy will be applied to the short term volunteer's refund claim.

COSTS FOR OUTREACHES:

These costs are separate from the initial phase and will differ depending on where the outreach will be.

Please Note: All prices are subject to change

FINANCE AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form

FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

1. Do you have any outstanding debt? NO YES If yes,

a. How much does it total?

b. How and by when will it be repaid?

2. Do you have sufficient finance to pay for your volunteer period? YES NO

If no, how do you intend raising it? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of YWAM Durban. I/We understand that the payment of the required volunteer fees must be made as set out on Page 5 under 'Payment Plans'. Further, I agree to meet in a timely manner, prior to the completion of the volunteer period, all personal expenses incurred during my involvement with Youth With A Mission.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age

INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer assistants responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age

LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper. When answering the Life Questions, and specifically the questions on your spiritual life, please answer as openly and fully as possible. This will help us to assess your application better.

A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.
4. Have you been called to the mission field? If YES, give a brief account of your calling.
5. Why have you applied for this position? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone & fax number & E-Mail address (if applicable) of both the church and the minister/pastor.
2. If you have been a member for less than two years, please give the details above of the church to which you used to belong.
3. Does your minister/pastor approve of you joining YWAM? Will your church be willing to send you out as their missionary? Will your church be willing to support you financially? If the answer is no to any of these questions, please state the reason.
4. What leadership, counselling or church work have you been involved in? In your answer, please state where, when and with whom.

C. PERSONAL LIFE

1. If you are not of age (under 21), do your parents approve of you joining YWAM?
2. Were you raised by both your parents? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. From the following list, which words, in your opinion, best describe yourself:

active	impulsive	nervous	impatient	persistent	hard-working	self-confident
moody	imaginative	serious	good-natured	calm	introvert	extrovert
fearful	likable	quiet	lonely	stubborn	self-conscious	sensitive
depressed	submissive	hurting	sincere	competitive	perfectionist	insecure
flexible	organised	guilty	courageous	warm	self-sacrificing	negative
excitable	optimistic	practical	confused	people lover	humorous	loyal
Ambitious	easy-going					

5. Have you ever been involved in: (Please answer each one separately)
 - A. drug abuse
 - B. alcohol abuse
 - C. occult practice
 - D. Sexual immorality?
 - E. Do you smoke? If YES, please give details, stating your present position.
6. What are your interests and hobbies?

D. MEDICAL LIFE

1. Do you have any physical disabilities? If YES, please give details.
2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including manic-depression? If YES, please give details and what your present situation is.
4. Do you have any learning difficulties? If YES, please give details.

E. OTHER

1. How and from whom did you hear about YWAM?
2. List your previous employers and the positions you have held for the last five years.
3. Should you be accepted, by when do you have to hand in your notice?
4. List the names, addresses, telephone & fax numbers and E-Mail address (If applicable) of the three people you have handed the confidential reference forms to.
5. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in dormitory or small quarters for families?
6. List your abilities and talents (music, carpentry, sewing, first aid, etc.)
7. Is there anything else that you would like to tell us about that would help us to know you better?

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the YWAM leadership and cooperate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signature: _____ Date: _____

YWAM BACKGROUND INFORMATION

SCHOOLS

1. Have you previously attended a YWAM school(s)? Yes No

If Yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

School Dates Location

(Please arrange for your most recent school leader to send a Reference Form to the Registrar's office)

DEGREE

Are you pursuing a U of N degree? Yes No

U of N College: _____

Major: _____

Degree level: _____

Number of credits pending completion of degree. _____

STAFF

Have you ever been on YWAM staff? Yes No

If Yes, please list below:

Work position Location Dates Supervisor

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signed: _____ Date: _____

CONFIDENTIAL HEALTH FORM

Name: _____

Position: _____

PERSONAL HISTORY (TO BE FILLED IN BY PROSPECTIVE SHORT TERM VOLUNTEER ONLY)

Please answer ALL questions. Explain any `YES' answers in the space below or on a separate sheet of paper.

Have you ever had, or do you have, any of the following?

Skin conditions	Shortness of breath	Stomach/Duodenal Ulcer	Eye trouble
Hay Fever/Asthma	Gall bladder problems	Ear trouble	Heart trouble
Jaundice	Head injury	High blood pressure	Hepatitis
Recurrent headache	Low blood pressure	Intestine troubles	Epilepsy
Rheumatism/Arthritis	Recurrent diarrhoea	Fainting spells	Back problems
Diabetes	Kidney Disease	Dislocation of joints	Mental/Nervous Disorders
Weakness	Broken bones	Anaemia	Paralysis
Eating disorders	Venereal disease	Insomnia	Anorexia Nervosa
Tumour	Cancer	Allergy	Bulimia

FEMALES ONLY

Penicillin	Surgery	Irregular Periods	Sulphonamides
Appendectomy	Severe cramps	Serum	Hernia repair
Excessive flow	Other - specify	Tonsillectomy	Are you pregnant?
Food - specify	other - specify	previous pregnancies	

Have you ever had any of the following COMMUNICABLE DISEASES?

Chickenpox	Whooping Cough	German Measles (Rubella)	Scarlet Fever
Measles (Rubeola)	Tuberculosis	Mumps	Other -Specify: _____

OTHER/If you answered YES to any of the above questions, please explain:

Are you now under doctor's care for any condition? NO YES

Specify: _____

Are you taking any medication at this time? NO YES

Specify: _____

Do you have any physical handicaps or health conditions which require special attention?

NO YES

Specify: _____

Do you have a history of emotional instability or psychiatric treatment?

NO YES

Specify: _____

Height: _____ Weight: _____ Blood Type: _____

Do you wear glasses or contact lenses? NO YES

How would you rate your health condition?

Excellent Good Fair Poor

Do you now have or have you ever received any compensation for disability from any sources?

NO YES

Specify: _____

FAMILY HISTORY

Have any of your relatives ever had any of the following?

RELATIONSHIP

Tuberculosis _____ Arthritis _____

Diabetes _____ Stomach Disease _____

Kidney Disease _____ Asthma/Hay Fever _____

Heart Disease _____ Convulsions/Epilepsy _____

Hypertension _____ Cancer _____

Is there anything that you think we should be aware of? _____

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION strongly advises each prospective short term volunteer to ensure that the following IMMUNIZATIONS are received BEFORE coming to volunteer.

Injectable or oral Polio vaccine

Tetanus toxoid injection if last injection was 5 years ago

Typhoid vaccine

Hepatitis A vaccine x 2 injections. The second injection comes six months to a year after the first.

Hepatitis B vaccine x 3 injections

Meningitis vaccine

MALARIA (You will not need malaria prophylaxis during your time in Durban).

You will need it if you go to a malaria area during your outreach. These drugs are readily available in Durban.

PHYSICIAN'S EVALUATION (to be completed by your Doctor)

Name of Applicant: _____

Position: _____

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION.

This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

CG (Over 40) _____

Visual acuity: (Without glasses) R _____ L _____

(With glasses) R _____ L _____

Hearing: R _____ L _____

Are there any abnormalities of the following systems? Please describe fully.

Ears/Nose/Throat _____

Eyes _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Gynecological _____

Urological _____

Psychiatric _____

Would he/she be able to walk 5 - 10 kilometers per day? ___ YES ___ NO

Additional comments: _____

PHYSICIAN'S RECOMMENDATION:

Acceptable without limitations

Acceptable with limitations - Specify: _____

Not acceptable (Should remain where adequate medical care is available).

Physician's name: (Print) _____ Physician's signature: _____

Address: _____

Phone: _____ Date: _____

CONFIDENTIAL REFERENCE FORM

Give this form to your employer/Head teacher, a mature Christian friend and a representative from your church. You will need to photocopy the form...

Name of applicant: _____

Position: _____

Starting Date: _____

The above named applicant has applied for admission to the above-named volunteer position at Youth With A Mission Durban. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the programme applied for.

1. How long have you known the applicant? _____

2. In what capacity? _____

CHURCH: Pastor Home group leader Other _____

BUSINESS: Employer, Supervisor, Co-worker, Subordinate

SCHOOL: Principal, Teacher, Other _____

SOCIAL: Family friend, Personal friend, Other _____

YWAM: School leader, Flock group leader, Other _____

3. On a scale of 1-10 (1=very little: 10=intimately), how well do you know the applicant? (Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church? (If applicable) _____

5. In what ways has the applicant been involved in the church and its programme?

6. In your association with the applicant, what level of commitment you have seen exemplified?

Faithful Inconsistent Other:

7. Please describe in your own words how you would rate the applicant in the following areas:

Initiative		Industriousness		Social adaptability	
Reliability		P e r s o n a l appearance		Co-operation	
Concern for others		Self discipline		Leadership	
C h r i s t i a n character		Emotional stability		Temperament	
Ability to follow		Punctuality		Flexibility	
Perseverance		Stewardship		Ability to cope with stress	

8. Please circle words or descriptions which pertain to the applicant:

Impatient	intolerant	argumentative	domineering	critical of others
offended	discouraged	frequently worried	anxious	Nervous or tense
prejudiced towards groups/ races/nationalities	addictive behaviour	unable to cope with stress	erratic in attitudes or actions	Easily embarrassed
given to moods				

(If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes No If YES, please explain.

10. In your consideration, which of the following would best describe the applicant's Christian experience? Please tick

Mature Contagious Genuine & growing Over-emotional Superficial

11. Please comment briefly on the applicant's family background (if known):

12. Does the applicant display prejudice towards other races or nationalities? Yes Unaware No

Comments _____

13. Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality? Does the applicant smoke? Yes Unaware No

Comments _____

14. Is the applicant financially responsible? Yes Unaware No

Comments _____

15. Does the applicant respond well to authority? Yes Unaware No

Comments: _____

16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):

17. Do you recommend the applicant?

Wholeheartedly With reservation Not at all

Comments: _____

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

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Signed: _____ Date: _____