



Youth With A Mission Ozarks

Ozark, Arkansas USA

Staff
Application



Youth With A Mission Ozarks

Staff Application

Please return this form to:
 YWAM Ozarks
 7119 Mountain View Dr.
 Ozark, AR 72949
 USA

Phone: 1-479-667-1152
 Email: info@ywamozarks.org

Important!
Attach Recent
Photo Here

(or email one to the Registrar)

Name: _____
 Mr./Mrs./Miss _____ last name _____ first name _____ middle name _____ prefer to be called _____
 Age: _____ Date of Birth: MM ___ DD ___ YYYY _____ Country of Citizenship: _____
 Date of Application MM ___ DD ___ Y YYYY _____
 I am applying for staff beginning: MM ___ DD ___ YYYY _____
 What specific areas of staffing are you most interested in? _____
 With whom have you been in contact from YWAM Ozarks regarding your interest in staffing? _____
 I am applying for: Long-term full time staff—2 yrs minimum
 Short-term full time staff—1 year minimum (minimum 1 year required to get support processed through our office)

Present Address

PO Box/Street _____
 Town _____
 City _____
 State/Province _____
 Postal Code _____ Country _____
 Home Phone (include country code) _____
 Cell /Mobile (include country code) _____
 Email _____

Permanent Address

Same as present Different:

PO Box/Street _____
 Town _____
 City _____
 State/Province _____
 Postal Code _____ Country _____
 Home Phone (include country code) _____
 Cell /Mobile (include country code) _____
 Email _____

Emergency Contact

Name _____
 Relationship _____
 PO Box/Street _____
 Town _____
 City _____ State/Province _____
 Postal Code _____ Country _____
 Emergency Number (include country code) _____
 Email _____

Home Church

Name _____
 Pastor's Name _____
 Church Address _____
 City _____ State/Province _____
 Postal Code _____ Country _____
 Phone _____
 Church Email _____
 Length of Attendance _____

Marital/Family Status *Please circle one:* Single Engaged Married Separated Divorced Widowed. If applicable:

Maiden Name _____

Spouse's Name _____

Anniversary MM ___ DD ___ YYYY _____

Number of children accompanying you* _____

Name of 1st child _____ M ___ F _____

Name of 2nd child _____ M ___ F _____

Birth date :MM ___ DD ___ YYYY _____ School grade _____

Birth date :MM ___ DD ___ YYYY _____ School grade _____

Plans for your children's education:

Passport/Visa Information— for non-US citizens only

Age _____ City of Birth _____ Country of Birth _____
 Country of Citizenship _____
 Passport Expiration Date: MM _____ DD _____ YYYY _____
 Full name as it appears on your passport: _____
 Birth date as it appears on your passport: _____
 Visa type and number _____

Educational History**Secondary/High School or equivalent, from which you graduated:**

Name _____ Location _____
 Date of Graduation: MM _____ DD _____ YYYY _____ GED Certificate: MM _____ DD _____ YYYY _____
 I did not complete high school.

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ From _____ to _____ Degree _____
 Name _____ Location _____ From _____ to _____ Degree _____

Special Certifications you hold:

Name _____ Location _____ Date _____ Expires? Yes No
 Name _____ Location _____ Date _____ Expires? Yes No

Work Experience

Name of company where you have worked the longest _____ Years Experience _____
 Type of work _____ Your position _____
 Have you ever been trained in CPR/ First Responders/ Emergency Aid? Yes No

Criminal Record (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony? Yes No If so, when and where? _____
 Have you ever been convicted of a sexual crime? Yes No If so, when and where? _____
 Do you consent to a background check? Yes No

Financial Support:

Do you have adequate support for staff fees plus your living expenses? Yes No working on it.
 If no, how do you plan to raise support to come on staff? _____
 Do you have any outstanding debt? (please explain) _____
 Note: International Staff must arrive with a round-trip ticket.

Skills & Abilities Questionnaire

To better help us evaluate the possibility of placing you in a staff position, please fill out the following. Indicate beside a skill or job whether you have experience (E) in that area or would be interested (I) in that area of ministry. We desire for our staff to grow in God-given talents, so will try to place you in your area of skill and/or interest. However, all of us on staff contribute to the overall ministry, helping out even when the task might not be our favorite thing to do. Mark as follows: **E=Experience. I=Interest.** In the space following the particular skill, you may describe your experience or interest. Feel free to add something not on this list.

CONSTRUCTION

- ___ Carpentry _____
- ___ Renovation _____
- ___ Electrical/ Plumbing _____
- ___ Special Skills _____

FOOD SERVICES

- ___ Cooking _____
- ___ Food Prep _____

GUEST SERVICES/ HOUSING/ & HOUSEKEEPING

- ___ Hospitality _____
- ___ Housekeeping _____
- ___ Hosting Visiting Teams _____

OFFICE

- ___ Administration _____
- ___ Correspondence/ Data entry _____
- ___ Accounting _____
- ___ Information Technology _____
- ___ Computer Hardware _____
- ___ Other _____

MAINTENANCE

- ___ General Maintenance _____
- ___ Grounds-keeping _____
- ___ Special Skills _____

SCHOOL STAFF/ PROGRAM/ OUTREACH

- ___ DTS _____
- ___ SBS (must be SBS grad) _____
- ___ MISSION ADVENTURE/ YOUTH RETREATS _____
- ___ Worship Leading (do you play an instrument for leading worship?) _____
- ___ Outreach (includes local communities & overseas) _____
- ___ Sports _____

VEHICLE MAINTENANCE & REPAIR (YWAM drivers must be age 25 and above for insurance reasons)

- ___ Bus/Van Driver _____
- ___ Mechanic (what type?) _____

CREATIVE ARTS ABILITIES

- ___ Drama/skits _____
- ___ Dance (what style?) _____
- ___ Creating/ Writing _____
- ___ Photography/ video _____
- ___ Illustrating/ painting _____
- ___ Voice/ singing _____
- ___ Puppetry/ Clowning/ Balloon Art _____
- ___ Sound System _____
- ___ Event Organizing _____
- ___ Other _____



**Youth With A Mission
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www.ywamozarks.org

Staff Application Questions

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Email: info@ywamozarks.org

Staff Application Questions

***Instructions:** In order for us to get to you know better; please prayerfully answer the following questions in as much detail as you like. Email back your answers or send them on paper with the rest of your application.*

PERSONAL INFORMATION

1. In a page or less, describe your conversion experience and present relationship with the Lord.
2. What areas are you presently seeking growth and/or development in your life?
3. How would you describe where you are at in terms of spiritual disciplines—daily time with God, prayer life, reaching out to others, etc?
4. What are your ministry goals?
5. What expectations do you have concerning staffing at YWAM Ozarks?
6. How did you hear about YWAM Ozarks?
7. Describe your relationship with your local church, pastor or elders, and congregation, including areas of ministry, service and leadership experience. Are they supportive of your involvement in mission work?
8. Describe your experience with public speaking; are you comfortable with it?
9. Have you had any mental illness? If so, explain, including medication needed. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
10. Have you ever engaged in drug abuse? Do you use any tobacco products? (cigarettes, electronic cigarettes, chewing tobacco, etc.) If so are you willing to quit?
11. Do you have any difficult situations to deal with in regard to joining YWAM Ozarks staff? How can we pray for you?
12. Do you have any physical disabilities that we should be aware of? If yes, please explain. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (e.g., vegetarian, food allergies, etc.)
13. Are you able to work a normal 40 hour week? If not, please explain.

QUESTIONS 14-20 ARE FOR MARRIED COUPLES AND/OR FAMILIES:

14. How do your spouse and children feel about becoming part of YWAM Ozarks staff?
15. If you have children, do any of them have disabilities that we should be aware of? (See questions #10 and #11.)
16. Describe your relationship with your spouse and children.
17. If your spouse and/or minor children do not live with you, please explain.

YWAM EXPERIENCE

18. Where did you do your DTS? When?
19. Where was outreach?
20. Have you attended any other YWAM school or course? Yes No If yes, please list.
21. Have you ever been on staff elsewhere with YWAM? Yes No If yes list location/dates/ and your position.
22. Do you have outstanding debts at any YWAM location? Yes No If yes, please explain.



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**Confidential Reference:
Pastor**

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To the applicant:

Please sign this and give with a stamped envelope to your pastor to complete.

Name _____

School you are applying for _____

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for staff acceptance.

Signature _____

To the Pastor filling out this form:

Name _____

Address _____

Phone _____

Email _____

Please send me information on YWAM Ozarks.

The above named applicant has applied for a **staff position** with Youth With A Mission (YWAM) Ozarks campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and mobilizing Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Ozarks is a training center from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Sr. pastor Youth pastor Small-group leader Mentor

2. How long has the applicant attended your church? _____

3. In your association with the applicant, what has been the level of commitment you have seen exemplified?
(Please circle one) Faithful Inconsistent Other _____

4. Did you know prior to receiving this form of the applicant's intention to staff with YWAM? Yes No

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

6. Do you believe that the applicant has a call to missions? _____

7. Is your congregation supportive of the applicant's decision to apply for YWAM staff? If no, please explain.

8. In what areas of ministry has the applicant participated in your church? _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Emotional Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

Spiritual Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential	Not Known	Poor	Below Average	Average	Above Average	Excellent
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Social Adaptability	Not Known	Poor	Below Average	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Personal neatness						
Respected by peers						
Positive, contagious spirit						

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moody						
Dependent relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

	Not Known	Poor	Below Average	Average	Above Average	Excellent		Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration							Prayer						
Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."

- How does the applicant respond to designated authority and standards? _____

- Can the applicant take responsibility and demonstrate leadership? Give examples. _____

- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

- Please comment on the applicant's ability to establish close, healthy relationships with others. _____

- How does the applicant deal with relationships with the opposite sex? _____

- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

- Have you noticed alcohol or tobacco use? _____

- Has the applicant ever been arrested? _____

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

11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. _____

12. Would you recommend the applicant for a YWAM staff position? (please mark one and comment if needed)

___ Unsuitd

___ Average prospect

___ At this time, he/she is unsuited

___ Great prospect

___ Good prospect, but I have reservations

Please call me, I would like to discuss the applicant over the phone. **U.S. and Canadian residents only**

Please give up to 2 contact numbers including the area code. Please circle which type it is.

Cell / Work / Home # _____

Cell / Work / Home # _____

Additional Comments

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

Name: _____

Signature: _____

Date: _____



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**Confidential Reference:
YWAM Leader**

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Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: info@ywamozarks.org

<p>To the applicant: Please sign & give with a stamped envelope to your most recent YWAM leader to complete.</p> <p>Name _____</p> <p>School you are applying for _____</p> <p>Address _____</p> <p>_____</p> <p><i>I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for staff acceptance.</i></p> <p>Signature _____</p>	<p>To the YWAM Leader filling out this form:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>
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The above named person has applied for a staff position with YWAM Ozarks. It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) School Leader Small Group Leader Outreach Leader
2. Dates the applicant was under your leadership. _____
3. How did the applicant function on outreach? _____
- _____
4. Would you enjoy working on staff with the applicant? (please explain) _____
- _____
5. Please comment on the applicant's participation in YWAM ministry opportunities & small groups. _____
- _____
6. How did the applicant respond to correction? _____
- _____
7. Does the applicant tend to determine his/her self-worth by performance or approval from others? _____
- _____
8. How did the applicant deal with community living? _____
9. In your opinion, is the applicant called to a career in Christian service? _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
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Procrastination						
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Identity issues						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

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One-on-one discipleship							Worship						
Personal evangelism							Other _____						

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2. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

4. Please comment on the applicant's ability to establish close, healthy relationships with others. _____

5. How does the applicant deal with relationships with the opposite sex? _____

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use? _____

9. Has the applicant ever been arrested? _____

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



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Confidential Health Form

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YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: info@ywamozarks.org

To the Applicant: This information is treated as confidential.

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

Name _____ Date of Birth: MM ____ DD ____ YYYY ____
(last) (first) (m.i.)

Applying to start on staff with YWAM Ozarks : MM ____ DD ____ YYYY ____

Health Insurance Info

Insurance Company _____

Policy Number _____

Policy in whose name _____

Restrictions or regulations _____

Contact Information _____

Part A: Personal History

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

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

Have you ever had any of the following communicable diseases?

Females Only:

	NO	YES		NO	YES
Skin condition			Allergy: Bee stings*		
Eye trouble			Allergy: Penicillin		
Ear trouble			Allergy: Sulfonamides		
Head injury			Allergy: Serum		
Recurrent headaches			Allergy: Other (specify)		
Epilepsy			Allergy: Food (specify)		
Fainting spells			Tumor/Cancer		
Mental/Nervous disorders			Heart trouble		
Weakness			Rheumatism/Arthritis		
Paralysis			Back problems		
Insomnia			Dislocation of joints		
Shortness of breath			Broken bones		
Hay fever			Stomach/Duodenal ulcer		
Asthma			Gall Bladder problems		
Hepatitis			Jaundice		
Recurrent diarrhea			Intestinal troubles		
Kidney disease			Diabetes		
Venereal disease			Anemia		
High blood pressure			Clinical Depression		
Low blood pressure			Anorexia/bulemia		

	NO	YES
Chicken Pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Anorexia/bulimia		
Other (specify)		

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

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

*If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s): _____

Have you been tested for HIV? Yes No If yes, what was the result? Negative Positive

Surgeries Performed:

Date (month/yr)	Type of surgery	Outcome & long-term effects

Are you presently under a doctor's care for any condition? Yes No If yes, please specify _____

Are you taking any medication at this time? Yes No If yes, please specify _____
Please arrange to bring all necessary long-term medications with you.

Would you be able to walk 3-4 miles per day if needed? Yes No

Do you now have, or have you ever received, any compensation for disability from any sources? Yes No

If yes, please specify _____

Do you have any physical impairments, handicaps or health issues which require special attention? Yes No

If yes, please specify _____

Family History

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

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			
Cancer			
Hypertension			

Part B: Physician's Evaluation

Applicant's Name: _____ Date: _____
 (last) (first) (middle initial)

To the physician:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by a health service. As certain conditions such as Diabetes, Epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

To the applicant:

Please complete the requested information below. If your staff position includes overseas outreach soon, we recommend you obtain the following immunizations/injections (before arrival to YWAM Ozarks): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

<input type="checkbox"/> I have been vaccinated for the following: <input type="checkbox"/> Cholera <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever	<input type="checkbox"/> I am choosing NOT to receive the recommended immunizations/injections.
---	---

Childhood Record of Immunizations: Basic

Adult Immunizations: Booster

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

Tuberculosis Control

Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.

	Date	Result	Examination Facility
Skin Test*			
Chest X-ray			

**If your skin test is positive, you MUST have a chest X-ray.*

Date of last DT (Diphtheria/Tetanus) booster: Month _____ Day _____ Year _____

(Must be within the last 5 years.)

Height: _____	Weight: _____	Overweight: _____
Blood Pressure: _____	Pulse: _____	Blood Type: _____

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses): R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

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

E.N.T. _____

Ophthalmologic _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Recommendations for follow-up tests/treatment: _____

Additional Comments: _____

How long has this patient attended your office? Years _____ Months _____ Weeks _____

Physician's Recommendation

(check one)

- The applicant is in generally good health. Acceptable without limitations.
- Acceptable with limitations (specify) _____
- Should remain in areas where adequate medical care is provided (specify) _____
- Not acceptable.

Physician's Name (print): _____

Address: _____

Phone: _____ Date: _____

Physician's Signature: _____



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Release Form

Release of Liability

I do hereby release Youth With A Mission, its staff, agents, 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 Full Name _____

Applicant's Signature _____ Date _____

Consent for Treatment

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

Applicant's Signature _____ Date _____

Acknowledgement of Financial Responsibility

I understand that I am responsible for my staff fees to be paid in a timely way at the beginning of each month. I also acknowledge that I am responsible for my personal expenses beyond the room and board covered by my staff fees. I understand that processing my donations through YWAM Ozarks (tax-deductible receipts for donors) is contingent on making a minimum commitment of one year on staff; otherwise I will find another option for processing support.

Applicant's Signature _____ Date _____

I declare that the contents of this application form are correct to the best of my knowledge.

Applicant's Signature _____ Date _____