

# Mission Builder / Volunteer Application

## Guidelines for filling out the application:

*Please fill out this application honestly and to the best of your ability.*

- ✓ **Forms** - Application form, Leader's Reference Form - All forms must be completed for acceptance.
- ✓ **Additional Space** - Please fill out the questions from the Expectations & Personal Outlook section on a separate sheet of paper. If you need more space for the Personal History Information section, you may use additional paper.
- ✓ **Reference Form** - Complete the top part of the form and give it in a stamped envelope to a Christian leader so that they can fill it out and mail it directly to our office.
- ✓ **Mail** - Please mail or email completed forms to:

**YWAM Tuen Mun**

Unit A, 20/F Tak Wing Industrial Building

3 Tsun Wen Rd

Tuen Mun, NT

Hong Kong

**Email:** [info@ywamtuenmun.org](mailto:info@ywamtuenmun.org)



# Mission Builder/Volunteer Application

**Please attach:**  
A recent passport sized photo of yourself here.

Date of Application \_\_\_\_\_  
D/M/Y

Position Applying For \_\_\_\_\_

Length of Commitment \_\_\_\_\_ Desired Starting Date \_\_\_\_\_

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_  
Family/Last First Middle Preferred Name

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. \_\_\_\_\_ Cell/Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_ Sex:  Male  Female

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Day/Month/Year City Country

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

Spouse's Name \_\_\_\_\_ Sex  Male  Female  
Family/Last First Middle

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Day/Month/Year City Country

Please list your immediate family members (parents, siblings, spouse, children, if applicable):

Family/Last	First	Age	Birth Date (D/M/Y)	M/F	Relationship

## EMERGENCY CONTACT INFORMATION

In case of emergency contact \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. \_\_\_\_\_ Cell/Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

## PASSPORT INFORMATION

Country of Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_

Name as on Passport \_\_\_\_\_  
Family/Last First Middle

Place of Issue \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_

Have you ever been refused a Visa?  No  Yes (please give nations and brief details) \_\_\_\_\_

**CRIMINAL RECORD**

Do you have any criminal convictions in any country?  No  Yes

When \_\_\_\_\_  
D/M/Y

Please explain further \_\_\_\_\_

**CONSENT FOR TREATMENT**

In case of 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 \_\_\_\_\_  
D/M/Y

Parent or Guardian's Signature (required if applicant is under 18yrs old) \_\_\_\_\_

**HOME CHURCH INFORMATION**

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Length of Attendance \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Province

Zip/Postal Code

Country

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Is your pastor/church in favor of you applying for this position?  Yes  No

**EDUCATION, OCCUPATIONAL EXPERIENCE AND OTHER SKILLS**

I completed  High School/Secondary School  Equivalent of High School/Secondary School  
 College/University

Name of Institution/School	Dates of Attendance (D/M/Y)	
	From	To
	From	To
	From	To
	From	To
	From	To

Have you acquired any degree or major?  No  Yes, degree/major: \_\_\_\_\_

Which base you attended DTS (if attended) \_\_\_\_\_ Which year \_\_\_\_\_

List any significant job/occupational experience you have had:

Company, Position & Skills Used	Dates position was held (D/M/Y)	
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

Other skills, talents or special interests \_\_\_\_\_

Type of driving license  None  Car  Light Goods  Truck  Public/Bus

First/Native Language \_\_\_\_\_

Other Languages \_\_\_\_\_ Level of Ability \_\_\_\_\_

**HEALTH FORM**

Legal Name \_\_\_\_\_

Family/Last

First

Middle

Preferred Name

Email \_\_\_\_\_ Home Tel Number \_\_\_\_\_

Note: Medical Insurance & Travel Cover is compulsory at YWAM Tuen Mun, so please ensure you have correct cover for the duration of your stay.

- Do you have medical insurance?
- Yes (Please include a photocopy of your policy with this application form and complete the details below)
- No (We recommend that you make an enquiry with **Talent Trust Consultants** ([www.talent-trust.com](http://www.talent-trust.com)), a reputable insurer for people around the world involved in Christian ministry.)

Name of Insurance Carrier \_\_\_\_\_

Policy/Cover Type \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

D/M/Y

Brief Description of Coverage \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency contact \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Street/P.O. Box

City

State/Province

Zip/Postal Code

Country

Phone No. \_\_\_\_\_ Cell/Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

**HEALTH HISTORY** (Answer all the questions. Explain positive answer below or on a separate sheet of paper.)

Do you have, or have you ever had, any of the following? (Check 'Y' for Yes or 'N' for No)

Y	N		Y	N		Y	N	
		1. Skin Conditions			12. Currently Pregnant			23. Sexually Transmitted Diseases
		2. Eye Trouble			13. Severe Cramps			24. Surgery
		3. Ear Trouble			14. Gall Bladder			25. Jaundice
		4. Head Injury			15. Heart Trouble			26. Hepatitis
		5. Recurrent Headache			16. High Blood Pressure			27. Intestinal Trouble
		6. Epilepsy			17. Low Blood Pressure			28. Recurrent Diarrhea
		7. Fainting Spells			18. Rheumatism			29. Diabetes
		8. Mental/Nervous Disorder			19. Back Problems			30. Anemia
		9. Depression			20. Dislocation of Joints			31. Kidney Disease <small>Others (please specify)</small>
		10. Paralysis			21. Broken Bones			
		11. Excessive Flow			22. Stomach Ulcer			

Explanations for above \_\_\_\_\_

Are you presently under a doctor's care?  Yes  No Please specify \_\_\_\_\_

Are you presently taking any medication?  Yes  No Please specify \_\_\_\_\_

Are you allergic to any medication or drugs?  Yes  No Please specify \_\_\_\_\_

Are you or did you ever receive compensation for disability from any source?  Yes  No

Please specify \_\_\_\_\_

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

How would you rate your overall health condition?  Excellent  Good  Fair  Poor

### DISEASE HISTORY

Have you ever had any of the following COMMUNICABLE DISEASES?

Y	N		Y	N	
		1. Chickenpox			5. Pertussis
		2. Measles (Rubella)			6. Scarlet Fever
		3. Measles (Rubeola)			7. Tuberculosis
		4. Mumps			Others

### FAMILY HISTORY

Have any of your immediate family members ever had any of the following?

Y	N		Y	N	
		1. Tuberculosis			5. Arthritis
		2. Diabetes			6. Stomach Diseases
		3. Kidney Disease			7. Asthma/Hay Fever
		4. Heart Disease			8. Epilepsy/Convulsions

### IMMUNIZATIONS

Have you received immunizations for the following diseases? If not, it is recommended to have these immunizations up-to-date before coming to Hong Kong.

Y	N		Y	N	
		1. Hepatitis A			4. Tetanus / Pertussis / Diphtheria
		2. Hepatitis B			5. Polio
		3. Typhoid			6. Measles / Mumps / Rubella

## DECLARATION

I commit myself to paying all expenses incurred during my involvement with Youth With A Mission Hong Kong at the centre in Tuen Mun.

I have completed all portions of this application form and if accepted agree to abide by the spirit, policy and schedule of the centre in Tuen Mun and Youth With A Mission Hong Kong

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
D/M/Y

## RELEASE OF LIABILITY

I/We do hereby release the University of the Nations, and Youth With a Mission, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with University of the Nations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
D/M/Y

## EXPECTATIONS & PERSONAL OUTLOOK/OVERVIEW (Please use additional paper)

1. How did you first hear of Youth With A Mission Tuen Mun - Hong Kong?
2. What are your reasons for applying as a Mission Builder/Volunteer?
3. Please list your ministry and spiritual gifts and provide examples of how they have been used.
4. How might your gifts and talents be used in Hong Kong?
5. Please list areas of weakness, temptation, and personal struggle both in the past & present (In Hong Kong, these areas are often targeted for spiritual attack and we would like to better provide appropriate support & accountability)
6. What are your goals and expectations for serving with YWAM Tuen Mun?
7. Briefly describe any experience you have had in other cultures.
8. Do you prefer to work with a team or as an individual? Please describe your past work setting?
9. How do you think you would cope with shared living quarters and different foods?
10. Are there any pending circumstances that might necessitate your immediate return from the mission field? Such as: financial or legal commitments, care for the elderly/ill family members, ongoing issues with your children etc. If so please explain.
11. Are there any other factors in your current situation that you would like to share with us or that we should be aware of?

Applicant's name: \_\_\_\_\_

Please email / mail all forms to: [info@ywamtuenmun.org](mailto:info@ywamtuenmun.org)

YWAM Tuen Mun  
Unit A, 20/F Tak Wing Industrial Bldg  
3 Tsun Wen Rd  
Tuen Mun, NT  
Hong Kong

**PERSONAL HISTORY INFORMATION**

Please write 2 or 3 paragraphs on each topic. Use additional pages if necessary.

Title \_\_\_\_\_ Legal Name \_\_\_\_\_  
Family/Last First Middle  
Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box City  
State/Province Zip/Postal Code Country

Personal History - Briefly describe the following:

A. Your conversion experience and present spiritual relationship with the Lord Jesus.

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B. The areas of your character you are seeking to further develop and improve.

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C. Your long-term goals.

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D. Your relationship with your local church including areas of ministry, service and leadership experience.

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E. Your business, professional, mission - related (including YWAM involvement) or other experience.

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F. Your relationship with your family.

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G. How does your family feel about your plans to volunteer with YWAM Hong Kong?

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H. Why do you want to get involved in missions work?

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# LEADER'S REFERENCE FORM



APPLICANT: Please fill in your information on this form, sign it and give it to your leader to complete.

## Applicant Information

Title \_\_\_\_\_ Legal Name \_\_\_\_\_  
Family/Last First Middle

Position Applying For \_\_\_\_\_

I, the above name 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 \_\_\_\_\_  
D/M/Y

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

How well do you know the applicant?  Very Well  Well  Casually Comments \_\_\_\_\_

How would you rate the applicant in the following categories?

- |                     |                                   |  |                                  |  |                                   |
|---------------------|-----------------------------------|--|----------------------------------|--|-----------------------------------|
| Initiative          | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Concern for Others  | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Social Adaptability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Ability to Follow   | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Leadership          | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Decision making     | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Emotional Stability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Health              | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Personal Appearance | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |

Comments \_\_\_\_\_

- |                          |  |                                  |                                   |
|--------------------------|--|----------------------------------|-----------------------------------|
| Mental Ability           | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Industry                 | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Reliability              | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Cooperativeness          | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Flexibility              | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Christian Character      | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Disposition              | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Punctuality              | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Financial Responsibility | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |

Comments \_\_\_\_\_

1. To what extent is the applicant actively involved in church? \_\_\_\_\_

2. Does he/she display high moral standards?  Yes  No Comments \_\_\_\_\_

3. Is he/she prejudiced against any groups, races or nationalities?  Yes  No Comments \_\_\_\_\_

4. With reference to his/her Christian service, this applicant is:  Dedicated  Average  Casual

Comments \_\_\_\_\_

5. In consideration which of the following would best describe the applicant's Christian experience?

- Mature  Contagious  Genuine & Growing  Over Emotional  Superficial



6. How does the applicant react when given correction or direction?

- Accepts positively
- Accepts grudgingly
- Withdraws
- Refuses to Accept
- Gets Angry
- Other

Comments \_\_\_\_\_

7. Which of the following areas of ministry is the applicant gifted or experienced in

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Communications          | <input type="checkbox"/> Caring for Others | <input type="checkbox"/> Teaching            | <input type="checkbox"/> Dance       |
| <input type="checkbox"/> Sharing Christian Faith | <input type="checkbox"/> Discipleship      | <input type="checkbox"/> Encouragement       | <input type="checkbox"/> Drama       |
| <input type="checkbox"/> Prayer                  | <input type="checkbox"/> Youth Ministry    | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Music                   | <input type="checkbox"/> Counseling        | <input type="checkbox"/> Administration      | <input type="checkbox"/> Preaching   |

Please list any other giftings not mentioned \_\_\_\_\_

8. Overall, what do you consider to be the applicant's strengths and weaknesses?

\_\_\_\_\_

9. Please comment on the applicant's family background, if known

\_\_\_\_\_

10. In your opinion, what are the applicant's motives for applying to YWAM Hong Kong?

\_\_\_\_\_

11. What could YWAM Hong Kong do to aid in the applicant's personal development?

\_\_\_\_\_

12. Please add any relevant remarks (i.e. Medical, psychological, drug or alcohol related or other life situations we should know more about): \_\_\_\_\_

\_\_\_\_\_

13. Would you recommend the applicant for acceptance into YWAM Hong Kong?  Yes  No  Yes with reservations.

Comments \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Applicant's Name

Referee's Signature \_\_\_\_\_

Date \_\_\_\_\_

D/M/Y

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive further information about YWAM Tuen Mun Hong Kong or its courses?  Yes  No

Further comments (if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email / mail all forms to: [info@ywamtuenmun.org](mailto:info@ywamtuenmun.org)

