

# ARTS WITH A MISSION CAMP STAFF/OUTREACH APPLICATION

**I would like to sign up as (check all that apply):**

☐ **AWAM Camp Staff**    ☐ **AWAM Student Staff**    ☐ **AWAM Artreach Participant**

(Please print or type)

Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Last                          First                          Middle

Address \_\_\_\_\_

Email	Sex	Date of Birth	SSN #
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Passport # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type/Class \_\_\_\_\_

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Please attach photocopy of driver's license

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced

List full name, age, schooling grade level, and sex of children accompanying you \_\_\_\_\_

Emergency Contact		
Name	Relationship	Phone #

Address \_\_\_\_\_

Street	City	State/Province	Zip	Country

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Do you need housing? ☐ Yes ☐ No

If you do not require housing, please give the contact details of where you will be staying:

Name \_\_\_\_\_

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

Do you require meals? ☐ Yes ☐ No If yes, which ones? ☐ Breakfast ☐ Lunch ☐ Dinner

## Housing

Food

Home Church \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Church Address \_\_\_\_\_ Church Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone (       ) \_\_\_\_\_

## SECTION D: Supplemental Questions

Please answer the following as fully as possible on a separate sheet of paper.

1. What are your goals for staffing the AWAM Camp or participating in the AWAM Artreach?
2. List the areas of the arts and event management in which you are most experienced.
3. List the areas of the arts and event management you would most like to learn.
4. What are your goals for using the arts in ministry in the future?

## SECTION E: Health Information

Do you have any physical handicaps, health conditions, or dietary needs requiring special attention? (Explain) \_\_\_\_\_

Are you under a doctor's care or taking medication? ☐ Yes ☐ No (If yes, please explain) \_\_\_\_\_

Have you ever had psychiatric treatment? ☐ Yes ☐ No (If yes, please explain) \_\_\_\_\_

Do you have medical insurance? ☐ Yes ☐ No If yes, please supply the following information:

Name of Insurer \_\_\_\_\_

Medical Insurance \_\_\_\_\_

What does the insurance cover? \_\_\_\_\_

## SECTION F: Release Requirements

### Consent for Treatment

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

### Liability Release

I/we hereby release YOUTH WITH A MISSION, INC., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with YWAM/AWAM. I/we agree to resolve any and all disputes with YWAM/AWAM, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

### Photo/Testimony Release

I, the applicant, being allowed to participate in any way in Arts With A Mission's outreaches, **DO / DO NOT** (circle one) agree that my likeness may be photographed or videotaped and that such images may be published in an outlet used to promote the program. In addition, I agree that any testimonies regarding my experiences during the training program (excluding anything shared in confidence) may be used for the same purpose.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Relationship to applicant



# APPLICATION TO WORK WITH CHILDREN AND YOUTH IN YWAM

This application is to be completed by all applicants for any position involving the supervision or custody of children. It is being used to help YWAM/AWAM provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This information is confidential and to be used only by authorized staff. If you need more space to answer questions please use a separate sheet of paper.

## Supplemental Information

Has another person ever reported you to the police or legal authorities in any country for child abuse, endangerment or neglect?

☐ Yes ☐ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been a victim of abuse—physical, sexual or emotional? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever committed a serious crime? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

Are you currently, or have you ever been, in a homosexual relationship? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

Are you currently having, or have you ever had, problems with pornography? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

Are you currently, or have you ever been, involved in child pornography or molestation? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

Are you currently having, or have you ever had, a problem with substance or alcohol abuse? ☐ Yes ☐ No

If yes, please explain and indicate the last time you were under the influence of either.

\_\_\_\_\_

Is there anything you would like to tell us that you feel is important at this time? ☐ Yes ☐ No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

# CONFIDENTIAL REFERENCE

Revised 05/2010

## TO THE APPLICANT

This evaluation is confidential and will not be shown to you. Give this form to your pastor, youth pastor, or spiritual leader (not a family member), along with a stamped envelope addressed to: **AWAM • P.O. Box 132855 • Tyler, TX 75713.**

Name of Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Program applying for \_\_\_\_\_ Starting date \_\_\_\_\_

## TO THE PERSON FILLING OUT THIS FORM

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

What is your relationship to the applicant? ☐ Employer ☐ Teacher ☐ Pastor ☐ Friend  
☐ Past YWAM leader ☐ Other \_\_\_\_\_

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

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Please check the following and comment as necessary

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

Comments \_\_\_\_\_

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

*continued on next page...*

1. Which of the following would best describe the applicant's Christian experience?  
☐ Mature    ☐ Contagious    ☐ Genuine and growing    ☐ Over-emotional    ☐ Superficial  
Comments \_\_\_\_\_
2. With reference to his/her Christian service, is he/she ☐ Dedicated    ☐ Average    ☐ Casual  
Comments \_\_\_\_\_
3. Does he/she display high moral standards? ☐ Yes    ☐ No    Explain \_\_\_\_\_  
\_\_\_\_\_
4. What do you feel are the applicant's motives in applying to this program?  
☐ Christian service    ☐ Desire to spread the gospel    ☐ Receive help/ministry    ☐ Adventure  
☐ Desire to help others    ☐ Escape an unpleasant home situation    ☐ Travel  
☐ Other (Specify) \_\_\_\_\_  
\_\_\_\_\_
5. Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_
6. What do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_  
\_\_\_\_\_
7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
9. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_  
\_\_\_\_\_
10. Would you recommend the applicant for acceptance to this YWAM program?  
☐ Yes    ☐ With some reservations (Explain)    ☐ No (Explain) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone (       ) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



Please return form to  
AWAM • P.O. Box 132855 • Tyler, TX 75713  
[artswithamission.org](http://artswithamission.org)