



# YOUTH WITH A MISSION

## NICOYA, GUANACASTE, COSTA RICA

### **STAFF APPLICATION FORM**

[www.ywamguanacaste.com](http://www.ywamguanacaste.com)

Please mail the completed application to:

**Youth With A Mission, JUCUM Guanacaste**  
**PO Box 195-5200**  
**Nicoya, Costa Rica**  
**Central America**  
**E-Mail: [jucumguanacaste@gmail.com](mailto:jucumguanacaste@gmail.com)**

Thank you for your interest in working as YWAM staff! It's exciting to see the Lord calling workers to fulfill the vision of YWAM in Costa Rica and specifically in Guanacaste. YWAM base in Guanacaste was pioneered in 2005 with the vision to establish permanent evangelism, mercy and training ministries targeting the small countryside villages of the Nicoya peninsula.

Before considering any type of involvement in ministry here at YWAM Costa Rica, we urge you to take the first and most important step of seeking God's guidance through prayer, Bible study, and counsel from your pastor, mature Christian friends and family.

Requirements for working on YWAM staff are to have completed a DTS, to commit for a minimum of two years, to pay staff fees (\$150/month if you live on base or \$75 if you live off base) and to attend a local church.

As is our policy throughout YWAM, each staff person is responsible for trusting God for his or her own financial needs. We recognize the importance of being sent out with the blessing of a home church, secure in knowing that you have a firm foundation of prayer and financial support. A sufficient amount pledged or available to your support is regarded as one confirmation of God's call for you to serve with us here in Costa Rica.

You can apply for a staff position during or after your DTS. Once all of the required items listed below have been sent to us, the leadership will carefully consider your application. Final decisions will not be made until your DTS has been completed.

You can expect an application to take at least 4 weeks to process after all the reference have been received. Husband and wife must fill in separate application forms and send in separate reference.

Before we process the application we must receive the following.

1. Application form filled in. Use a separate piece of paper when needed
2. Two reference forms: These forms are kept confidential
  - A. **Leadership reference from one of the following:** DTS\CDTS school leader\small group leader **or** most recent YWAM school leader **or** YWAM base leader
  - B. **Pastor's reference form**
3. Also send 2 recent photos of yourself

**STAFF APPLICATION FORM**

Date of Application \_\_\_\_\_

Please attach  
photos here

Mr. Mrs. Miss \_\_\_\_\_  
Family name                      First                      Middle

Sex:    M    F      Age:             Date and place of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current address until: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone, Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship (Country): \_\_\_\_\_

Passport #: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_ Issued from: \_\_\_\_\_

Name as listed on passport: \_\_\_\_\_

Have you ever been refused a visa    No    Yes

If yes give nation and details: \_\_\_\_\_  
\_\_\_\_\_

Desired date of arrival if accepted: \_\_\_\_\_

What areas of service are you interested in? \_\_\_\_\_  
\_\_\_\_\_

Have you been in contact with us regarding your area of interest    Yes    No  
If yes, with whom: \_\_\_\_\_

What length of service do you anticipate? \_\_\_\_\_

**STAFF APPLICATION FORM**

**Family Information**

Marital Status:       Single                       Married                       Divorced  
                                  Engaged                       Widow/er

Accompanying Children:

Name                                      Birth date (Day/Month/Year) Sex    Grade in School

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If you are expecting a child please give approx due date: \_\_\_\_\_

How does your family feel about you entering missions?

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**Home church**

Denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your involvement in your local church?

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**Experience/Education information**

Have you completed secondary / High School?  No  Yes (specify below)

Do you have college / university education?  No  Yes (specify below)

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## ***STAFF APPLICATION FORM***

Where did you attend your DTS? \_\_\_\_\_

Location and date of completed outreach: \_\_\_\_\_

List other U of N schools completed (locations and dates): \_\_\_\_\_

\_\_\_\_\_

If you have been previously been on YWAM staff, please list your involvement, location, dates etc.

\_\_\_\_\_

\_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Please list other jobs that you have held outside of YWAM?

\_\_\_\_\_

\_\_\_\_\_

Are you an ordained or licensed clergyman? \_\_\_\_ Yes \_\_\_\_ No

Please check any of the following that describes you:

Good with details	___	Project oriented	___
Organized	___	Flexible	___
Routine oriented	___	Work well under pressure	___
Methodical	___	Do not work well under pressure	___
Prefer working alone	___	Prefer working on a team	___
People oriented	___	Prefer initiating tasks	___
Likes finishing tasks	___	Good with numbers	___
		Likes things well structured	___

Please check your skills/abilities:

Administration	___	Cooking	___	Technical	___
Graphic design	___	Hospitality	___	Electrical	___
Typing	___	Child care	___	Car mechanics	___
Printing	___	Event planning	___	Plumbing	___
Audio/video	___	Music	___	Carpentry	___
Sewing	___	Receptionist	___	Painting	___
Photography	___	Mail service	___	Computers	___
Writing/editing	___	Construction	___	Accounting	___
Music	___	House keeping	___	Other please list:	___

\_\_\_\_\_

\_\_\_\_\_

## ***STAFF APPLICATION FORM***

### **Please mark the ministry activities that most interest you:**

- |   |   |
|---|---|
| <input type="checkbox"/> worship, music               | <input type="checkbox"/> Bible distribution         |
| <input type="checkbox"/> children's ministry          | <input type="checkbox"/> translation                |
| <input type="checkbox"/> youth ministry               | <input type="checkbox"/> sexual education           |
| <input type="checkbox"/> personal evangelism          | <input type="checkbox"/> construction/work projects |
| <input type="checkbox"/> English teaching             | <input type="checkbox"/> school ministry            |
| <input type="checkbox"/> young mothers                | <input type="checkbox"/> sports                     |
| <input type="checkbox"/> arts                         | <input type="checkbox"/> DTS                        |
| <input type="checkbox"/> Bible teaching, discipleship | <input type="checkbox"/> mercy ministries           |
| <input type="checkbox"/> community projects           | <input type="checkbox"/> something else: _____      |

### **Financial information**

Do you have a prayer and financial support base that will enable you to fulfill your intended commitment?  Yes  No

If not how do you plan to support yourself? \_\_\_\_\_  
\_\_\_\_\_

How much monthly support have you raised? \_\_\_\_\_

Do you need information on how to raise support?  Yes  No

Do you have any financial obligation outside of YWAM?  Yes  No

If yes, how do you plan to meet these obligations after joining YWAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Personal call to missions**

On a separate piece of paper please answer the following questions.

1. How did God call you to missionary service?
2. How did you first come in contact with YWAM?
3. What influenced apply for a staff position with YWAM Guanacaste?
4. What are your spiritual/ ministry goals?

### **Background info**

Are there any situations that might affect your calling to YWAM, such as, current pending legal proceedings, or domestic/family matters  Yes  No

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

### **Release of Liability**

I do hereby release YWAM Costa Rica, it's agents, employees and volunteer assistants from any liability what so ever arising out of any injury damage or loss which may be sustained by applicant during the course of involvement with YWAM Costa Rica.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Statement of Burial**

We would encourage each prospective student to seriously consider the possible consequences of mission work and training. Although death is extremely rare in the service of Youth With A Mission, it is nerveless an experience that awaits each one of us eventually. We need to prepare for it.

In extensive travel in less developed countries where diseases are more prevalent, fatal accidents and sickness can occur. In these countries burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars. Also a special, expensive coffin is required by law in some countries and the coffin must be accompanied by someone on the return journey.

We endeavor to maintain a Christian view of death, that it is not the final step but just a passage, that the person is not in that coffin, but just his earthly shell and that the priority for limited resources must be for the living.

Youth With A Mission does everything possible to protect staff and students on the field. In case of death YWAM cannot commit to cover the cost of shipping a body to another country for purpose of burial or to ultimately cover the burial costs in that country of death. If the family desires to see the body transported back home, the family must incur the entire cost.

Note: It is the responsibility of every individual or family to have field burial or death related remains transport insurance, not YWAM.

Please list names of children \_\_\_\_\_

I agree that in the case of my death while with YWAM. YWAM may carry out the burial in the location of decease. If my family desires to see the body shipped home, they will pay for it. I hereby absolve YWAM, all its staff and associates, from any responsibility for burial costs.

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent for Treatment**

I/We hereby agree to performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary on:

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Health information**

In case of emergency

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel/E-Mail: \_\_\_\_\_

## **Health Information**

Do you have any medical insurance? \_\_\_ Yes \_\_\_ No

Name of medical insurance company & Policy number and any other info \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you at present under a 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 wear contact lenses or glasses? No \_\_\_ Yes \_\_\_ Specify \_\_\_\_\_

### **Have you had any of the following:**

	Yes	No
Chicken pox	___	___
Measles	___	___
Mumps	___	___
Peruses	___	___
Scarlet fever	___	___
Tuberculosis	___	___
Other specify	___	___

### **Immunization record:**

	Yes	No	Date
DPT/TD	___	___	_____
Td booster	___	___	_____
Tetanus	___	___	_____
Polio	___	___	_____
Measles	___	___	_____
Rubella	___	___	_____
Typhoid	___	___	_____
Cholera	___	___	_____
Small Pox	___	___	_____
Yellow fever	___	___	_____
BCG	___	___	_____

## **PASTOR'S REFERENCE FORM**

Please mail signed form to:

**Youth With A Mission Nicoya, Guanacaste**

**PO Box 195-5200**

**Nicoya, Costa Rica**

**Central America**

**website: [www.ywamguanacaste.com](http://www.ywamguanacaste.com)**

**E-Mail: [jucumguanacaste@gmail.com](mailto:jucumguanacaste@gmail.com)**

To the applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Guanacaste, Costa Rica for the person filling in the form.

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

I, the above 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: \_\_\_\_\_

The above applicant has applied for admission to the YWAM Guanacaste, Costa Rica. YWAM is an international, interdenominational Christian missionary organization. The purpose of YWAM includes training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore and make disciples of all nations."

Serious consideration will be given to your comments: Therefore we ask that you fill in this form carefully. This applicant cannot be considered until all reference forms are received. Your prompt attention in completing this form is important. Please feel free to use additional paper to answer any of the questions. Thank you!

How well do you know the applicant \_\_\_ very well \_\_\_ well \_\_\_ casually

Please comment briefly on the following:

Initiative	_____
Concern for others	_____
Ability to follow	_____
Leadership	_____
Judgment/decision-making	_____
Emotional stability	_____
Health	_____
Personal appearance	_____
Mental ability	_____
Industry	_____
Reliability	_____
Cooperativeness	_____
Flexibility	_____
Christian character	_____
Disposition	_____
Punctuality	_____
Financial responsibility	_____



## **PASTOR'S REFERENCE FORM**

Is the applicant active in church work    No \_\_\_ Yes \_\_\_ I do not know \_\_\_

Does he/she display high moral standards    No \_\_\_ Yes \_\_\_

If no explain? \_\_\_\_\_

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

With reference to his/her Christian service, how do you consider the applicant?

How would you describe his/her Christian experience? \_\_\_\_\_

Overall, what would you consider his/her strong points? \_\_\_\_\_

In your opinion what is his/her motive for applying to YWAM? \_\_\_\_\_

What can YWAM Costa Rica do to aid the applicant's personal development?

If the applicant is married, how would you describe his/her relationship with Spouse?

Children?

Would you recommend the applicant to be accepted by YWAM?

\_\_\_ Yes    \_\_\_ with some reservation, why?    \_\_\_ No

Please add any other remarks about the applicant that would be helpful: \_\_\_\_\_

Will your church be supporting the applicant?    \_\_\_ Financially    \_\_\_ Prayerfully

I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that they possess the qualities indicated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**(DTS) LEADER'S REFERENCE FORM**

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**PO Box 195-5200**

**Nicoya, Costa Rica**

**Central America**

**website: [www.ywamguanacaste.com](http://www.ywamguanacaste.com)**

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How well do you know the applicant \_\_\_ very well \_\_\_ well \_\_\_ casually

Please shortly comment on the following:

Initiative	_____
Concern for others	_____
Ability to follow	_____
Leadership	_____
Judgment/decision-making	_____
Emotional stability	_____
Health	_____
Personal appearance	_____
Mental ability	_____
Industry	_____
Reliability	_____
Cooperativeness	_____
Flexibility	_____
Christian character	_____
Disposition	_____
Punctuality	_____
Financial responsibility	_____

**(DTS) LEADER'S REFERENCE FORM**

Does he/she display high moral standards      No \_\_\_ Yes \_\_\_  
If no explain? \_\_\_\_\_

Is he/she prejudiced against groups, races or nationalities?    No \_\_\_ Yes \_\_\_  
With reference to his/her Christian service, how do you consider the applicant?

How would you describe his/her Christian experience? \_\_\_\_\_

Overall, what would you consider his/her strong points? \_\_\_\_\_

In your opinion what is his/her motive for applying to YWAM? \_\_\_\_\_

What can YWAM Costa Rica do to aid the applicant's personal development?

If the applicant is married, how would you describe his/her relationship with  
Spouse?

Children?

Would you recommend the applicant to be accepted by YWAM Costa Rica ?  
\_\_\_ Yes      \_\_\_ with some reservation, why?      \_\_\_ No

Please add any other remarks about the applicant that would be helpful: \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that they possess the  
qualities indicated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_