



*Youth With A Mission Las Vegas*

## **Short Term Staff Application Instructions**

Greetings from YWAM Las Vegas! Thank you for your inquiry regarding staff involvement in this ministry!

Please complete all the questions on the application form. Husbands and wives should complete separate applications. Please type or print clearly in ink and using a separate sheet of paper when needed. The application(s) will be considered when all the items listed below are returned to the Personnel Department at YWAM Las Vegas. If a question does not apply to you, write N/A (not applicable) in the blank.

The Application packet includes:

1. Application form (complete, return to below address, including a passport size picture, and \$20 processing fee)
2. Reference form (to be completed by Pastor/Spiritual Leader)
3. Reference form (to be completed by employer, teacher or friend)
4. Emergency form
5. Short Term Staff Health questionnaire
6. Waiver of Liability for Treatment form
7. Work skill questionnaire

All reference forms should be filled out by the person and mailed directly to:

YWAM Las Vegas  
Attn: Personnel Dept.  
PO Box 36606  
Las Vegas, NV 89133-6606  
USA

We look forward to receiving your application. Let us know if you have any questions.

May God bless you!

Richard Thompson  
Director



Youth With A Mission Las Vegas

Attach Recent  
Passport-size  
Photo here

**SHORT TERM STAFF APPLICATION**

**General Information**

Full legal name \_\_\_\_\_  
First Middle Last

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
month/day/year

City of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport #: \_\_\_\_\_

Present address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Type/Class: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  
 Divorced  Separated  Widowed

If married: Name of spouse: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Children: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, are they accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of Child(ren) Name	Date of Birth	Sex	Grade	Passport #	Date Expires
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you are expecting a child, give approximate due date: \_\_\_\_\_

**Where have you been previously in YWAM ?**

Location	Date(s)	Contact	Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interested in serving: From: \_\_\_\_\_ to \_\_\_\_\_

Comment on any significant experience: \_\_\_\_\_  
\_\_\_\_\_

**On separate sheet of paper, please answer the following questions.**

- 1) How long have you been a Christian and how did you become one?
- 2) What is your relationship with the Lord now?
- 3) Have you helped others accept Christ as their Savior? If so, in what context?
- 4) Describe your personal devotional life.
- 5) What is your specific calling, i.e., pastoring, evangelism, helps?
- 6) What specific expectations do you have about serving with YWAM?
- 7) Why do you desire to serve as a volunteer on our short term staff?
- 8) How did you hear about our short-term staff opportunities?

**Christian Experience:**

Have you...

- 1) led a prayer group?                      Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) done any public speaking?        Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) participated in a worship group?              Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) held leadership positions in church or youth group?              Yes \_\_\_\_\_ No \_\_\_\_\_

Las Vegas is known around the world as 'sin-city'. Our concern is that we would not bring you into a place where you may stumble. Therefore, please indicate if you think you may have difficulty dealing with any of the following areas: alcohol, heterosexual or homosexual sin, gambling, non-prescription drugs, occult involvement, pornography, and/or tobacco. *(All answers are confidential.)*

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Does your Pastor/Elder/Priest know you are sending us this application? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you describe your relationship with your Pastor/Elder/Priest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor, Elder, Priest's name and address: \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

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

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