



STAFF APPLICATION INSTRUCTIONS

Thank you for applying to become staff at YWAM Vinnitsa. May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive all of the following completed form. If a question does not apply to you, write N/A in the blank. Husbands and wives must complete separate applications. Each spouse must successfully complete a DTS at a YWAM base for both spouses to be considered for staff.

A. Staff Application Form:

Note: All dates are requested in an international format: day, month, year.

B. Personal History:

Please prayerfully and concisely answer the following questions on a separate sheet of paper (printed or typed.) Your answers will be significant in the application process.

1. Please describe your conversion experience and present relationship with the Lord.
2. Please describe your spiritual and/or ministry goals, including missions: short or long term?
3. Where did you take your DTS? List other schools taken.
4. Why do you want to serve with YWAM?
5. How long are you ready to commit to the ministry of YWAM Vinnitsa? We prefer people to commit for a minimum of 2 years.
6. Please describe your relationship with your local church, i.e., areas of ministry and involvement.
7. Have you ever been involved in missions before, please describe?
8. How would you describe your relationship with your family, and are they supportive of you joining YWAM??
9. Please list the names and e-mail addresses of your two references (Pastor and DTS leader).
10. Is there anything else that would be helpful for us to know about you?

C. Reference Form:

We must receive two reference forms before we can process your application. (Please have these sent electronically) One reference must be from your Pastor and one from your DTS or DTS outreach leader.

D. Health Form:

Please complete this form with the application. Families, please complete for each of your accompanying children.

TESTS & IMMUNIZATIONS: YWAM Ukraine requires that all students and children must be tested for Tuberculosis (TB) and show evidence of a negative skin test or clear chest X-ray. Please fill in this information on the Health Form or on a separate report. Documentation must clearly indicate the test performed, the results, and the examination facility where the test was performed. **Please be up to date on Tetanus and Hepatitis shots also.**

E. Applicant Interview:

After your application has been received we will contact you and arrange an interview with you (phone, Skype, or in person). This interview is an important part of the application process, as it gives us another way to assess your application, and to ask question of each other that may not have been in the written application.

Revised 04-2012

Please direct all forms to:

YWAM-Vinnitsa
P.O. Box 8118
Soborna St. 8
Vinnitsa, 21050, Ukraine

phone: +380 98 602 81 32

e-mail: ywamvinnitsa@gmail.com

web: ywamvinnitsa.com

A. STAFF APPLICATION FORM

PERSONAL INFORMATION

Date of Application: _____ Day/Mo/Yr Approx. Starting Date: _____ Mo/Yr

Mr., Mrs., Miss _____
Last/Family Name First Middle Name Preferred Name

Ministries you would like to participate: _____

Current Address: _____
Street/ P.O. Box

City _____ State/Prov. _____ Zip (Postal) Code _____ Country _____ Phone _____

Permanent Address: _____
Street/ P.O. Box

City _____ State/Prov. _____ Zip (Postal) Code _____ Country _____ Phone _____

E-mail: _____ Skype: _____ Phone: _____

Sex: M F Age: _____ Date of Birth: _____ Day/Mo/Yr Place of Birth: _____ City, Country

PLEASE ATTACH
A RECENT
PHOTOGRAPH

Marital Status: Single Engaged (Date: _____) Married (Date: _____) Divorced (Date: _____)

Spouse's Name: _____
Last/Family First Name Middle Name

Age: _____ Date of Birth: _____ Day/Mo/Yr Place of Birth: _____ City, Country

Dependents: Names of children and other dependents accompanying you:

Last/Family Name	First	Middle	Birthdate Day/Mo/Yr	Sex

EMERGENCY INFORMATION

In case of Emergency, **contact:** _____ Relationship: _____

Address: _____
Street City State/Prov. Zip (Postal) Code Country Phone Mobil Phone

Staff Emergency Information

Blood Type: _____

Are you allergic to any medications? No Yes If Yes, Specify: _____

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(s): _____ Date: _____ Day/Mo/Yr

PASSPORT INFORMATION

Name as listed on Passport: _____

Country of Citizenship: _____ City and Country Where Passport Issued: _____

Passport #: _____ Passport Expiry Date: _____

(Continued)

LANGUAGES

Mother tongue: _____

Other languages: _____

Please indicate proficiency: 1 - beginner, 2 - intermediate, 3 - advanced, 4 - fluent

WORK EXPERIENCE

Have you ever been on YWAM staff? Yes No

(If yes, please list below. Also include significant previous non-YWAM jobs.)

Previous Work Position	Organization	Dates/Location	Supervisor

SKILLS

Occupational Skills: _____

Gifts and Other Talents: _____

EDUCATIONAL INFORMATION

I have not completed high/secondary school. Highest educational level completed: _____

Secondary (High) School / College or Apprenticeship / University / Seminary / or UofN Courses Attended:

School Name	Address	Dates Attended	Degree/Major/Trade Qualification

FINANCIAL INFORMATION

*YWAM Vinnitsa requires new staff to have a minimum of \$600 (USD) monthly support.

Do you have required minimum support? Yes No

If no, how long do you anticipate it will take you to get it? _____

Do you have any outstanding debts that may effect your ability to serve in Ukraine? (If so, please explain) _____

LIABILITY RELEASE: *(please read carefully)*

- I do hereby agree to adhere to the policies and procedures established by Youth With A Mission Vinnitsa and its representatives.
- I understand that Youth With A Mission has the right to terminate my involvement as a staff at any time and for any cause which they deem suitable without recompense.
- I do hereby hold harmless and indemnify Youth With A Mission and their employees or agents in the event that I am injured, or suffer loss or expense during my involvement. I also give Youth With A Mission and their agents authority to authorize emergency medical treatment to myself in the event of injury, and I shall be responsible for the payment of any such medical treatment.
- I certify that all information on this application is complete and accurate.

Signature: _____

Date: _____

Day/Mo/Yr

C. REFERENCE FORM

TO THE APPLICANT: Please complete the information below and give to your referee.
Ask the referee to e-mail the completed form directly to the address at the bottom of the Reference Form.

Name of Applicant: _____

Dates: _____
Mo/Yr to Mo/Yr

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation.

Signature: _____ Date: _____
Day/Mo/Yr

TO THE REFEREE:

The above applicant has applied for staff with Youth With A Mission (YWAM), an international and interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 800 locations on all six continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." The UofN is a training and logistics base from which skilled workers are sent out into the entire world.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form is important, as a student's application cannot be processed without it. Thank you for your assistance. Please check the following and comment where necessary:

What is your relationship to the applicant?

- Pastor DTS(Discipleship Training School) Leader

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

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision Making					
Emotional Stability					
Health					

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 |
| Cooperativeness | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids group activity |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| 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 |

Comments: _____

(Continued)

1. To what extent is the applicant active in church work? _____

2. Does he/she display high moral standards? Yes No Please explain: _____

3. With reference to his/her Christian service, do you consider the applicant to be:

Dedicated Average Casual Please explain: _____

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

Mature Contagious Genuine and Growing Over-emotional Superficial

Please explain: _____

5. Overall, what do you consider to be the applicant's strong points? Please include special abilities. _____

6. Please comment on the applicant's family background if known. _____

7. In your opinion, what are the applicant's motives for applying to YWAM Vinnitsa? _____

8. How could the YWAM Vinnitsa to aid in the applicant's personal development? _____

9. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of his / her life we should know more about, to be of service to him or her.) _____

10. Would you recommend the applicant for acceptance to YWAM Vinnitsa?

Yes With some reservation (please explain) No (please explain) _____

11. (Pastors only) Is your congregation / group standing behind the applicant with enthusiasm and prayer? _____

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

Signed: _____ Date: _____

Name: _____ Position: _____

Address: _____ Phone: (_____) _____

_____ E-mail: _____

_____ Skype: _____

Would you like to receive further information about YWAM Vinnitsa and the UofN? Yes No

Please direct all forms to:

YWAM-Vinnitsa
P.O. Box 8118 Soborna St. 8
Vinnitsa, 21050, Ukraine

phone: +38 098 602 81 32

e-mail: ywamvinnitsa@gmail.com

web: ywamvinnitsa.com

D. HEALTH FORM

TO THE APPLICANT: This information is treated confidentially and separate from your academic records. When you complete the first part of this form, please answer all questions in ink or by typing IN ENGLISH.

Name: _____ Citizen of: _____

Permanent Address: _____ Telephone: _____

_____ E-mail: _____

Curent Address: _____

Do you have medical insurance? _____

Name of insurer: _____

Med. Insurance No.: _____

Extent of Medical Insurance Coverage (briefly): _____

NOTE: * YWAM recommends that all staff, students, and volunteers have adequate medical insurance for appropriate medical care and emergencies. YWAM is not liable to cover costs of health care, funerals nor dependants.

Name, Relationships, and Address of Next of Kin: _____

Address: _____ E-mail: _____ Phone: _____

Person to contact in case of medical emergency: _____

Address: _____ E-mail: _____ Phone: _____

PERSONAL HISTORY: Please answer all questions and comment on all positive answers in the space below or on a separate sheet.

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

Yes	No		Yes	No		Yes	No	
		Skin Conditions			Heart trouble			Jaundice
		Eye trouble			High blood pressure			Hepatitis (specify)
		Ear trouble			Low blood pressure			Intestinal troubles
		Head injury			Rheumatism/Arthritis			Recurrent diarrhea
		Recurrent headache			Back problems (specify)			Diabetes
		Epilepsy			Dislocation of joints			Kidney disease
		Fainting spells			Broken bones			Anemia
		Mental or nervous disorders			Stomach/Duodenal Ulcer			Venereal Disease
		Weakness			Gall bladder problems			Tumor; Cancer
		Paralysis			Surgery	FEMALES ONLY		
		Insomnia			Appendectomy			Irregular periods
		Shortness of breath			Tonsillectomy			Severe cramps
		Hay Fever, Asthma			Hernia repair			Excessive flow
		Allergies (specify)			Other (specify)			Are you pregnant?

Other illnesses or conditions: _____

Are you at present under the 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 have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

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

If yes, please describe _____

Hight: _____ Weight: _____ Blood type: _____

Are you HIV+?**: _____ Do you have AIDS**?: _____

** Please See the HIV+/AIDS Policy of Youth With A Mission International

(Continued)

Would you rate your health condition as: Excellent Good Fair Poor

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No

Chickenpox
Measles (rubella)
Measles (rubeola)
Mumps

Yes	No

Pertussis
Scarlet fever
Tuberculosis
Other

FAMILY HISTORY

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

Yes	No

Tuberculosis
Diabetes
Kidney disease
Heart disease
Hypertension

Yes	No

Arthritis
Stomach disease
Asthma/ Hay fever
Epilepsy/ Convulsions
Cancer

IMMUNIZATIONS

Diphtheria
Tetanus
Pertussis
Polio
Rubella
Rubeola
Mumps

Basic			Booster		
Year	Year	Year	Year	Year	Year

This portion of the form must be filled out and signed by a physician.

TUBERCULOSIS CONTROL (absolutely required for entrance by YWAM Ukraine)

One of the following:

Chest X-Ray

Skin Test

BCG Vaccination

Date	Result	Examination Facility

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Address: _____

Please direct all forms to:

YWAM-Vinnitsa
P.O. Box 8118 Soborna St. 8
Vinnitsa, 21050, Ukraine

phone: +38 098 602 81 32

e-mail: ywamvinnitsa@gmail.com

web: ywamvinnitsa.com

HIV+/AIDS Policy of Youth With A Mission International

Ratified by GLT-Harpenden August 2006

YWAM HIV/ AIDS GLOBAL MANDATE

"The Lord is gracious and compassionate; slow to anger and rich in love. The Lord is good to all and he has compassion on all he has made (Ps 145:8-9.)"

Our God is full of mercy and compassion to all, including those who are living with HIV/AIDS. God has a message of hope, worth and dignity for all infected or affected by the disease. As a movement committed to following Jesus and His example, Youth With A Mission is called to love, accept and care for, without discrimination, all impacted by HIV/AIDS among our staff, students, volunteers and those with whom we work. We as YWAM acknowledge our responsibility and commit to serve and engage holistically with the HIV/AIDS pandemic in every country and in each area of culture and society until there is no longer need.

Foreword

This document presents organisational guidelines and practice within Youth With A Mission (YWAM). It applies to YWAM personnel (staff and students), as well as to YWAM volunteers. While the guidelines attempt to be as comprehensive as possible, some issues, particularly legal issues, are specific to each country. It is advised that YWAM leaders in each nation should consult country policies to determine the rights of employees and/or volunteers with HIV or AIDS.

What are HIV and AIDS?

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system. The body is therefore less able to fight off infections. People who have HIV infection are HIV positive (HIV+). AIDS stands for Acquired Immune Deficiency Syndrome, which is a collection of signs and symptoms resulting from infection with HIV. HIV enters the body through contact with infected body fluids. The main routes of transmission are:

- * Sexual intercourse
- * Contaminated blood products
- * Contaminated needles, syringes and cutting instruments such as razors
- * Mother to child

Prevention

There is no vaccine that can prevent HIV. Therefore protection is by understanding the facts and following appropriate behaviour.

- * YWAM should provide sufficient updated information to educate staff and students about protection from, and living with, HIV/AIDS.
- * It is good practice to provide HIV/AIDS and Health and Safety training:
 1. on every DTS
 2. on briefing new staff, volunteers, students and outreach teams
 3. regular training, but at least once every year for staff
- * In response to training, YWAM staff, volunteers and students should take precautions wherever possible to avoid placing themselves and others at risk from HIV exposure.
- * YWAM believes that God has appointed sexual intercourse to be between husband and wife and therefore abstinence for single people. Abstinence outside of marriage and faithfulness within marriage are the only way to be sure that HIV is not sexually transmitted. YWAM seeks to multiply healthy family relationships that model and teach God's purposes for family as a way to address the AIDS crisis at its roots. This needs to be a priority in our prevention strategy.
- * Health and safety guidelines and practice should be up to date and applied in every day life (Appendix 1)
- * Post exposure prophylaxis(i): In the event of a situation where there has been potential exposure to HIV (such as needle-stick injury or rape), medical advice should be sought as soon as possible to assist in limiting transmission.

Non-discrimination

In keeping with the values of Youth with a Mission, YWAM staff, students, and volunteers will not be subject to discrimination on the basis of their HIV/AIDS status. For purposes of this document, this includes individuals having, perceived as having, living with, or otherwise affected by HIV/AIDS.

No program or service will be denied to any volunteer, staff member, or student based on their HIV/AIDS status. Staff, students, and volunteers affected by HIV/AIDS will be offered an equal opportunity to participate in any programs offered by the organization. Positive HIV status does not, in itself, reflect a lack of fitness to work. Furthermore, to the extent permitted by program requirements, YWAM will assist individuals affected by HIV/AIDS in order to fully participate in the organization's activities.

No current or prospective staff member, student, or volunteer will be asked or required to disclose their HIV/AIDS status to any employee, volunteer, director, or other individual involved with YWAM, except as required by law.

- * HIV is not spread through ordinary work or social contact. There is no medical reason for unwillingness to work with others who are HIV positive. YWAM staff, volunteers, or students who are HIV positive may live on base, using the same facilities such as bathrooms, just like any other person.
- * Good information and training helps to prevent discrimination and prejudice.

HIV Testing and Confidentiality

YWAM aims to provide a loving environment in which people feel free to share personal information and receive pastoral care and support.

- * Subject to national law, testing for HIV is not compulsory within YWAM. Applicants are not obliged to declare their HIV status, nor whether they have been tested for HIV.
- * Testing is strongly recommended in some circumstances - e.g. if an individual has been at risk, wants to marry, or become pregnant. Professional advice and counselling should always accompany HIV testing.
- * Confidentiality will be maintained with respect to a person's HIV and test status. Only the person tested has the right to release information regarding his/her status.
- * Confidentiality may be broken only if an HIV positive person is putting other lives at risk. In such cases, reference should be made to national legal policy on disclosure.

Care

There is no cure for HIV/AIDS. Drug treatment, where available, can delay progression of the disease. This disease affects mainly the young productive members of society, leaving families and communities without caretakers and providers and people able to work.

- * YWAM will treat all people living with HIV as any other staff member, volunteer, or student. They will be encouraged to continue to work as long as they are medically able. Depending on their medical condition, flexible working hours and time off for counselling and medical appointments, transfer to lighter duties, part-time work, extended sick leave, and return to work arrangements will be explored.
- * Care for those who are HIV positive should be holistic: physical, emotional, social and spiritual to strengthen self-esteem. It is recommended that support is also sought from family, church, counsellors and community groups to enable Godly living with the virus.
- * YWAM will offer referral for supportive counselling as available.
- * Maintaining health, balanced diet and exercise assists general well being, including for those who are HIV positive. People living with HIV have lowered immunity and greater vulnerability to sickness. Therefore, it is important that all YWAM personnel receive prompt medical attention for illnesses so they do not put others at risk.
- * Medical expenses are the responsibility of each individual YWAM staff, student, or volunteer. YWAM is not liable to cover costs of health care, funerals nor dependants.
- * YWAM recommends that all staff, students, and volunteers have adequate medical insurance for appropriate medical care and emergencies.
- * YWAM does not have staff nor facilities to provide hospice care. Each situation needs to be dealt with sensitively, involving the person's family, friends and home church wherever possible. Offering additional support to the family and/or friends of those who are infected may also enable them to cope with the impact of HIV on their lives; however this should not compromise confidentiality.

YWAM Responsibility

- * Protection from HIV is the responsibility of each individual.
- * YWAM leaders at each location are responsible for:
 1. Knowledge of YWAM HIV/AIDS guidelines
 2. Knowledge of national laws and policies related to HIV/AIDS and employment rights
 3. Briefing new staff, volunteers, and students about the policies
 4. Inclusion of HIV/AIDS guidelines in DTS and staff training
 5. Management of staff, teams and departments to minimise problems related to HIV/AIDS
 6. Information on local centres for voluntary HIV testing, counselling and health care. If available, emergency telephone numbers should be made known to staff and volunteers in case of accidents, assaults, rape, etc
 7. Promotion of a safe, healthy, caring, non-discriminatory environment
- * At every YWAM base, specific staff should be trained in health and safety, and encouraged to give advice:
 1. to leadership on best practice in difficult or sensitive situations
 2. on where to obtain voluntary counselling for pre and post-HIV testing
 3. on prevention of mother to child transmission
 4. on post-exposure prophylaxis(i) in case of emergency
 5. on local access to affordable anti-retroviral treatment, with counselling
 6. to update with current knowledge, prevalence (percentage of people infected) and practice in HIV/AIDS issues

Appendix 1

Health and Safety measures:

- * Precautionary measures should be taken to reduce risk of HIV transmission.
- * Good hygiene should be kept on each YWAM base, such as in food preparation.
- * Universal Precautions should be followed when dealing with body fluids (see section on health care settings below.)
- * Appropriate disinfectants and cleaning materials should be available, not only to prevent the risk of possible transmission, but also to protect those who are HIV+ from possible sickness
- * First aid kits should be available on all bases, YWAM vehicles and at all outreach locations, containing items such as plasters, disposable gloves and oral resuscitation mouthpieces. Items such as disposable syringes and needles should be carried by YWAM staff, volunteers, and students in places where there is no guarantee of the proper sterilization of such materials.
- * In some nations where screening of donated blood may not be guaranteed, staff, volunteers, and students should be aware of safe sources. It is advisable that YWAM teams are aware of each other's blood type before going on outreach to a country where screening of donated blood can not be guaranteed. If, in an event of an accident, the need occurs for blood to be given to a staff member, volunteer, or student, other team members can make themselves available as a blood donor. Blood typing and HIV testing should be done before blood is given (never assume a person is HIV negative).
- * YWAM should take action to reduce the possibility of accidents which present a risk for HIV infection in places where safe blood supplies are uncertain. In particular, transport guidelines should include:
 - o Vehicle maintenance and insurance
 - o Use of seat belts
 - o Qualified drivers
 - o Use of helmets for motor-bike riders
- * Building maintenance guidelines should require the use of protective head gear and clothing.
- * All equipment should be checked regularly and withdrawn from use if damaged.

Health care settings:

All YWAM staff involved in giving health care should understand and use Universal Precautions with all patients, at all times, in all settings, regardless of the diagnosis. Universal Precautions include:

- * Careful handling and disposal of “sharps”
- * Hand washing with soap and water before and after all procedures; use of protective barriers such as gloves, gowns, aprons, and goggles for direct contact with blood and other body fluids
- * Safe disposal of waste contaminated with blood or body fluids
- * Proper disinfection of instruments and other contaminated equipment
- * Proper handling of soiled linen

For full details please see: the World Health Organisation's HIV/AIDS fact-sheet for health service delivery and the World Health Organisation's HIV fact-sheet for nurses.

Appendix 2

References:

1. Bible (New International Version)
2. Youth With A Mission (YWAM) General Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in the workplace (March 1996)
3. AIDS and HIV Infection, UNAIDS, (2003)
4. Beautiful Gate HIV and AIDS Policy (May 2004)
5. HIV & the Law. The AIDS Law project: University of Witwatersrand, South Africa
6. Center for Disease Control
7. Skadden, Arps, Slate, Meagher & Flom LLP

Appendix 3

For more information: YWAM HIV/AIDS or YWAM Mercy Ministries International

(i) Prophylaxis is prevention. If a person is exposed to possible risk they may be able to receive medication which will prevent the virus from being able to replicate within the body. This is currently available if acknowledged within 72 hours of this exposure.