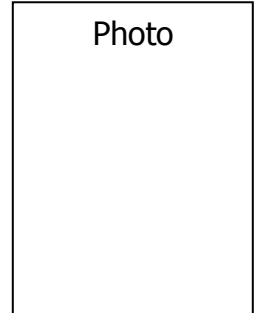




**Mission Builder Application Form
YWAM COOK ISLANDS**

Personal Information

First Name _____ Middle Name _____ Family Name/ Surname _____
 Age _____ Birthday (Day/Month/Year) _____ Birthplace (City/State/Country) _____ Sex Male Female



Predominant Ethnic Background: e.g. European, Pacific Islander, Asian, American etc:

English: Elementary speaking Full professional proficiency
 Limited word proficiency Native speaking proficiency
 Minimum professional proficiency Mother tongue

Other languages and proficiency:

Current Address until: _____

Current Address:

Street/ P.O.Box _____ City _____ Postal Code _____
 Country _____ Phone _____
 Email _____

Permanent Address:

Street/ P.O.Box _____ City _____ Postal Code _____
 Country _____ Phone _____
 Email _____

Marital Status: Single Engaged Separated Divorced Widowed Married Remarried

Spouse's Name:

First Name _____ Middle Name _____ Family Name/ Surname _____
 Age _____ Birthday (Day/Month/Year) _____ Birthplace (City/State/Country) _____

Dependents:

Family Name/ Surname	First	Middle	Birthdate	Sex	School Grade

Will you be accompanied by other dependents? Yes No



YWAM COOK ISLANDS

Emergency Information

In case of emergency, contact: _____ Relationship: _____

Street/ P.O.Box City Postal Code

Country Phone

Email

Home Church:

Pastor's Name: _____

Street/ P.O.Box City Postal Code

Country Phone

Email

Weight:	kg	Height:	cm	Blood Type:
	st lbs		ft ins	O/ A/ B/ AB (+ or -)
Are you allergic to any drugs? No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)				
Comments:				

YWAM COOK ISLANDS

Past YWAM Experience

Have you taken any other YWAM Courses? Yes please list below No

Course Name	Dates of School	Location	Director

Have you ever been on YWAM staff? Yes please list below No

Position	Dates on Staff	Location	Director





YWAM COOK ISLANDS **General Information**

What occupational work experience or profession, skills or qualifications do you have?

Educational Background, courses complete etc.?

Do you play any instruments? Yes (specify) No

Do you have any medical history or current condition which others need to be aware of?

What is your personal long term vision?

How long will your commitment be as Mission Builder with YWAM Cook Islands?

1 month 2 months 3 months

Is there support / interest from your church in your intention to join us? Yes No

YWAM COOK ISLANDS **Finances**

Do you have any current debts? Yes No

If yes, what are your plans to pay these off?

Do you have any means of supporting yourself/ family while on staff? Yes No

Please specify:

YWAM COOK ISLANDS **Passport / Visa / Insurance**

Full Name as written in Passport:

First Name Middle Name Family Name/ Surname

Passport:

Issue City Issue Country

Number Expiration Date (Day/ Month/ Year)

Country of Citizenship:



YWAM COOK ISLANDS

**Statements of Consent, Liability Release
and Consent for Burial**

YWAM COOK ISLANDS

Consent for Treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the Base Director, or his/ her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician are deemed necessary or until as such time I am able to make decisions for myself.

I declare that the above named shall not be required to contact my next of kin prior to exercising his/ her authority as provided herein.

I declare that I shall not hold Youth With A Mission, Cook Islands, the Base Director or his/ her delegate, liable for any decision made by him/ her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicants Full Name: _____

Applicants Signature: _____

Date 9-Mar-17

or Parents Signature _____

Date 9-Mar-17

or responsible party if applicant under the age of 18

YWAM COOK ISLANDS

Liability Release

"I release Youth With A Mission, Cook Islands, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which be sustained by myself during the course of my involvement with Youth With A Mission, Cook Islands."

Applicants Full Name: _____

Applicants Signature: _____

Date 9-Mar-17

or Parents Signature _____

Date 9-Mar-17

or responsible party if applicant under the age of 18

YWAM COOK ISLANDS

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, Cook Islands, I wish that my next of kin be advised as soon as practical and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission, Cook Islands in sufficient funds to carry out those wishes. In the case where Youth With A Mission, Cook Islands is unable to contact my next of kin or that my next of kin are unable or unwilling to give directions as to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission, Cook Islands at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate."

Applicants Full Name: _____

Applicants Signature: _____

Date 9-Mar-17

or Parents Signature _____

Date 9-Mar-17

or responsible party if applicant under the age of 18

Please mail this confidential form to:

Youth With A Mission
Mission Builder Applications
P.O.Box 436
Rarotonga, Cook Islands

E-mail: info@ywamcooks.org
<http://www.ywamcooks.org>