

Length of time I can volunteer _____

My skills/talents _____

Tools I'm able to bring (please specify) _____

WHAT DO I NEED TO DO TO APPLY?

- A. Complete application.
- B. Include a recent photo of yourself.
- C. Send to: 961 CR 1143, Tyler, TX 75704
c/o Personnel Department
- D. Send evaluation form with one reference.
- E. As soon as we receive your application we will process it.

(Please Print or Type)

Name _____ Phone (_____) _____
Address _____ City _____ State _____ Zip _____
Sex _____ DOB _____ / _____ / _____ Marital Status _____ Citizenship _____
Passport # _____

Church Name _____ Phone (_____) _____
Address _____
City _____ State _____ Zip _____
Pastor's name _____

HEALTH INFORMATION

1. Do you have any physical handicaps or health conditions requiring special attention? (If so, please explain) _____

2. Are you now under a doctor's care or taking medication? _____
3. Have you had any past psychiatric treatment? (If so, please explain) _____
4. Do have medical insurance? _____
 - a) Name of the insurer _____
 - b) Medical Insurance _____
 - c) What does your insurance cover? _____

IN CASE OF EMERGENCY CONTACT

Name _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Phone (_____) _____

CONSENT FOR TREATMENT

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

Signature _____
Date _____ / _____ / _____

RELEASE OF LIABILITY

I/We do hereby release Youth With A Mission, Inc., its staff and volunteer assistants from any liability whatsoever arising out of injury, damage, or loss which may be sustained by the said person during the course of involvement with Youth With a Mission, YWAM Directors or staff by means of reconciliation or arbitration; and waive any right to pursue action by the way of litigation.

Signature _____
Date _____ / _____ / _____