

HELP! GLOBAL MISSIONS STAFF APPLICATION

Please paper
clip a recent
photograph of
yourself here.

Date of Application: D ____ M ____ Y ____

Fee (US Currency): \$ _____

Identity:

Last name: _____ First name: _____ Middle: _____ Nickname: _____

Sex: Male Female Age: ____ Birth date: D ____ M ____ Y ____ Birthplace: _____ Height: ____ Weight: ____

Mailing address: (Until: D ____ M ____ Y ____)

Street/Box: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Permanent address:

Street/Box: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Passport/Visa information:

Country of citizenship: _____ U.S. Soc. Sec. #: _____

Name as listed on passport: _____

City and country where passport was issued: _____ Passport number: _____

Passport expire date: D ____ M ____ Y ____ Visa type (non US citizens only): _____ Date issued: D ____ M ____ Y ____

City and country where visa was issued: _____ Visa expire date: D ____ M ____ Y ____

Have you ever been denied a passport or visa? Yes No If yes, nation and details: _____

Marital status:

Single Engaged (Date: D ____ M ____ Y ____) Married (Date: D ____ M ____ Y ____) Separated (Date: D ____ M ____ Y ____)

Divorced (Date: D ____ M ____ Y ____) Remarried (Date: D ____ M ____ Y ____) Widowed (Date: D ____ M ____ Y ____)

Spouse last name: _____ First name: _____ Middle: _____

Sex: Male Female Birth date: D ____ M ____ Y ____

Birthplace: _____

Will your spouse be accompanying you? Yes No

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Criminal record: (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony? []Yes []No If so, when and where? _____

Have you ever been convicted of a sexual crime? []Yes []No If so, when and where? _____

Emergency information:

In case of emergency contact: _____ Relationship: _____

Street/Box: _____ Phone: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Email(s): _____

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: _____ Date: D ____ M ____ Y ____

Parent/Guardian's signature (required for minors): _____ Date: D ____ M ____ Y ____

Church information:

Home Church: _____ Pastor: _____ Denomination: _____

Street/Box: _____ Phone: _____

City/Town: _____ State: _____ Zip: _____ Country: _____

Work experience: (Please list all work experience for the last 10 years, starting with most recent.)

Position: _____ Company: _____ Dates: M ____ Y ____ to M ____ Y ____

Supervisor: _____ Skills used: _____

Position: _____ Company: _____ Dates: M ____ Y ____ to M ____ Y ____

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Skills and talents:

Occupational skills: _____ Years experience: _____

Musical or other talents: _____ Years experience: _____

Unique interests or passion: _____ Years experience: _____

Unique experience (something you've done that maybe no one you know has experienced or attempted?)

Languages: (Please identify and rate your English language proficiency below.)

1-Elementary speaking 2-Limited word proficiency 3-Minimum professional proficiency 4-Full professional proficiency

5-Native speaking proficiency 6-Mother tongue

Other languages and proficiency: _____

Educational experience:

Grades completed: Grade school Secondary/High school Equivalent secondary/high school College/University Post graduate

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____ Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____ Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____ Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____ Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____ Degree/Major _____ Date: M ____ Y ____

Address: _____

YWAM / Ministry Background: (If applicable please arrange for your most recent ministry leader to send a Reference Form to the Help! Admissions and Records Office.) Have you previously attended a YWAM or HELP outreach? Yes No

YWAM school or ministry: _____ Lecture phase dates: M ____ Y ____ to M ____ Y ____ Location: _____

Field assignment phase dates: M ____ Y ____ to M ____ Y ____ Location: _____

YWAM school or ministry: _____ Lecture phase dates: M ____ Y ____ to M ____ Y ____ Location: _____

Field assignment phase dates: M ____ Y ____ to M ____ Y ____ Location: _____

HELP ministry or outreach: _____ dates: M ____ Y ____ to M ____ Y ____ Location: _____

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Financial information: Help is a Faith based organization. Each person on staff raises his/her living expenses through support raising, church sponsorship, or personal finances.

Do you have donor support? []Yes []No Monthly amount for living expenses? \$_____ Amount still needed? \$_____

From what source will still-needed funds come? _____

Do you have any significant outstanding debts? []Yes []No If yes, explain: _____

Acknowledgment of financial responsibility: (disregard if applying for a staff position)

I understand that payment of the required outreach fees must be made in U.S. currency prior to my departure from the US. If I am accepted by the Help!, I will abide by the spirit, rules, and schedule of the outreach and programs.

Applicant's signature: _____ Date: D _____ M _____ Y _____

Signature of parent or guardian: (Required if the applicant is under 18 years of age.)

Signature: _____ Date: D _____ M _____ Y _____ Relationship: _____

Expectations:

How did you first hear of the Help! World Tour? _____

What reason most influenced your decision to apply? _____

What expectations do you have for this outreach? _____

Certification:

I certify that all the information in this application is complete and accurate.

Applicant's signature: _____ Date: D _____ M _____ Y _____

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: D _____ M _____ Y _____ Relationship: _____

Help! World Tour admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and programs.

HELP! is not affiliated with YWAM but embraces their fundamental values and goals in all that we do.

Please mail all forms to:

Help World Tour Admissions
PO Box 122
Palisade, NE. USA
69040

or Save your application as a PDF
and Email to:

Email: inquiry@helpwt.com
Phone: 970.567.9017