



**P.O Box 309**  
**Sultana, CA 93666**  
 Or email applications to: [fritz@gleanings.org](mailto:fritz@gleanings.org)

## STAFF APPLICATION FORM

Please complete all questions on the application form. Husbands and wives should complete separate applications. This application will be considered when all the items listed below are returned to *Gleanings For The Hungry* at the address above. Please type or print clearly in ink and use a separate sheet where necessary.

1. Completed application form and signed memorandum.
2. Two reference forms completed by:
  - a. YWAM CDTs, DTS, SOE, Base Leader, current employer or current YWAM supervisor.
  - b. Pastor or Elder.

### A. GENERAL INFORMATION

**DATE AVAILABLE:** \_\_\_\_\_

1. Full legal name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Permanent address: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_
3. Present address: \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_
4. Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_
5. Passport Number: \_\_\_\_\_ Date of expiry: \_\_\_\_\_ Place of issue: \_\_\_\_\_
6. Driver's license number: \_\_\_\_\_ Type(s): \_\_\_\_\_ Country or State \_\_\_\_\_
7. Social Security number: \_\_\_\_\_
8. Emergency contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### B. FAMILY

1. Marital status:  
 Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
2. If married, state:
  - a. Date of marriage: \_\_\_\_\_ b. Name of spouse: \_\_\_\_\_
  - c. Name(s) of children:
 

Name	Date of Birth	Sex	Passport Number	Expiry Date
3. How does your family feel about you decision for missions? \_\_\_\_\_
4. If you have been divorced or separated, please give relevant history on a separate sheet of paper.

**C. CHRISTIAN LIFE AND MINISTRY** (describe briefly below)

1. Describe your present relationship and devotional life with the Lord.
2. How did you first come into contact with Gleanings?
3. What influenced you to apply to Gleanings?
4. What do you think your callings and gifts are?
5. What expectations do you have about serving at Gleanings?
6. Please indicate which areas you are most interested in. (You may check more than one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Auto mechanics       | <input type="checkbox"/> Electrical       | <input type="checkbox"/> Personnel             |
| <input type="checkbox"/> Bookkeeping          | <input type="checkbox"/> Carpentry        | <input type="checkbox"/> Purchasing / Supplies |
| <input type="checkbox"/> Housekeeping         | <input type="checkbox"/> Plumbing         | <input type="checkbox"/> Reception Office      |
| <input type="checkbox"/> Hospitality          | <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Lawn Care             |
| <input type="checkbox"/> Resource Development | <input type="checkbox"/> Childcare        | <input type="checkbox"/> Landscaping           |
| <input type="checkbox"/> Schools              | <input type="checkbox"/> Communications   | <input type="checkbox"/> Secretarial           |
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Computers / I.T. | <input type="checkbox"/> Maintenance           |
| <input type="checkbox"/> Reception Office     | <input type="checkbox"/> Construction     | <input type="checkbox"/> Pastoral Care         |
| <input type="checkbox"/> Other _____          |   |  |

7. What length of service do you anticipate? \_\_\_\_\_

**D. EXPERIENCE AND EDUCATION**

1. Please summarize your school history.

Have you completed high/secondary school? Yes \_\_\_\_ No \_\_\_\_

If not, up to what year did you complete? \_\_\_\_\_

High School/ Secondary School/ College/ University/ Seminary Attended:

Name	Address	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you previously attended a YWAM school? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you have, list: School(s) and location(s)
- a. Lecture phase: \_\_\_\_\_  
 Outreach phase: \_\_\_\_\_
- b. Lecture phase: \_\_\_\_\_  
 Outreach phase: \_\_\_\_\_
- c. Lecture phase: \_\_\_\_\_  
 Outreach phase: \_\_\_\_\_
3. Have you ever been on YWAM staff? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you have, list:                      Position                      Location/Dates                      Supervisor
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Are you an ordained/licensed minister? \_\_\_\_\_
5. Describe any other ministry experience ( use a separate sheet if necessary): \_\_\_\_\_
6. Describe musical experience and proficiency: \_\_\_\_\_

**E. FINANCES**

1. Are you in debt? No \_\_\_\_ Yes \_\_\_\_ (If you are, please explain) \_\_\_\_\_  
 a) Would your debt interfere with your long term commitment? \_\_\_\_\_
2. Do you have monthly pledged support? No \_\_\_\_ Yes \_\_\_\_ How much? \_\_\_\_\_
3. If you do not have monthly support, how do you plan to support yourself if accepted on staff? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**F. LEGAL INFORMATION**

1. Are you involved in any current or pending law suits or legal proceedings?  
 No \_\_\_\_ Yes \_\_\_\_ (If you are please explain) \_\_\_\_\_
2. Do you have a police record (civil or military)? No \_\_\_\_ Yes \_\_\_\_ (If you do, please explain) \_\_\_\_\_
- \_\_\_\_\_

**G. REFERENCES**

In order to process your application we need two reference forms. Please give us the following information:

Name and address of your YWAM DTS leader or base leader:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Name and address of your current employer or current YWAM supervisor (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Name and address of your pastor or elder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

- a) Church denomination: \_\_\_\_\_
- b) Does your pastor or elder know that you are applying for Gleanings staff? \_\_\_\_\_

c) Please describe your present relationship with your pastor or elder and home church:

\_\_\_\_\_  
\_\_\_\_\_  
Note: Would you like us to contact your pastor or elder personally and introduce our ministry to him? \_\_\_\_\_

## H. HEALTH INFORMATION

1. Do you now, or have ever received any compensation for disability from any source?  
No \_\_\_ Yes \_\_\_ (If you have, please explain) \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any physical impairments, handicaps or health conditions that require special attention?  
No \_\_\_ Yes \_\_\_ (If you have, please explain) \_\_\_\_\_  
\_\_\_\_\_  
Have you had any past psychiatric treatment?  
No \_\_\_ Yes \_\_\_ (If you have, please explain) \_\_\_\_\_  
\_\_\_\_\_
3. Do you have medical insurance? \_\_\_\_\_
  - a) Name of insurer \_\_\_\_\_
  - b) Medical insurer number \_\_\_\_\_
  - c) What does your medical insurance cover? (Briefly) \_\_\_\_\_  
\_\_\_\_\_

## 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:

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## EMERGENCY CONTACT

\_\_\_\_\_  
Name of person to contact in case of emergency

\_\_\_\_\_  
Phone Number

## RELEASE OF LIABILITY

I/We do hereby release Gleanings For The Hungry, its staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage, or loss which may be sustained by said person(s) during the courses of involvement with Gleanings For The Hungry.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

# Pastor's / YWAM Leader's Reference Form

**To The Applicant:** Please fill out your name and provide a stamped envelope addressed to Gleanings for the person filing the reference.

Name of Applicant: \_\_\_\_\_

The above applicant has applied for participation in Youth With A Mission (YWAM) an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1100 locations in 171 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance. Please check the following and comment where necessary:

1. How well do you know the applicant?    Very well    Well    Casually
2. How long has the applicant attended your church /been at the base? \_\_\_\_\_

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Cooperativeness					
Flexibility					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self-discipline					
Sound judgment					
Team player					

Comments:

\_\_\_\_\_

\_\_\_\_\_

3. Does he/she display high moral standards?    Yes    No (please explain) \_\_\_\_\_

\_\_\_\_\_

4. Overall, what do you consider to be the applicant's strong points? \_\_\_\_\_

\_\_\_\_\_

5. Please comment on the applicant's family background (if known) \_\_\_\_\_

\_\_\_\_\_

6. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes    No (please explain)

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Would you like to receive further info about YWAM/Gleanings?    Yes    No

**Note:** Please fill out and return it to Gleanings within one week of receipt. Thank you for your cooperation. Please send form to:

**Gleanings For The Hungry      P.O. Box 309      Sultana, CA 93666      info@gleanings.org**

# Employer's / Personal Reference Form

**To The Applicant:** Please fill out your name and provide a stamped envelope addressed to Gleanings for the person filing the reference.

Name of Applicant: \_\_\_\_\_

The above applicant has applied for participation in Youth With A Mission (YWAM) an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1100 locations in 171 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance. Please check the following and comment where necessary:

1. How well do you know the applicant?  Very well     Well     Casually
2. How long has the applicant been in your employment? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Cooperativeness					
Flexibility					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self-discipline					
Sound judgment					
Team player					

Comments: \_\_\_\_\_

3. Does he/she display high moral standards?     Yes     No (please explain) \_\_\_\_\_

4. Overall, what do you consider to be the applicant's strong points? \_\_\_\_\_

5. Please comment on the applicant's family background (if known) \_\_\_\_\_

6. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 Yes     No (please explain) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business name and address \_\_\_\_\_

Business phone: \_\_\_\_\_

Would you like to receive further info about YWAM/Gleanings?     Yes     No

**Note:** Please fill out and return it to Gleanings within one week of receipt. Thank you for your cooperation. Please send form to:  
**Gleanings For The Hungry      P.O. Box 309      Sultana, CA 93666      info@gleanings.org**