

Beautiful Kidz Namibia

Ministry to Children in Need

STAFF / VOLUNTEER APPLICATION FORM

◆ PERSONAL INFORMATION

Mr. / Mrs. / Miss.:			
Current address:			
Phone:			
Fax:			
E-mail:			
Permanent address:			
Phone:			
Fax:			
E-mail:			
Nationality:	Date of birth:	Sex:	
I.D. / passport no.:	Date of expiry:		

◆ MARITAL STATUS

Single Engaged Married Separated Divorced Remarried Widowed

Spouse's Name:

Date of birth: Age: Is your spouse accompanying?

Date of marriage:

◆ DEPENDENTS

Please give the names, dates of birth and gender of children accompanying you

Surname	First name	Birthday	Male	Female

◆

◆ EMERGENCY INFORMATION

In case of an emergency, contact:

Name: Relationship:

Address:

Phone: Fax: E-mail:

◆ CHURCH INFORMATION

Can you give us information about your church?

Name of the Church:

Church affiliation: Length of membership:

Address:

Phone: Fax: E-mail:

Pastor's name:

◆ INVOLVED

When do you attend to become involved? (Earliest date:)

What will be the length of your commitment?

Why would you like to be involved in Beautiful Gate Ministry?

What preference do you have when it comes to working with:

Child care - Street children:

Child care – AIDS children:

Give a short explanation why:

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Supportive staf	Admin.	Household	Kitchen	Maintenance	
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◆ LANGUAGES

Please identify and indicate your proficiency in the languages that you speak:

English		

- 1 – elementary speaking
- 2 – limited word proficiency
- 3 – minimum professional proficiency
- 4 – full professional proficiency
- 5 – native speaking proficiency
- 6 – mother tongue

◆ **EDUCATION AND EXPERIENCE**

Summarise your school, post school and Christian education history:

<i>Name of Institution</i>	<i>Period of attendance</i>	<i>Date of graduation</i>	<i>Standard / Diploma</i>

YWAM BACKGROUND INFORMATION SCHOOLS

Summarise your YWAM schools/training programmes you have successfully completed:

<i>School</i>	<i>Location</i>	<i>School leader</i>	<i>Outreach</i>	<i>Date</i>

◆ YWAM BACKGROUND INFORMATION STAFF

Have you ever been on YWAM staff?

If yes, please list the following:

<i>Position</i>	<i>Location</i>	<i>Supervisor</i>	<i>Date from / to</i>

◆ WORK INFORMATION

List your job experience over the last five years:

<i>Name of employer</i>	<i>Kind of company</i>	<i>Position held</i>	<i>Period</i>

Tell us briefly which job you liked the best and why:

Do you have a valid driving license ? yes/no

Do you have computer skills ? yes/no
With which programs did you work ?

Do you have technical skills ?

Do you have accounting skills ?

PERSONAL INFORMATION

Because of the commitment of ministry which, you are applying for, there is some information concerning your past that is important for us to know, due to stress involved. We ask you to be sincere as possible and we promise you that this application is strictly confidential.

Have you had involvement with drugs?

No Yes

Have you had involvement with alcohol abuse?

No Yes

If so, when and for how long were you rehabilitated?

Have you had involvement with homosexuality? Yes/no
If yes, explain briefly and tell us how you think of homosexuality now.

Where you the victim of child abuse? No Yes

If so, who was the abuser?

Have you ever abused or mistreated a child? No Yes

If so, explain what happened?

Have you ever been arrested? No Yes

If so, when and for what reason?

Have one or more of your family member or real good friends past away recently? No Yes

If so, mention who, when, because of what and the relationship:

Do you have any health problems? No Yes

If so, what are they?

Are you using any type of medication? No Yes

If so, what and where do you use them for?

Do you need a special diet? No Yes

If so, what is it?

Do you have allergies? No Yes

If so, to what?

Will you take out a medical insurance before you come to Namibia? No Yes

◆ **PERSONALITY DESCRIPTION**

Which of the words that best describe your personality:

<input type="checkbox"/> Communicative	<input type="checkbox"/> Persistent	<input type="checkbox"/> Responsible	<input type="checkbox"/> Passive	<input type="checkbox"/> Calm
<input type="checkbox"/> Self-confident	<input type="checkbox"/> Sceptical	<input type="checkbox"/> Self-control	<input type="checkbox"/> Creative	<input type="checkbox"/> Active
<input type="checkbox"/> Melancholy	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Distrusting	<input type="checkbox"/> Faithful	<input type="checkbox"/> Happy
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Loyal	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Serving	<input type="checkbox"/> Quit
<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Depended	<input type="checkbox"/> Insecure	<input type="checkbox"/> Timid
<input type="checkbox"/> Independent	<input type="checkbox"/> Depressive	<input type="checkbox"/> Teachable	<input type="checkbox"/> Loving	<input type="checkbox"/> Unstable
<input type="checkbox"/> Good-humoured	<input type="checkbox"/> Patient	<input type="checkbox"/> Critical	<input type="checkbox"/> Blunt	<input type="checkbox"/> Gentle
<input type="checkbox"/> Team-worker	<input type="checkbox"/> Dominant	<input type="checkbox"/> Submissive		

Evaluate yourself in the following areas with 1 (for poor) to 10 (for excellent):

Work motivation	1	2	3	4	5	6	7	8	9	10
Devotional life	1	2	3	4	5	6	7	8	9	10
Church attendance	1	2	3	4	5	6	7	8	9	10
Self esteem	1	2	3	4	5	6	7	8	9	10
Emotional stability	1	2	3	4	5	6	7	8	9	10
Reaction toward problems	1	2	3	4	5	6	7	8	9	10
Reaction under stress	1	2	3	4	5	6	7	8	9	10
Faithfulness	1	2	3	4	5	6	7	8	9	10
Financial responsibility	1	2	3	4	5	6	7	8	9	10
Honesty	1	2	3	4	5	6	7	8	9	10
Openness	1	2	3	4	5	6	7	8	9	10
Moral conduct	1	2	3	4	5	6	7	8	9	10
Positive attitude	1	2	3	4	5	6	7	8	9	10
Gratefulness	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Common sense	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Diligence	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Flexibility	1	2	3	4	5	6	7	8	9	10
Team work	1	2	3	4	5	6	7	8	9	10
Following directions	1	2	3	4	5	6	7	8	9	10
Willingness to learn	1	2	3	4	5	6	7	8	9	10
Friendliness	1	2	3	4	5	6	7	8	9	10
Concern for others	1	2	3	4	5	6	7	8	9	10
Express feelings	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Submission	1	2	3	4	5	6	7	8	9	10
Self control	1	2	3	4	5	6	7	8	9	10
Personal appearance	1	2	3	4	5	6	7	8	9	10
Health	1	2	3	4	5	6	7	8	9	10

Evaluate the following areas of difficulties:

Lonely	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Worried / anxious	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
The source of problems	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Lack of forgiveness	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Critical	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Rebellious	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

◆ **RESPOND (BRIEFLY) TOWARD THE FOLLOWING QUESTIONS ON A SEPARATE PAPER**

01. Describe your spiritual life and growth. Describe your relationship with Jesus.
How would you describe your devotional life, your time with the Lord ?
Is your church life important to you ?
02. Describe the quality and extension of your work in your church.
03. Do you have experience in teamwork?
What are your strong points ? Explain briefly
What are your weak points ? Explain briefly
What would you like to learn ?
04. Have you been source of unity or disunity in your church? Explain briefly
05. Will you receive spiritual and financial support from your church if you would become involved with our ministry?
06. Comment on your ability to handle conflicts in relationship.
07. What gifts do you recognise in your life? Explain briefly
08. Have you worked with children before? If yes in what capacity.
09. Give a description of your family structure e.g. brothers, sisters, age, ...
10. Do you have knowledge about street children and children with AIDS / HIV.
11. Describe your own childhood.

◆ **REFERENCES**

In considering your application, it is our policy to request that you submit the name of three references, one being your pastor, the other being your last YWAM leader and also the name of people (no family) who know you well for more than an year.

Pastors name:	
Name of the church:	
Address:	
Telephone:	
E-mail address:	

Last YWAM leader's name:	
Address:	
Telephone:	
E-mail address:	

Good friends name:	
Address:	
Telephone	
E-mail address:	

In applying to Beautiful Gate Ministry, I declare that the information I have submitted in the above application is correct.

Signed: _____

Date: _____