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| --- |
| PASSPORT  PHOTO |

**YOUTH CENTER SUVA**

**STAFF APPLICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant's Name** |  | | **Date of Birth** | | **/ /** |
| **Home Address** |  | | | | |
| **Phone Number** |  | **E-Mail** | |  | |
| **Education** | **Class ( ) Form ( ) College/University ( )** | | | | |

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| --- | --- | --- |
| **STAFF COMMITMENT** | **Associate Staff : Part Time** |  |
| **2 Years (Short Term)** |  |
| **Over Two Years (Long Term)** |  |

|  |  |
| --- | --- |
| **FAMILY INFORMATION** | |
| **PARENTS NAMES** |  |
| **ADDRESS** |  |
| **TELEPHONE/MOBILE** | **/** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prior YWAM Involvement** | | | | | | | | | | |
| **DTS** | **Year** | |  | | | **Location** |  | | | |
| **Other Schools Name** | |  | | | **Year** |  | **Location** | |  | |
| **YWAM** **Base** | **to** | | | **Positions** | |  | | **Location** | |  |
| **Ministry** | **to** | | | **Positions** | |  | | **Location** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Church Name** |  | **Denomination** |  |
| **Pastor's Name** |  | **Phone** |  |

**\* Do you have sufficient financial support while you are in YWAM ? ( Yes / No )**

**\* Bring the Medical Report - within 3months (X-Ray, Blood Test)**

**Signed : Date : / /**