

Please return completed form to:

Email: info@uofnbattambang.com

Please attach a recent photo

Application: WORD BY HEART

All parts of this application must be completed in detail. All portions (including reference forms) must be received in our Battambang office before we can process the application.

A recent photo must be attached.

In writing dates, please write out the month (e.g. 4 July 1999).

Please use additional pages, as needed, to answer fully.

I. GENERAL INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

(Mr.,Mrs.,Ms.) :					
	(last)	(fil	rst)	(middle)	
Address :		Т	elephone :		
City :	State :	Country :	Postal C	ode :	
E- Mail Address:					
Birth date :// _	Birth place	:			
			City / State /	Country	
Citizenship :		Nati	onality :		
Passport No :		Plac	ce Issued :		
Date Issued :		Date	e Expires :		
Sex : MF	Spouse's	Name :			
Marital Status :	Date Status o	changed (except if si	ngle) :		
(Status : Single, Engage	d, Married, Widowed	, Divorced, Separate	ed)		
List of children who w Name	ill accompany you :	Sex	Birth date	Birth place	

Word By Heart

-	
Valid Drivers License No:	Type:
Social Security No:	Secondary ID No :
Person to notify in case of an emergency:	:
Name:	Relationship:
	Telephone:
_anguages you can speak (in decreasing	order of fluency) :
Height: Weight :	Blood type :
dome Church:	Pastor:
Address:	
Felephone or Email:	
Confidential reference forms sent to (mos	et recent or long-standing please) :
Name:YWAM Base or School Leader	Address
	Address
Name:Pastor	Address
	Address
Name:Employer	Address
	Address

II. VACCINATIONS

Listed below are the vaccinations which are required for work in Cambodia. Those with an asterisk (*) are not required but strongly recommended. Must attach a separate sheet of paper with up-to-date vaccinations.

- 1. Polio
- 2. Tetanus (within the last five years)
- 3. *Typhoid
- 4. *Japanese Encephalitis (available in Cambodia)
- 5. DP (diphtheria, pertussis)
- 6. * Rabies (Severe problem in Cambodia. Available here as a series of three injections.)
- 7. BCG (if not positive PPD.)
- 8. * Measles
- 9. Hepatitis A +B

III. HEALTH CHART

Personal History: Please answer all the questions below. Comment on all positive answers in the space on the back or on a separate sheet.

Have you ever had, or do you have now, any of the following?

	N	Υ		N	Υ
Skin conditions			Surgery	-	
Eye Trouble			Appendectomy		
Ear Trouble			Tonsillectomy		
Head Injury			Hernia Repair		
Recurrence headache			Other - specify		
Epilepsy			Stomach/Duodenal Ulcer		
Fainting Spells			Gall Bladder Problems		
Mental/Nervous Disorder			Tuberculosis		
Weakness			Jaundice		
Paralysis			Intestinal Troubles		
Insomnia			Hepatitis		
Shortness of Breath			Recurrent Diarrhea		
Hay Fever			Diabetes		
Asthma			Kidney Disease		
High Blood Pressure			Recurrent Urinary		
9			Infections		
Low Blood Pressure			Anemia		
Allergy to: Penicillin			Venereal Disease		
Sulfonamides			Tumor/Cancer		
Serum		-			
Foods-Specify			FEMALES ONLY:		
Heart Trouble			Irregular Periods		
Rheumatism/Arthritis			Severe Cramps		
Back Problems	·		Excessive Flow		
Dislocation of Joints			Are You Pregnant?		
Broken Bones			Previous Pregnancy?		
Blokell Bolles			Frevious Fregnancy!		
Explanation:					
Are you presently under a doc	tor's care for a	ny conditio	on? If yes, please explain:		
rate you presently under a doc	tor 3 care for a	iny condition	ir ir yes, piease explain.		
If you are using any type of me	edication regul	arly, name	the medication and explain the cor	ndition:	

IV. EDUCATION/EXPERIENCE

List your skills &/or hobbio abilities, carpentry, electri	es: Please the speci cal, etc	fic, i.e. typir	ng (wor	ls per mi	nute), kn	itting, sewir	ng, gardenir	ng, music
List High School/Universit	w/Trade Schools							
Name	Dates (from-to)		Acad	emic Fie	ld	Deg	ree/Cert.	
		Dates (non-to)						
YWAM Schools Complete	ed/Job Experience (I	Most recent	first):					
School/Job Tit	tle	Location		Date		Directo	r's Name	
	 .		-					
			-					
	 .		_					
	 		_					
Employment History (Mo				Datas		D 141		
Employer 1.	Location	on		Dates		Position	l	
2.			_					
3.			_					
lf you have done a DISC please draw your profile	Personality test, in the box:		D	I	S	С		
If you have completed M Test please right down y	lyers-Briggs Perso your personality ty	onality pe.						
le: ENFP, INTJ	,	•						

V. PERSUNAL
Do you have a prayer and financial support base for length of Word By Heart?
How much money do you have to pay towards your school as of today?
Do you currently have an outstanding debt? If so, what is your repayment plan?
\ In the space provided below, please describe your Christian experience. (please use additional paper as necessary)
VI. MINISTRY
What expectations do you have for the Word By Heart School?



YWAM BASE OR SCHOOL LEADER'S REFERENCE FORM

APPLICANT'S NAME (please print or type)					
SCHOOL/DATE APPLICANT ATTENDED		/_			
The above named person is applying for the Word I are requesting your candid response to the question provide us in assessing the applicant's suitability for working in a somewhat isolated, cross-cultural situal emotionally and physically stressful. Therefore, material relationships in a spiritually demanding setting are in	ns below along r service. As sation is a diffici ture people wh	g with any you respon ult and cha no are able	other inpund please llenging to the total to the	ut you ma keep in n ask that c ain health	y wish to nind that can be y
 Does the applicant have the strength of chaworking in physically, spiritually and emotionally detection 			inister cro	oss-cultur	ally while
2. In your estimation, is the applicant propeneeded?	erly motivated	l with an	attitude o	of servino	g where most
3. Do you have any question, reservations and Cambodia?	d/or cautions a	about the a	pplicant's	s desire to	serve in
4. Please rate the applicant's understanding of	of and commitr	nent to the	"basics"	of YWAN	l as a
mission. ** If Fair or Poor, please explain.	Excellent	Good	Fair	Poor	
Lordship of Christ					
Priority of Relations with God					
Humility/Openness					
Accountability					
Team ministry (as opposed to individual ministry)					
Quality Interpersonal Relationships					
Faith and Finances					
Worship					
Commitment to Prayer/ Intercession					

5.	Does the applicant need constant supervision or is he / she self-motivated?
6. a team	How well do you think the applicant can maintain the balance of working independently while having approach to ministry?
7.	What leadership or supervisory skills does the applicant have?
8.	Has he / she held any positions of responsibility under your direction?
9.	Please note both his/her strengths and weaknesses in character and action.
10.	Does the applicant have a history of emotional instability or subsequent psychiatric treatment?
11. be a po	Has he/she had past involvement in eastern religions or other spiritual activities that might prove to bint of stress while living in Cambodia?
12.	Can he/she relate easily with or develop positive relationships with non-Christians?
	

YWAM BASE OR SCHOOL LEADER'S REFERENCE FORM

SIGNATURE	DATE Day / Month / Year
NAME (print or type)	
POSITION	_ SCHOOL/MINISTRY LOCATION

Please return directly by e-mail to: info@uofnbattambang.com



PASTOR'S CONFIDENTIAL REFERENCE FORM

API	PLIC	ANT'S NAME (please print or type):
(Uo app ans	fN). I lican wer o	ve named person has applied for the Word By Heart in Cambodia with University of the Nations U of N is the training arm of Youth with a Mission (YWAM). Will you kindly aid us in judging the t's fitness for service by supplying the information requested in this form? We suggest that you only those questions about which you are reasonably certain. We shall appreciate an early e giving your candid appraisal of the applicant. It will be kept strictly confidential.
1.	Hov	w long have you known the applicant?
2.	ls t	he applicant faithful in attendance in the church?
	a.	How long has he / she attended your church?
	b.	Has he / she been faithful in responsibilities in your church?
3. the		you think a short-term / long-term missionary experience at this point would be helpful or unwise for icant? Please explain:
4. chu		help us understand your perspective of the applicant, would you desire the applicant to be on your staff? If so, in what capacity do you think he/she would best function? If not, please explain:
5.	Has	s he/she shown initiative in being involved in church outreach programs?
6. was		s the applicant ever been the source of dissension disunity in the church?YesNo. If yes, one-time occurrence or is it a continuing pattern?

8. If yes, p	ls the applicant լ please describe:	orejudiced towards	any groups, races	, or nationalities? _	YesNo.
9. Ho	ow does he/she cod	perate when not in	a leadership posit	ion?	
11. If	the applicant has le	adership ability, in	what areas does h	e/she do well?	
Evange Person Working	al discipline g with adults oom teaching		Motivating Innovating Leading o Leading w	I I thers	
12. If t	the applicant is mar How would you		nship of husband a	and wife?	
	Excellent	Good	Fair	Poor	No observation
b.	How would you	describe their relati	onship with their cl	nildren?	
	Excellent	Good	Fair	Poor	No observation
13. Pl	ease give any other	information you m	ight want to share	concerning the situa	ation of the applicant.
	there any indicat				has been significant
	a) a desire for	ravel or cultural de	velopment?	YesNo	
	b) a desire to e	scape a difficult pe	ersonal, family or vo	ocational situation?	YesNo
	c) an emotiona	I involvement with	someone who is go	oing to the field?	YesNo

	the applicant the kin ally?Yes	•	would be happy to h	nave your church consider supporti	ηę
16. Th	ne congregation's resp	onse to the applic	cant as a potential miss	ionary has been:	
	Enthusiastic	Warm	Indifferent	Cool	
Thank y	you for your help.				
SIGNA	TURE:			_ DATE:	_
NAME	(please print or type):				_
POSITI	ON:		NAME OF CHURCH	:	_
			ADDRESS :		
					_

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APPLICANT'S NAME __

University of the Nations, Cambodia Wor Battambang

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EMPLOYER'S CONFIDENTIAL REFERENCE FORM

(To be completed by present or last employer)

_	LAST	FII	RST	N	IIDDLE	
The above-named pers is part of Youth With A at the address found I comprehensive reference	Mission (YWAM). pelow. As we often	Thank you fo en must acce	r the time tept new st	o complete t udents witho	his form and re	turning it to us
APPLICANT'S CHARAC	CTER PROFILE:					
	Superior	Above Average	Average	Below Average	Inferior	
Initiative						
Social adaptability						
Concern for others						
Ability to follow						
Leadership						
Judgment						
Emotional stability						
Health						
Organizational ability						
Montal ability	Oui	ak ta aamarab	and	Averese	alow	
Mental ability		ck to compreh		Average	slow	
Industry	Har	d worker	_	Average	Lack	s persistence
Reliability		ets obligations ks obligations		Average		
Flexibility	Оре	en to change	_	Average	Unyi	elding
Personal character	Wel	l-balanced	_	Average	Unsta	able
Disposition		erful	_	Average	Posit	
Punctuality	Pun	ctual	_	Average	Ofter	ı late
Financial responsibility	Hon	ors obligation	s	Average	Negl	ectful
1. How long have / did y	ou work with the a	applicant? sta	te approxir	nate date.		

	(month / year)	(month / year)
2.	What are / were the duties of this applicant?	
3.	What exemplary characteristics describe this a	pplicant?
4.	How would you describe the applicant's working (and patients, if applicable)?	g relationship with supervisors and co-workers
6.	Do you feel the applicant completed his / her do	uties to the best of his / her abilities?
7.	How does the applicant respond in a stressful s	situation?
8.	Would you rehire this applicant?	
YO	OUR NAME(please print or type)	DATE:
SIG	GNATURE:	
РО	OSITION:	
AD	DRESS:	

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APPLICANT'S / STAFF'S NAME: _____

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HEALTH FORM (To be completed by a Physician)

Please be aware that the applicant/staff has the right to know the information that the employer (YWAM / U of N) obtains from the physician. Only information relevant to the working situation can be given to the employer and only the information that is necessary.		
APPLICANT'S / STAFF'S AGREEMENT: I agree to let the physician who performs my physical information about my health. Only information that is shall be given.	al examination give my employer (YWAM / U of N) relevant and necessary for my future working situation	
Signature of Applicant:		
1. PHYSICAL EXAMINATION		
Height:	Weight: (over-/underweight?)	
BP:	Pulse:	
Blood Type:	Rh Factor:	
Heart:		
Lungs:		
Abdomen:		
Neurological:		
Skeletal system:		
Eyes:		
Ears:	Hearing:	
Skin:	Lymph Nodes:	
LABORATORY TESTS (please attach results) Complete blood count*		
 a. Complete blood count* b. VDRL (syphilis)* c. HIV* d. Urine analysis* e. Chest x-ray* 		

Over age of 40 years, the following in addition:

- f. Electrocardiogram
- g. Breast examination and PAP smear
- h. Tests for hyperlipidemia (cholesterol & triglycerides)

If coming from Asia or Africa only:

I. Alfa-feto protein*

*Tests made with an asterix are requested only of new applicants to U of N Battambang Schools/Staff.

3. FEEDBACK TO YWAM / U of N

Email: info@uofnbattambang.com

In your opinion, is the applicant/staff physically and mentally able to work in Cambodia:

YES, without reservations
YES, but with the following reservations/under the following conditions:
NO, because the following reasons:
Are there any conditions in the applicant's/staff's health of which YWAM/UofN should be aware?
Name & address of physician:
U of N Cambodia, Battambang



Signature:

University of the Nations, Cambodia Battambang Word By Heart

U of N CAMBODIA BASIC PHILOSOPHY OF MINISTRY

Thank you for prayerfully considering involvement with YWAM / U of N Cambodia. We would like to take this opportunity to give you some understanding of our calling as a mission in Cambodia. The following serve as basic guidelines for our teams.

- A. **WE OPERATE AS A TEAM MINISTRY.** We live together in smaller households, as families and as individuals. We have regular team meetings not only to facilitate communication and logistics, but for teaching, prayer, and spiritual nurture and accountability. Regular participation is expected. We believe that a spirit of accountability welcomes correction, encouragement, and openness in both our corporate and personal lives.
- B. GOD HAS CALLED US AS A MISSION TO PRAY AND INTERCEDE FOR THE NATIONS. Each ministry team, whether short or long-term, participates in regular times of prayer together.
- C. **OUR MISSION FUNCTIONS UNDER AUTHORITY.** In some cases, we work with the local government and therefore submit to their laws, policies, and guidelines. We also cooperate closely with various international agencies and communicate and coordinate accordingly. We affirm our need to be in submission to those whom we serve, those who serve us in the Lord, and those with whom we work as co-laborers.
- D. **OUR PRIORITY AS A MISSION IN CAMBODIA IS TO SERVE GOD, EACH OTHER, AND NON-BELIEVERS.** We are dedicated to being relationship-oriented in our living and working together. Our individual relationship with God will affect the way we relate to both fellow staff and non-believers. We desire to minimize the need for structure and rules by leading lives of transparency, humility, open communication and keeping short accounts. People observe how we live and relate together and know we are Christians by our love for one another. We come from many nations, cultures and backgrounds, but our common purpose is to know God and make Him known. Therefore we recognize the importance of developing cultural sensitivity and discovering new ways of accomplishing our goals.

Date:

I have read the above and fully accept the guidelines under which we serve together.

- J	_ 0.10.	
Name (print):		

YWAM / U of N CAMBODIA STATEMENT OF BURIAL

We encourage each student and prospective staff member to consider seriously the possible consequences of missionary service. Although death is rare in service with Youth With A Mission / U of N, it is nevertheless a possibility.

YWAM/UofN endeavors to protect its staff and students on the field; however, for those serving in the developing world, it is important to consider the possibility of sickness or death from disease, accident, or other potentially life-threatening situations.

When death occurs in a developing nation, the death and disposition of the body are dealt with under the laws of that nation. Some countries require disposal of the body with 24 hours, while others adhere to the religious laws of that nation.

In the case of death, we recommend that burial occur locally rather than returning the body to the home nation. However, should the family desire repatriation of the body and that be possible under local laws and conditions, the family must cover the cost.

For those who see repatriation of the body as a high priority, we recommend you investigate various insurance schemes to cover this event.

I believe that God has called me into His service with Youth With A Mission/UofN and I feel I must follow Him in obedience.

I understand that accidents and sickness are possible wherever I may live and travel.

I agree that, in the case of my death while serving with Youth With A Mission/UofN, the disposition of my body may be decided at the location of death. If my family desires to have the body shipped home, and that be possible, I understand that they will need to pay for all expenses incurred.

I hereby absolve YWAM/UofN and its entire staff and associates from any responsibility for repatriation costs.

Drint full name		Doto	
Print full name		Date	
Signature			
olgilatare	V\A/A N/ / I I a	S N. C A M. D. O. D. I.A.	

YWAM / U of N CAMBODIA HOSTAGE SITUATIONS

Service in Cambodia, like many other nations, presents the potential danger of staff and students being taken hostage. In principle, YWAM/UofN will not pay ransom to free staff or students that are taken hostage.

Please sign below indicating that you have read the above statement and are willing to abide by this policy.

Print full name	Date

STATEMENT OF ARMED PROTECTION

Cambodia is a nation which continues to experience armed conflict from time to time. This is a circumstance which all UofN staff must take into consideration.

UofN will take all reasonable precaution to ensure that its staff and students are not working in areas of conflict and danger. It is not possible; however, to guarantee complete safely from armed elements while living and/or traveling in Cambodia.

UofN will not expect its staff and students to remain in places where they fear for their safety to the point that they desire to leave, or to travel to or live in places where they would rather not go.

The Royal Government of Cambodia has on occasion wanted YWAM staff and students to travel with armed guards for their protection. After much consideration, YWAM and U of N International has decided that it is preferable to travel <u>without</u> armed protection from the Government and that we will as individuals accept responsibility for our own safety.

Please sign that you have read and agree to this	s policy.
Print full name	Date
Signature	
	AMBODIA STATEMENT
I,to:	, confirm that I am financially able
Purchase a round-trip ticket to and from Camboo Alternatively, I am willing to deposit funds sufficient	
Bring with me or have promise of regular support	t in the amount of
I also confirm that I have no outstanding debts fo debt, please give detail, including amount and re	
SIGNATURE:	DATE:

U of N CAMBODIA CHILD PROTECTION POLICY

Since Child exploitation is such a big issue in Cambodia we have a Policy which you will read and sign during your orientation. Beforehand we would like to sign the following statement.

Declaration of Commitment/ Statement of	no Criminal Conviction
I have not been accused or convicted of a	any offence involving physical or sexual abuse.
SIGNATURE:	DATE:
HEA	ALTH INSURANCE
U of N Cambodia requires foreign staff an includes coverage of medical evacuation.	nd volunteers to have overseas health insurance that
I am insured with the following insurance	company
CONSE	ENT FOR TREATMENT
In case of emergency, I hereby agree to the and surgery, as the attending doctor or ph	he performance of such treatment, including anesthesia hysician may deem necessary.
SIGNATURE:	DATE:
RELI	EASE OF LIABILITY
and volunteer assistants from any liability	ons Cambodia and Youth with a Mission, its staff, agents whatsoever arising out of any injury, damage or loss family during the course of involvement with University of
SIGNATURE:	DATE:
PRINT FULL NAME:	
U of N Cambodia, Battambang	

info@uofnbattambang.com

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