**YOUTH WITH A MISSION TAIWAN**

台灣青年使命團

**Staff Application Form**

同工申請表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name姓名**:** | Sex性別: | Birth Date出生日: | Email: | **Nationality**國籍**:** |
| Permanent Address永久地址: | **Present Address**居住地址**:** | **Home Phone**  居住電話**:** | **Mobile Phone**行動電話**:** | **Languages**語言**:** |
| Passport Number  身分證號碼:  護照號碼**:** | **Passport Place of Issue**簽發護照地點**:** | **Passport Expiration Date**護照過期日**:** | **Occupational and Professional Talents**職業級專業**:** | **Other Talents**其他能力**:** |
| Marital Status婚姻狀況:  **\_Single**單身  **\_Married**已婚  **\_Separated**分居  **\_Divorced**離婚  **\_Engaged**訂婚  **\_Remarried**再婚  **\_Widowed** | **Spouses Name**配偶姓名**:**  **Nationality**  國籍**:** | **Wedding Date**結婚日期**:** | **Children Accompanying you**伴行兒童**:**  Name姓名:  Birth Date 生日:  Name姓名:  Birth Date生日:  Name姓名:  Birth Date生日: | **Any Previous Church or Ministry Experience**是否有任何教會服事經驗**:** |
| Name of Home Church母會名稱: | **Pastor**牧師**:** | **Do they support you in joining this ministry**他們是否支持您  做此事工**:** | **Church Address**教會地址**:** | **TEL**電話**:** |
| In case of emergency, contact緊急聯絡人: | **Relationship**關係**:** | **Address**地址**:** | **TEL**電話**:** | **Email:** |
| Highest Level of education which you have graduated from or will be graduating from:最高學歷/或最高肄業學歷 | **Name**姓名**:** | **Location**地點**:** | **Date of Graduation**畢業日期**:** | **Major**主修**:** |
| YWAM Schools that you have previously attended先前所參加過的YWAM學校: | **School:** 學校  **School:** 學校 | **Location**地點**:**  **Location**地點**:** | **Date**日期**:**  **Date**日期**:** |  |
| YWAM ministries that you have been previously involved with先前有參與過的服事: | **Ministry:**服事  **Ministry:**服事 | **Location**地點**:**  **Location**地點**:** | **Date**日期**:**  **Date**日期**:** |  |
| Financial Support  財務支持:  **\_Personal Savings**個人存款  **\_Family**家庭 **\_Church Support**  教會 **\_Living by Faith**  靠信生活  **\_Debt or Loan**  債務或貸款  **\_No Debt or Loan**無債務或貸款 | **Please Explain**請解釋**:** |  |  |  |

Please answer the following questions below. It does not suffice to have YES or NO answers, please be specific請回答下列的問題。請勿只簡答是或不是，請詳答.

1. Describe your conversion experience in three stages Pre-Christ, conversion, present relationship描述您信主三個階段的經驗:信主前，信主的過程以及現在和上帝的關係:

信主前 :

信主過程:

現在:

2. Explain any spiritual or ministerial experiences. What religious books & Christian periodicals have influenced you most?請解釋您在服事上任何的屬靈經驗。哪一本宗教書籍影響你最深

3. Please describe your relationship with God. Describe your family and your relationship with them. Describe your church and your relationship with your pastor or elders and the congregation.請描述你與上帝的關係。請描述您與家人的關係以及您的家人。最後請描述您的教會以及您與牧師、長老以及會眾的關係。

4. How did you hear about this ministry? Did someone invited you to be part of this ministry？What are your expectations for this ministry?您是如何知道此服事?是否有人邀請你參與此服事？您對此服事有何期待?

5. Do you feel God has given you a short-term or a long-term calling? How many years?  Please explain in as much detail as possible what that calling is. If you have a call to a specific place or people group please describe this too.您認為上帝給您的呼召是長期的還是短期的?幾年呢？請盡量詳答是哪方面的呼召。如果您對某地或是某族群有負擔或呼召也請寫上。

6. Have you ever pioneer a ministry before? When? Where? What Kind of ministry? For how long? 你以前是否有過開拓事工的經驗？何時？地點？事工類型？持續多久？

7. What is your cross cultural experience in missions? Please explain?你有跨文化宣教的經驗嗎？請敘述。

8. List anything else NLT Taiwan should know about you or your situation.請寫出台灣國家領團隊需要了解關於你的訊息

9. List ADDRESS & TEL of those that fill out your reference form:請寫出您推薦人的地址及電話

* 1. Pastor牧師
  2. YWAM Leader. YWAM領袖.
     + I confirm that I understand that my initial commitment with YWAM Taiwan is (years) and if I am accepted by Youth With A Mission Taiwan, I will abide by the spirit, rules and schedules of YWAM Taiwan. I commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission in accord to the Taiwan present law. I do understand the implications of my visa status and I will not act in anyway that could jeopardize other YWAMers visa in Taiwan. Also at the end of my commitment I I commit myself to communicate with my own church leaders, supporters and intercessors my decision to change location/ministry or to extend the commitment. 我確實了解若我被台灣青年使命團接受為同工的期間，我將會遵守屬靈上以及台灣青年使命團的規則。在該國服事期間，我將委身給付個人的開支。依據台灣現行的法律，台灣青年使命團為社團法人志工團體，我不會在任何行為上觸犯而連累延緩其他志工的簽證，及該機構的名譽。我致力委身於向我教會的牧者、長執同工、支持代禱者交代報告：關於我在服事期間的地點、事工或服事年限的變更。

Signed簽名 : \_\_\_\_\_

Please direct all forms to:  
**Youth With A Mission, Taichung, Taiwan**Jianxing Rd, Lane 766, Alley 75, No. 6North District, Taichung CityTaiwan, R.O.C. 404

資料寄至

台中青年使命團

台灣 台中市北區健行路766巷75弄6號Tel電話: 886-939-693-700 or或 886-963-253-665

Email: ywamtaichung@gmail.com

###### CONFIDENTIAL HEALTH FORM健康狀況表(保密)

* + - This information is treated confidentially; please answer the following questions in detail. Please mark Yes or No boxes with an “X” according to your circumstance. 此資料將保密；請詳答下列的問題，請依據您的情況在各框裡是或否的位置裡填上”X”

1.

|  |  |  |  |
| --- | --- | --- | --- |
| Name姓名: | Sex性別: | Date of Birth出生日: | Mobile TEL手機: |
| Address地址:  居住地址**:** | TEL電話: |  |  |
| Permanent Address永久地址: | TEL電話: |  |  |

2.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Next of Kin近親名稱: | Relationship to you與您的關係: | Address地址: | TEL電話: |
| In Case of Emergency, contact緊急聯絡人: | Relationship to you與您的關係: | Address地址: | TEL電話: |

3.

|  |  |  |
| --- | --- | --- |
| Do you have medical or life insurance您是否有任何的醫療或健康保險? | YES是: | NO否: |
| Insurance Company保險公司名稱: | Type of Insurance保險項目:  Date of validity: 截止日期  Beneficiary:受益人 | Coverage涵蓋項目 (Explain Simply請簡答): |

4.

|  |  |  |
| --- | --- | --- |
| Height(cm):身高(公分) | Weight (kg):體重(公斤) | Blood Type:血型 |
| Any Allergies (check one) 有無過敏(在右欄回答) | Yes (please specify) 是(請詳答): | No否: |
| Are you presently under a doctor’s care for any condition? à | Yes (please explain) 是(請詳答): | No否: |
| Any Physical Disabilities? à | Yes (please explain) 是(請詳答): | No否: |

5. Please mark with an “X” if you have ever had, or do have any of the following? Please explain the duration of the condition.若您有下列的病史請在欄內畫上”X” 請作解釋。

|  |  |  |  |
| --- | --- | --- | --- |
| Heart Trouble心臟疾病: | High Blood Pressure高血壓: | Shortness of Breath  呼吸困難: | Arthritis關節炎: |
| Hepatitis肝病:  What kind of類型 | Diabetes糖尿病: | Kidney Disease腎臟病: | Color Blind色盲: |
| Anaemia貧血: | Stomach Trouble腸胃問題: | Tuberculosis肺結核: | Epilepsy顛癇: |
| Sexual Disease性病: | Eating Disorder厭食症: | Polio小兒麻痺: | Paralysis癱瘓: |
| Cancer癌症: | Depression憂豫症: | Other Please Explain其他: | Malaria/Dengue瘧疾/登革熱 |

6. Does any member of your family have the following disease您的家屬是否有下列的疾病?

|  |  |  |  |
| --- | --- | --- | --- |
| Heart Trouble心臟疾病: | High Blood Pressure高血壓: | Diabetes糖尿病: | Kidney Disease腎臟疾病: |
| Arthritis貧血: | Shortness of Breath呼吸困難: | Tuberculosis肺結核: | Epilepsy癲癇: |
| Others, Please Explain其他，請作解釋: |  |  |  |

7. Does any of the following occur frequently下列項目是否會時常發作?

|  |  |  |  |
| --- | --- | --- | --- |
| Dizziness頭昏: | Headache頭痛: | Medical Nervousness醫療壓力: | Insomnia失眠 |
| Diarrhoea拉肚子: | Backache背痛: | Tiredness疲累: | Vision Problems視力問題: |
| Others, Please Explain其他，請作解釋: |  |  |  |

8. Have you been diagnosed with any mental health conditions? Ie. Depression or other emotional/mental health conditions. Please explain : 你是否曾經被診斷出有任何精神上的症狀？例如：憂鬱症 / 躁鬱症 / 精神官能症…等。請詳述

Do you have any family history of mental health conditions? 您的家屬是否有上述的的精神症狀?

**CONSENT AND AGREEMENT**

同意及協議

I/We do hereby release YOUTH WITH A MISSION, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, result of war, riots, natural disasters, car/motorbike/airplane accident/sports of any kind, damage or loss which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION.

NOTE: Damage or loss refers to those not caused by the agents and employees: e.g. earthquake, flood, airplane accidents, drowning, car accidents, etc.註記:

Applicant’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR TREATMENT**

I/We hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of attending physician.

Applicant’s Signature 申請人簽名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date日期 : \_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR BURIAL**

I, the undersigned, hereby grant consent to whatever national laws require, in the eventuality of my death while in the service of Youth With A Mission.

NOTE: In case of accidental death, we will do our best to abide by the wish of the applicant’s family: if, due to the difference in national laws, the burial needs to take place in the applicant’s country, please sign below for consent :

Applicant’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_