



Mission Builder Application

Name: _____
(Last) (First) (Middle)

Sex: Male Female Marital Status: _____ Email: _____

Birthdate: _____ Age: _____
(Month) (Day) (Year)

(Address)

(City) (State) (Country) (Postal Code)

Nationality: _____ Passport #: _____

Place Passport Issued: _____ Date Passport Issued/Expires: _____ / _____

Spouse's Name: _____

List of Children (accompanying/not accompanying):

Name	Sex	Birthdate	Birth Place
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What dates are you applying for? : _____

Person to notify in case of an emergency: _____

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone Number: _____

Home Church: _____ Pastor: _____

Church/Pastor's Email: _____



Mission Builder: Education/Employment

Education:

Name	
Dates	
Academic Field	
Degree/Certificate	

Name	
Dates	
Academic Field	
Degree/Certificate	

YWAM schools/staff roles:

School	
Role	
Location	
Date	

School	
Role	
Location	
Date	

Employment:

Employer	
Location	
Dates	
Reason Left	

Mission Builder Experience:

Location	
Dates	
Duties	
Supervisor/Email	

Languages you can speak (in decreasing order of fluency): _____



Mission Builder: Experience/Skills

Please enter 1-3 depending on your level of skill.

- Blank – no skill, uninterested
- 1 – Need supervision/guidance
- 2 – Able to work independently
- 3 – Able to teach and lead others

- | | | |
|----------------------------|-------------------------------|-----------------------------|
| Accounting _____ | Concrete Work _____ | Pastoral Care _____ |
| Microsoft Excel _____ | Drywall, Sheetrock _____ | Prayer/Intercession _____ |
| Administrator _____ | Electrician _____ | Musician _____ |
| Organizational Mgmt _____ | Engineering _____ | Fine Arts _____ |
| Business _____ | Farming _____ | Child Care _____ |
| Computer Tech/IT _____ | Gardening _____ | Cooking _____ |
| Clerical/Office Work _____ | General Labor _____ | Barista _____ |
| Database Mgmt _____ | Landscaper _____ | Housekeeping _____ |
| Graphic Design _____ | Painter _____ | Hospitality _____ |
| Photoshop _____ | Mason _____ | Interior Design/Décor _____ |
| Human Resources _____ | Plumber _____ | Sewing _____ |
| Legal Services _____ | Roofing _____ | Crafts _____ |
| Web Design _____ | Surveyor _____ | Dental Hygienist _____ |
| Marketing/Comm _____ | Welder _____ | Dentist _____ |
| Writing/Blogging _____ | Bible Teaching _____ | Doctor (MD) _____ |
| Architect _____ | Counseling/Discipleship _____ | Nurse (LPN,RN) _____ |
| Auto Mechanic _____ | TESOL Teaching _____ | Health Teacher _____ |
| Carpenter _____ | Evangelism _____ | Social Media _____ |



Mission Builder: Questions

Please use an additional piece of paper if needed

How did you hear about UofN Poipet, Cambodia?

Why are you applying to be a Mission Builder at UofN Poipet, Cambodia?

What expectations do you have as a Mission Builder?

Please comment on any prior mission experience outside of YWAM/UofN:

Please explain your current relationship with Jesus:



Mission Builder: Statement of Faith/Release from Liability

Statement of Faith:

Trusting in Jesus Christ as my Savior, I believe in:

The Bible as the inspired Word of God;

The Deity of our Lord, Jesus Christ, God's Son;

The vicarious death of Jesus Christ for our sins, His bodily resurrection and His personal return;

The presence and power of the Holy Spirit in the work of regeneration.

I have read the Statement of Faith. I believe and accept them in being considered for service. If accepted, I will abide by the Spirit and guidelines of the UofN Poipet, Cambodia.

Signature: _____

Date: _____

Release from Liability:

I agree to hold harmless, and release from any liability, University of the Nations, Poipet, Cambodia and applicable projects, its agents, employees and staff, from any liability whatsoever arising out of any injury, damage or loss which may be sustained during my time of involvement with University of the Nations, Poipet, Cambodia. I state that I knowingly waive any and all rights to initiate any action before any court of law or equity against University of the Nations, Poipet, Cambodia.

Signature: _____

Date: _____



Mission Builder: Health Form

Vaccinations: The following are the vaccines SUGGESTED by many first world nations for travellers to Cambodia. We recommend that you are up to date on all of your needed vaccinations. The asterisk (*) are STRONGLY recommended.

1. Polio*
2. Tetanus*
3. Typhoid*
4. DP (Diphtheria/Pertussis) *
5. Hepatitis A and B (please start the course before arriving) *
6. MMR
7. Rabies
8. Japanese Encephalitis

Personal Health History: Please answer all the questions below. Comment on all answers marked “Yes” in the space provided or a separate piece of paper.

Have you ever had or currently have any of the following:

	Yes	No		Yes	No
Skin Conditions			Hepatitis		
Eye Trouble			IBS/Recurrent Diarrhea		
Ear Trouble			High Blood Pressure		
Head Injury			Low Blood Pressure		
Migraines			Cardiac Dysrhythmias		
Epilepsy			Allergy to Penicillin		
Fainting Spells			Sulfonamides		
Anxiety			Serum		
Depression			Foods (specify)		
Mental Illness			Arthritis		
Weakness/Fatigue			Back Problems		
Paralysis			Broken Bones		
Insomnia			Diabetes		
Asthma			Kidney Disease		
Surgery			Recurrent UTI		
Appendectomy			Anemia		
Tonsillectomy			Venereal Disease		
Hernia			Tumor/Cancer		
Stomach Ulcer			Female Only:		
Gallbladder Problems			Severe Cramps		
Tuberculosis			Excessive Flow		
Jaundice			Currently Pregnant		
Heart Trouble			Previously Pregnant		



Health Explanation(s):

Your current height: _____

Your current weight: _____

Are you currently under a doctor's care for any conditions? _____. If yes, please explain:

If you are taking any type of medication regularly, please name it and list the reason you are taking it:

How would you describe your overall health?

Poor

Average

Very Good

Excellent

Insurance Information

Name of insurance carrier _____ Contact phone _____

Policy type _____ Policy number _____

Expiration date _____
(Day/Month/Year)

Medical Emergency Contact

Name _____ Relationship _____

Phone # _____ Email _____
(include country code)



Mission Builder: Pastor or Mentor Reference Form

Applicant: Please fill out your personal information on this form, sign it and give it to your Pastor or Leader to complete. Please advise them to email all parts of this form to info@uofnpoipet.com. Thank you.

Applicant's information:

Name: _____
(Last) (First) (Middle)

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.

Applicants Signature: _____ Date: _____

The above applicant has applied for admission to the University of the Nations (UofN). UofN is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in hundreds of locations on six continents. Its purposes include training and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." UofN is a training and logistics base from which skilled workers are sent out into the world.

Your comments will be considered seriously; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. 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. In what areas has the applicant served/been active in your church or community?

3. Do you think a short-term mission experience at this point would be unwise or unhealthy for this applicant?

4. Would you desire the applicant to be on your church staff? If so, in what capacity do you think the applicant would best function. If not, why?



5. Is there any indication that the applicant's decision to enter this service has been significantly influenced by:

- a. A desire for travel or sightseeing Yes No
 - b. A desire to escape a difficult personal, family, or vocational problem Yes No
 - c. An emotional involvement with someone on or going to the same field Yes No
6. Is your church willing to support this applicant financially if accepted into service?
 Yes No

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait please mark "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Emotional Maturity

Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						



Spiritual Maturity

Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential

Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

	Not Known	Poor	Below Average	Average	Above Average	Excellent		Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration							Prayer						
Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

Any Additional Comments:

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វ៉ាយវ៉ាម
បម្រើ - អប់រំ - អភិវឌ្ឍ



UoF N POIPET
YWAM
Serve - Educate - Develop

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signature: _____

Date: _____

Name: _____ Position/Relationship to Applicant: _____

Email: _____

Thank you, please sent this form to info@uofnpoipet.com