



YOUTH WITH A MISSION

A: Geylang P.O.Box 25. Singapore 913801. T: 65-6745 9700 F: 65-6747 7533
E: info@ywam.org.sg W: www.ywam.org.sg

GO Team Application Form

(This application requires a non-refundable deposit of S\$100)

TRIP DETAILS

Destination: _____ Dates: From _____ To _____ Team Leader: _____

PERSONAL PARTICULARS

Name: Dr/Mr/Mrs/Miss _____

Permanent Address: _____

Country: _____ Zip/Postal Code: _____

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Email: _____ Date of Birth: _____ (dd/mm/yy) Sex: M / F

Occupation: _____ Citizenship: _____ Marital Status: _____

Passport Number: _____ Expiry Date: _____ Place of Issue: _____

Name of YWAM Base/Church/Organization (please state country) _____

MINISTRY PARTICULARS

Name of Church/ Organization: : _____

Senior / Missions Pastor: _____

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

PREVIOUS MISSION or YWAM EXPERIENCE (other organizations, missionary work, outreaches etc)

Type of Experience	Organization/Church	From – To	Location



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SKILLS, ABILITIES AND EXPERIENCES

Our desire is to be a blessing to the people we are serving. Our goal is to help our host partners enhance their current work. We believe that God has given us natural and developed skills as a tool to establish links with the locals. Please list you skills, abilities and experience so that we can assist the field workers.

Please check all that applies:

- | | | |
|---|---|---|
| <input type="checkbox"/> Balloon Sculpturing | <input type="checkbox"/> Cleaning Old Folks Home | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Counseling | <input type="checkbox"/> Craft Work |
| <input type="checkbox"/> Designing / Artwork | <input type="checkbox"/> Drama Training | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Handling Street kids | <input type="checkbox"/> Helps (cleaning, washing...) | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Music Instruments Training. Please specify _____ | <input type="checkbox"/> Painting murals | |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Preaching / Teaching Bible | <input type="checkbox"/> Prison Ministry |
| <input type="checkbox"/> Performing Drama | <input type="checkbox"/> Sewing | <input type="checkbox"/> Singing Training |
| <input type="checkbox"/> Teacher's Training | <input type="checkbox"/> Teaching English | <input type="checkbox"/> Teaching Kindergarten kids |
| <input type="checkbox"/> Teaching Pre-school kids | <input type="checkbox"/> Videography | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Others: Please specify _____ | |
| <input type="checkbox"/> Youth related work | <input type="checkbox"/> Others: Please specify _____ | |

Signature of Applicant

Date:

Please mail your forms and cheque (made payable to "Youth With A Mission Training Centre") to

**YWAM Singapore
Attn: GO Teams
Geylang P.O. Box 25
Singapore 913801**



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LIABILITY RELEASE CONSENT FORM

I, _____, holder of NRIC/Passport No: _____ wish to participate in the mission trip to _____ from _____ to _____ organized by Youth With A Mission, Singapore (YWAM Singapore).

I hereby release, waive and discharge YWAM Singapore, the team leader and volunteer assistants from all liabilities whatsoever arising out of any death or personal injuries or damages or losses to properties of whatever nature and extent which may be sustained by me in the course of my participation. I am fully aware of the risks and other hazards inherent in the trip and voluntarily assume all risks of loss, damage, or injury of whatever nature and extent that may be sustained by me while participating.

Consent to Treatment

I authorize YWAM Singapore and the team leader, during the whole duration of the trip, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the laws of the Country in which the medical care is being sought or the medical staff of any hospital.

Consent to Burial

I am aware that in the event of death, the prevailing national law of the Country where death occurred may stipulate that the body is to be buried on the Country where death occurred. I give consent to YWAM Singapore and the team leader, that in the event where every effort to fulfill the family's desires fail, to abide by whatever requirements stipulated under the national laws in the event of my death during the trip.

I have fully read and understood this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from foregoing written agreement have been made to me, the undersigned.

Signature of Applicant

Name: _____

NRIC/Passport: _____

Date: _____

Signature of Witness

Name: _____

NRIC/Passport: _____

Date: _____

Signature of Parent/Guardian

Name: _____

NRIC/Passport: _____

Date: _____

If the applicant is under 18 years of age, the consent of a parent or Legal guardian is required.