



# UNIVERSITY OF THE NATIONS BURTIGNY, SWITZERLAND

## VOLUNTEER STAFF APPLICATION FORM

Attach  
a recent  
photograph

Position Applying For \_\_\_\_\_

Length of commitment \_\_\_\_\_ Mo/Yr      Desired starting date \_\_\_\_\_

### Personal Information

Legal Name \_\_\_\_\_  
Family/Last      First      Middle      Preferred Name

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box      City

\_\_\_\_\_ State/Province      Zip Postal Code      Country

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Number \_\_\_\_\_ Sex:  Male  Female

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Day/Mo/Yr      City      Country

Marital Status:  Single     Engaged     Married (Date \_\_\_\_\_)     Separated (Date \_\_\_\_\_)  
 Divorced (Date \_\_\_\_\_)     Remarried (Date \_\_\_\_\_)     Widowed (Date \_\_\_\_\_)

Spouse's Name \_\_\_\_\_  
Family/Last      First      Middle      Preferred Name

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Day/Mo/Yr      City      Country

**Dependants** Names of children accompanying you:

Last/Family	First name	Middle name	Age	Birth date (D/ M/ Y)	Sex (M/F)

### Passport/Visa Information

Country of Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Name as listed on passport \_\_\_\_\_  
Family/Last      First      Middle      Preferred Name

Place of issue \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_  
Day/Mo/Yr

Have you ever been refused a Visa?  No  Yes (please give nations and brief details) \_\_\_\_\_

\_\_\_\_\_





**Home Church Information**

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor (who we can contact for a reference) \_\_\_\_\_ Length of Attendance \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Street/P.O. Box

City

State/Province

Zip Postal Code

Country

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Is your pastor/church in favour of you applying for this position?  Yes  No

**Education, Occupational Experience and Other Skills**

I completed  High School/Secondary School  Equivalent of High School/Secondary School

Name of Institution

Dates of attendance (D/ M/ Y)

	from	to
	from	to
	from	to
	from	to
	from	to

Have you acquired any degree or major?  No  Yes Type \_\_\_\_\_

List any significant job/occupational experience you have had:

Position

Dates position was held

	from	to
	from	to
	from	to

Other skills, talents or special interests \_\_\_\_\_

Type of driving license  None  Car  Large truck  Public  Bus

First/Native Language \_\_\_\_\_

Other Languages

Level of Ability

\_\_\_\_\_  Fluent  Conversational  Rudimentary  
 \_\_\_\_\_  Fluent  Conversational  Rudimentary

**YWAM/U of N Background Information**

List any previous YWAM/U of N experience or schools:

School/Experience/Position	Location	Leader/s	Date





### Health Form

**Note:** Medical Insurance is compulsory in Switzerland, so please ensure you possess valid insurance for the duration of your stay in Burtigny.

Do you have medical insurance?  Yes (Please include a photocopy of your policy with these application forms.)  
 No (If you do not have insurance we can obtain if for you at additional cost.)

Medical Insurance Company \_\_\_\_\_ Policy Number. \_\_\_\_\_

Would you consider yourself to be in good health?  Yes  No – explain \_\_\_\_\_

\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

(Please tick to indicate a YES and, if so, supply details on a separate sheet of paper. If your answer is NO leave the area blank)

- |                                |                            |                             |
|--------------------------------|----------------------------|-----------------------------|
| Back problems _____            | Asthma _____               | Hepatitis _____             |
| Eye trouble _____              | Hay Fever _____            | Diabetes _____              |
| Ear trouble _____              | Allergies _____            | Cancer _____                |
| Migraines _____                | Heart Trouble _____        | HIV/Aids _____              |
| Epilepsy _____                 | High Blood Pressure _____  | Depression _____            |
| Mental/Nervous Disorders _____ | Low Blood Pressure _____   | Chronic Fatigue _____       |
| Insomnia _____                 | Rheumatism/Arthritis _____ | Auto immune condition _____ |
| Shortness of breath _____      | Stomach Ulcer _____        |                             |

Any other illnesses or conditions we should know of? \_\_\_\_\_

Are you at present under a doctor's care?  Yes  No (specify) \_\_\_\_\_

Are you taking any medication at present?  Yes  No (specify) \_\_\_\_\_

Are you allergic to any drugs?  Yes  No (specify) \_\_\_\_\_

Do you have any impairment, handicaps, or health conditions which require special attention, housing or dietary needs?  
 Yes  No (specify) \_\_\_\_\_

Are you underweight?  Yes  No Overweight?  Yes  No If so, by how much? \_\_\_\_\_

### Consent for Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Mo/Yr

Parent or Guardian's Signature (required if applicant is under 18yrs old) \_\_\_\_\_

### Emergency Information

In case of an emergency please contact \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Zip Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Relationship \_\_\_\_\_





### **Declaration**

I commit myself to paying all expenses incurred during my involvement with JEM/YWAM at the center in Burtigny.

I have completed all portions of this application form and if accepted agree to abide by the spirit, policy and schedule of the center.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Mo/Yr

### **Release of Liability**

I/We do hereby release University of the Nations, and Youth with a Mission, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with University of the Nations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Mo/Yr

### **Expectations (please use additional paper)**

How did you first hear of University of the Nations, Burtigny, Switzerland?

What are your reasons for applying to this particular center?

How might you use your gifts and talents in Burtigny?

What expectations do you have for yourself at this time?

Briefly describe any experiences you have had in other cultures?

How do you think you would cope with small or shared living quarters and different foods?

**I certify that all information in this application is complete and accurate**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Mo/Yr

**Please mail all forms to:**

Staff Development  
U of N/Jeunesse en Mission  
1268 Burtigny  
Switzerland

**Phone:** +41 22 366 88 33  
**Fax:** +41 22 366 41 16  
**Email:** [general@jemburtigny.ch](mailto:general@jemburtigny.ch)  
**Web:** [www.jemburtigny.ch](http://www.jemburtigny.ch)





**UNIVERSITY OF THE NATIONS**  
**BURTIGNY, SWITZERLAND**  
 VOLUNTEER STAFF APPLICATION FORM

**REFERENCE FORM**

Fill in your name and position applied for, with signature and send it to a suitable referee with a stamped envelope addressed to: Staff Development, U. of N. /Jeunesse en Mission. 1268 Burtigny; Switzerland.

Name of Applicant \_\_\_\_\_

Position applied for \_\_\_\_\_

I, the above-named applicant, waive any right I have to read or obtain copies of this recommendation. I realize that my signature below is NOT required as condition for admission.

Signature \_\_\_\_\_

Date: \_\_\_\_\_  
 Day/Month/Year

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-orientated university under the auspices of Youth with a Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has training locations in over 150 nations on all 6 continents. It purposes to equip men and women spiritually, intellectually, culturally and professionally, and inspiring them to use their God given abilities to communicate and demonstrate the Gospel to all nations.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in returning this form is important. Thank you for your assistance. Please check and comment where necessary.

What is your relationship to the applicant?  Employer  Teacher  Pastor  Friend  Previous YWAM Leader

How well do you know the applicant?  Very well  Well  Casually For how long? \_\_\_\_\_

	Above Average	Average	Below Average		Above Average	Average	Below Average
Initiative				Industry/hard worker			
Social Adaptability				Reliability/meets obligations			
Concern for others				Cooperativeness			
Ability to follow				Flexibility			
Leadership				Punctuality			
Judgement/Decision-making				Financial responsibility			
Emotional Stability				Personal appearance			
Health				Positive attitude			
Response to pressure				Cleanliness			
Mental Ability				Stewardship			

Comments \_\_\_\_\_

To which extent is the applicant active in church work? \_\_\_\_\_

Is the applicant prejudiced against any groups, races or nationalities?  No  Yes If yes, please explain \_\_\_\_\_

Does the applicant display high moral standards?  Yes  No (if no, please explain) \_\_\_\_\_

In your consideration which of the following would best describe the applicant's Christian experience?

Mature  Contagious  Genuine and Growing  Over Emotional  Casual





## REFERENCE FORM

Overall what would you consider to be the applicant's strong points? (please include any special abilities that you may be aware of)

\_\_\_\_\_

What do you see as one of the applicant's weak points? \_\_\_\_\_

Is the applicant to your knowledge aware of their weak points and are they striving to improve in this area? \_\_\_\_\_

\_\_\_\_\_

Please comment on the applicant's family background \_\_\_\_\_

\_\_\_\_\_

Does the applicant to your knowledge struggle in relation to any of the following areas: medical, emotional, psychological, smoking, drugs, alcohol, pornography? (Feel free to also comment on any other areas you feel we should know about) \_\_\_\_\_

\_\_\_\_\_

In your opinion, what are the applicant's motives for applying to the U of N? \_\_\_\_\_

\_\_\_\_\_

What could the U of N do to aid the applicant's personal development? \_\_\_\_\_

\_\_\_\_\_

Pastors only: Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for acceptance?  Yes, wholeheartedly  Yes, with reservation  No

Comment \_\_\_\_\_

**I certify that all information on this reference forms is accurate to the best of my knowledge and judgment:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

Name \_\_\_\_\_ Position \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street/P.O. Box City & State

Zip/Postal Code Country Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please mail all forms to:**  
Staff Development  
U of N/Jeunesse en Mission  
1268 Burtigny  
Switzerland

**Phone:** +41 22 366 88 33  
**Fax:** +41 22 366 41 16  
**Email:** [general@jemburtigny.ch](mailto:general@jemburtigny.ch)  
**Web:** [www.jemburtigny.ch](http://www.jemburtigny.ch)



## BUDGET CONSIDERATIONS FOR VOLUNTEER STAFF

### Swiss Francs

1.	Staff fees	
	YWAM housing per adult	250 per month
	Children 0 – 5 yrs	50 per month
	6 – 12yrs	100 per month
	13 – 16yrs	150 per month
	Food	150 per month
2.	Medical Insurance (see notes)	
3.	Personal Vehicle:	
	fuel	1.90 per litre
	insurance: Basic cover	1100 /year
	Fire & Theft (partial) cover	200-300 /year
	Comprehensive cover	1500 /year
	road tax	450-600 /year
	motorway charge (vignette)	40 /year
	service	labour @ 60-80/hour + parts (very expensive)
4.	Telephone	40-70 /month

These figures are designed to give you an idea of the costs you will face on your arrival in Switzerland.

### Explanation

1. Medical insurance is obligatory for all people living in Switzerland. It's your responsibility to arrange medical cover before your arrival.  
  
It's possible to have a Swiss medical insurance but it is expensive and actual costs vary from CHF170-300 per month per adult depending on the excess (deductible) you choose to have. This price would provide full medical cover on a hospital ward but does not include medical cover overseas. To be entitled to a semi-private or private room in hospital or overseas cover would obviously cost a lot more.
2. Vehicle insurance: the basic third party insurance (responsabilité civil) is obligatory. You may choose additional comprehensive or fire & theft cover on top of this. Insurance costs depend on the value of the vehicle and any no-claims bonus (accident history) you may have. Road tax costs also depend on the individual vehicle.