



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
Web: 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

_____ Email _____

Zip/Postal Code

Country

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
Web: 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.