ywam maui
To Know God And Make Him Known

Staff Health Form

BASIC INFO: **STARTING DATE APPLYING FOR:** _____

NAME OF APPLICANT: _____

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): _____

_____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

DATE OF BIRTH (mm/dd/yy): _____/_____/_____ SOCIAL SECURITY #: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME OF CONTACT: _____

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): _____

_____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

MEDICAL INSURANCE (REQUIRED BY YWAM MAUI):

NAME OF INSURER: _____ MEDICAL INSURANCE #: _____

PERSONAL HISTORY:

HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____

YOU WOULD RATE YOUR HEALTH CONDITION AS: _____EXCELLENT _____GOOD _____FAIR _____POOR

HAVE YOU EVER BEEN INVOLVED, WITH THE FOLLOWING?
IF YES - EXPLAIN, AND LIST MOST RECENT DATES OF USE.

ALCOHOL: _____

SMOKING: _____

ILLEGAL DRUGS: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING COMMUNICABLE DISEASES?

YES	NO		YES	NO		YES	NO	
		Chickenpox			Mumps			Tuberculosis
		Measles (Rubella)			Pertussis			Other (Specify)
		Measles (Rubeola)			Scarlet Fever			

HAVE ANY OF YOUR RELATIVES EVER HAD ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO	
		Tuberculosis			Heart Disease			Stomach Disease
		Diabetes			Hypertension			Epilepsy
		Kidney Disease			Arthritis			Cancer

PLEASE ANSWER ALL QUESTIONS. COMMENT ON ALL "YES" ANSWERS IN THE SPACE BELOW, OR ON A SEPARATE SHEET OF PAPER. HAVE YOU EVER HAD ANY OF THE FOLLOWING?:

YES	NO		YES	NO		YES	NO	
		Skin Conditions			Heart Trouble			Jaundice
		Eye Trouble			High Blood Pressure			Hepatitis
		Ear Trouble			Low Blood Pressure			Intestinal Trouble
		Head Injury			Arthritis			Recurrent Diarrhea
		Recurrent Headaches			Back Problems			Diabetes
		Epilepsy			Dislocation of Joint			Kidney Disease
		Fainting Spells			Tumor/Cancer			Anemia
		Mental Disorders			Stomach Ulcer			Venereal Disease
		Nervous Disorders			Gall Bladder Problems			A.I.D.S.
		Paralysis			Surgery			FEMALES ONLY
		Insomnia			Appendectomy			Irregular Periods
		Shortness of Breath			Tonsillectomy			Severe Cramps
		Hay Fever/Asthma			Hernia Repair			Excessive Flow
		Allergies (specify)			Other (specify)			Are you pregnant?

IF YES PLEASE EXPLAIN: _____

_____

IMMUNIZATIONS (Basic Booster and most recent):

	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Rubeola						
Mumps						
Hep A						
Hep B						
Tetanus						
Typhoid						

A physician must fill out this portion
TUBERCULOSIS CONTROL - Required by the state of Hawaii

Only one of the following are required:

1) Chest X-Ray:
Date: _____/_____/_____ Result: _____ Exam Facility: _____

2) Skin Test:
Date: _____/_____/_____ Result: _____ Exam Facility: _____

Physician's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

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 Name Printed)

_____ (Applicant's Signature)

_____ (Date)

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Staff
Financial Form

START DATE APPLYING FOR: _____

NAME OF APPLICANT: _____

EVERY STAFF PERSON IN YOUTH WITH A MISSION IS RESPONSIBLE TO PROVIDE THEIR OWN FEES AND PERSONAL LIVING EXPENSES. THE REQUIRED AMOUNT OF FINANCIAL SUPPORT IS $500.00 PER ADULT, PER MONTH.

PLEASE DESCRIBE HOW YOU WILL BE SUPPORTED IN YWAM:

$_____ COMMITTED FROM YOUR CHURCH PER MONTH

$_____ COMMITTED FROM FRIENDS/RELATIVES PER MONTH

$_____ _____ PER MONTH

$_____ _____ PER MONTH

DO YOU HAVE ANY OUTSTANDING DEBTS?: _____ YES _____ NO

LIABILITIES MAY INCLUDE DOCTORS' BILLS, COURSE FEES, LOANS FROM BANKS, ETC. KINDLY ENTER AMOUNT BELOW, WHEN THEY ARE DUE, AND WHAT PLANS YOU MAKE TO SETTLE THESE COMMITMENTS.

_____

_____

_____

_____

Please return to:
YWAM Maui - Personnel
PO Box 790237
Paia, Maui - Hawaii
96779
USA

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Staff
Waiver of Liability & Release

STARTING DATE APPLYING FOR: _____

I, the undersigned, individually hereby release YOUTH WITH A MISSION (herein after YWAM), it's staff, agents, employees, and representatives, from all claims, causes of action or lawsuits relating to or resulting from activities or events involving YWAM. I hereby acknowledge and agree that I am personally aware of all risks associated with or related to missions work, sporting events, training, traveling, interaction with foreign people and nations and all activities which are part of the YWAM program. I agree to assume all risk of injury or loss that may occur or be related to in any other manner to YWAM or the activities I may engage in while with YWAM.

This Release shall apply to all claims for physical and/or mental injury, attorney's fees, costs and expenses of litigation, claims for loss of consortium, medical expenses, loss of earning, punitive damages, and all other claims whatsoever, which may result from or be in any manner related to YWAM.

I further promise to agree to indemnify, defend, and forever hold harmless YWAM, it's staff, agents, employees, and representatives against all claims, actions, cross-claims, or third-party claims arising from or ins any manner related to YWAM - whether such actions are brought by third-party claims arising from or in any manner related to YWAM or whether such actions are brought by third parties or anyone acting on behalf of myself.

In the event that YWAM files any action to enforce the provisions, releases and covenants of this agreement, YWAM shall be entitled to all reasonable attorney's fee and costs of such enforcement proceeding.

BY SIGNING THIS RELEASE, IN UNDERSTAND THAT I AM RELEASING ALL CLAIMS FOR INJURY OR DAMAGE.

_____ Date: _____/_____/_____

(APPLICANT'S SIGNATURE) (MM/DD/YY)

_____ Date: _____/_____/_____

(PARENT OR LEGAL GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE) (MM/DD/YY)