

# Application for Full-time Staff Island Breeze Aotearoa - New Zealand

DATE OF APPLICATION: \_\_\_\_\_

## PERSONAL INFORMATION:

Mr/Mrs/Miss/Ms. \_\_\_\_\_  
LAST/FAMILY NAME FIRST NAME PREFERRED NAME

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
(If different to above) \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Predominant Ethnic Background: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ In a relationship \_\_\_\_\_ Engaged \_\_\_\_\_ Separated \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Is your spouse/partner applying also? \_\_\_\_\_  
(Please note: If the answer to this is yes, you must both complete individual application forms)

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

Name: _____	Birthdate: _____	School Grade: _____	Sex: M/F
Name: _____	Birthdate: _____	School Grade: _____	Sex: M/F
Name: _____	Birthdate: _____	School Grade: _____	Sex: M/F
Name: _____	Birthdate: _____	School Grade: _____	Sex: M/F

## EMERGENCY INFORMATION:

In case of emergency, please contact \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's address: \_\_\_\_\_

Contact person's relationship to applicant: \_\_\_\_\_

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## PASSPORT/VISA INFORMATION:

Country of Citizenship: \_\_\_\_\_ Country you reside in: \_\_\_\_\_

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

City and country where passport was issued: \_\_\_\_\_

### *For office use only:*

Visa type: \_\_\_\_\_ Date of issue: \_\_\_\_\_

City and Country where issued: \_\_\_\_\_

Visa Expiration date: \_\_\_\_\_

## CHURCH INFORMATION:

Name of church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

What is your present involvement in the church? \_\_\_\_\_

Is there support/interest from your home church in you joining Island Breeze NZ Staff?

No \_\_\_ Yes \_\_\_ Please comment: \_\_\_\_\_

\_\_\_\_\_

## FINANCES:

What is your source of income/support? \_\_\_\_\_

\_\_\_\_\_

What level of regular support do you have? \_\_\_\_\_

\_\_\_\_\_

Do you have any debts at present? No \_\_\_ Yes \_\_\_ Please specify: \_\_\_\_\_

\_\_\_\_\_

Do you have insurance covering medical, personal, travel and death-related expenses?

No \_\_\_ Yes \_\_\_ Please specify: \_\_\_\_\_

\_\_\_\_\_

# Application for Full-time Staff

## Island Breeze Aotearoa - New Zealand

**CONFIDENTIAL HEALTH INFORMATION:**

What is your height? \_\_\_\_\_ Your weight? \_\_\_\_\_ Your blood type? \_\_\_\_\_

(A note for the ladies) Are you pregnant? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you allergic to any drugs? No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, please specify: \_\_\_\_\_

Do you have an reoccurring conditions that we should be aware of? (ie Epilepsy, Asthma, etc .....

No \_\_\_\_\_ Yes \_\_\_\_\_ Please specify: \_\_\_\_\_

Are you at present under a doctor's care for any condition? No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, please specify: \_\_\_\_\_

Doctors name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Are you taking any medication at this time? No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, please specify: \_\_\_\_\_

Have you had any infectious disease/s in the past twelve months? No \_\_\_\_\_ Yes \_\_\_\_\_

How long ago? \_\_\_\_\_ Specify \_\_\_\_\_

Have you been immunised against Tetanus: No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Do you have any physical problem that would effect your ability to work? No \_\_\_\_\_ Yes \_\_\_\_\_

Please specify: \_\_\_\_\_

Please answer all questions. Comment on all selected answers in the space below or on a separate sheet of paper. Have you had, or do you any of the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Skin conditions     | <input type="checkbox"/> Low blood pressure     | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Eye trouble         | <input type="checkbox"/> Allergy                | <input type="checkbox"/> Jaundice              |
| <input type="checkbox"/> Ear trouble         | <input type="checkbox"/> Penicillin             | <input type="checkbox"/> Hepatitis             |
| <input type="checkbox"/> Head injury         | <input type="checkbox"/> Sulfonamides           | <input type="checkbox"/> Intestinal troubles   |
| <input type="checkbox"/> Recurrent headache  | <input type="checkbox"/> Serum                  | <input type="checkbox"/> Recurrent diarrhoea   |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Foods (specify)        | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Fainting spells     | <input type="checkbox"/> Heart trouble          | <input type="checkbox"/> Kidney disease        |
| <input type="checkbox"/> Mental disorders    | <input type="checkbox"/> Rheumatism/Arthritis   | <input type="checkbox"/> Anemia                |
| <input type="checkbox"/> Nervous disorders   | <input type="checkbox"/> Back problems          | <input type="checkbox"/> Venereal Disease      |
| <input type="checkbox"/> Weakness            | <input type="checkbox"/> Dislocation of joints  | <input type="checkbox"/> Tumour/Cancer         |
| <input type="checkbox"/> Paralysis           | <input type="checkbox"/> Broken bones           | <b>For the ladies:</b>                         |
| <input type="checkbox"/> Insomnia            | <input type="checkbox"/> Surgery                | <input type="checkbox"/> Irregular periods     |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Appendectomy           | <input type="checkbox"/> Severe cramps         |
| <input type="checkbox"/> Hayfever            | <input type="checkbox"/> Tonsillectomy          | <input type="checkbox"/> Excessive flow        |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hernia repair          | <input type="checkbox"/> Are you pregnant?     |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stomach/Duodenal ulcer | <input type="checkbox"/> Previous pregnancies  |

Explanation of answers: \_\_\_\_\_

To the best of my knowledge, the information in this application is correct and accurate.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

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**LANGUAGES:**

Please list the languages you speak and your proficiency of each one.

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| 1. Elementary speaking              | 4. Full professional proficiency |
| 2. Limited word proficiency         | 5. Native speaking proficiency   |
| 3. Minimum professional proficiency | 6. Mother tongue/Fluent          |

Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

**Youth With A Mission (YWAM) BACKGROUND INFORMATION:**

Have you previously attended a Youth With A Mission (YWAM) school? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please complete the following information:

Name of school: \_\_\_\_\_ Dates of school: \_\_\_\_\_

Destination of lecture: \_\_\_\_\_ Destination of outreach: \_\_\_\_\_

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Destination of lecture: \_\_\_\_\_ Destination of outreach: \_\_\_\_\_

What is your present involvement with YWAM? \_\_\_\_\_

**SKILLS AND AREA'S OF INTEREST:**

Occupational skills: \_\_\_\_\_

What work experience do you have? \_\_\_\_\_

What hobbies/interest/recreation, do you enjoy? \_\_\_\_\_

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**Island Breeze Aotearoa - New Zealand**  
**EXPECTATIONS INFORMATION:**

What areas of the ministry are you interested in serving in?

Office \_\_\_\_\_ Dance \_\_\_\_\_ Music \_\_\_\_\_ DTS Staff \_\_\_\_\_

Intercession \_\_\_\_\_ Youth/Children's ministry \_\_\_\_\_

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

Please explain briefly your guidance from the Lord to join Island Breeze New Zealand.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel will be your unique contribution to Island Breeze New Zealand? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has most influenced your decision to apply as Full-time staff with Island Breeze NZ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your personal vision? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to participate in on-going training to better equip you in the ministry you are called to? No \_\_\_\_\_ Yes \_\_\_\_\_

**Timeframe for involvement: From \_\_\_\_\_ to \_\_\_\_\_**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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## STATEMENTS OF CONSENT AND LIABILITY RELEASE

### Photographs, video footage, recordings, other promotional material and copyright

I understand and accept that any photographs, video footage, recordings of myself done during my involvement with Island Breeze become the property of Island Breeze to be used at their discretion indefinitely.

I also understand that any songs or dances that I learn during my time in Island Breeze are not to be taught to others (without permission from Island Breeze leadership) and are not to be used by myself upon leaving Island Breeze.

Applicants Full name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Treatment

Should a situation arise where I am either sick or injured and urgently require medical attention, I give Ray and/or Shaneane Totorewa the authority to make any decision concerning my immediate treatment, including anesthetics, medication and operations as in the opinion of the attending physician are deemed necessary or until such time as I am able to make decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/her authority as provided herein.

I declare that I shall not hold Island Breeze, Ray Totorewa, Shaneane Totorewa or Youth With A Mission liable for any decision made by them for any damage or loss that I sustain as a result of exercising their authority herein granted by me.

Applicants full name: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Liability Release

I release Island Breeze, Youth With A Mission, their agents, employees and volunteer assistants from any liability whatsoever arising in injury, damage or loss which may be sustained by myself during the course of my involvement with Island Breeze and Youth With A Mission.

Applicants full name: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Burial Statement

In the case of my death during the course of my involvement with Island Breeze and Youth With A Mission I wish that my next of kin be advised as soon as practicable and that their wishes with regard to my funeral and disposal of my body be complied with so long as my next of kin provides Island Breeze and Youth With A Mission with sufficient funds to carry out those wishes. In the case where Island Breeze and Youth With A Mission are unable or unwilling to give directions as to funeral and disposal of my body and come to satisfactory arrangement with regard to payment of related costs within a reasonable time, then I direct Island Breeze and Youth With A Mission at its sole discretion, make arrangements for funeral and body disposal (including burial in a foreign country) at the expense of my estate:

Applicants full name: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Island Breeze Aotearoa - New Zealand**  
**Leader's Reference Form**

Name of applicant: \_\_\_\_\_

**A note to the leader:** The above mentioned person has applied to join Island Breeze Aotearoa-New Zealand as a full time staff member. We would appreciate you filling out this form to assist us in assessing his/her suitability. Thank you for your cooperation. Please return this form to address at the bottom of the page. Mark your envelope Attn: Ray and Shaneane Totorewa

Does the applicant display high moral standards and integrity? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant display a teachable spirit and willingness to serve? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

What are the applicants character strengths: \_\_\_\_\_  
\_\_\_\_\_

What areas of his/her character need developing: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant display emotional stability? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please comment on state of marriage/children (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Does he/she honour financial obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Is he/she able to work through personal problems effectively? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant as a staff member in Island Breeze?

Yes \_\_\_\_\_ No \_\_\_\_\_ With some hesitation \_\_\_\_\_

If the applicant is accepted as a staff member, would you have any recommendations?

\_\_\_\_\_  
\_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_