

GUIDELINES TO COMPLETING SCHOOL APPLICATION FORM

Thank you for applying to one of YWAM - Nashville's training programs. In order for us to process your application, we must receive each of the following items:

- **School Application Form:** Please answer every question. If one does not apply to you, write N/A in the blank.
- **Registration Fee:** A non-refundable registration fee of \$35 for singles or \$45 for a married couple is to be sent with the application. There will be a late fee of \$10 for applicants registering after 15 days prior to the beginning date of the school. For non-U.S. students, please see note below.
- **Confidential Health Form:** This form must be signed by a physician.

NOTE: Consent For Treatment & Liability Release Sections must be signed by each applicant.

- **Supplemental Questions:** Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.
 - A. Describe your conversion experience and present relationship with the Lord.
 - B. Describe other significant spiritual experiences you have had in your walk with the Lord.
 - C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.
 - D. Describe your relationship with your local church; include areas of service and leadership.
 - E. Are you presently employed or in school? Please specify.
 - F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
 - G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
 - H. Our training schools consist of a three month lecture phase that is immediately followed by a required two month field assignment, usually overseas. Do you know of any circumstance that might prevent you from attending the field assignment? If yes, please explain.
 - I. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occultism or homosexual practices? Explain. (This will not necessarily result in exclusion from acceptance into the school.)
 - J. Do you ever use tobacco or alcohol products in any form or manner? If so, please explain.
 - K. What areas of your character are you presently seeking God to further develop and improve?
 - L. How did you hear about the YWAM base in Nashville?
 - M. Please list any special circumstances or situations we should know about.
 - N. Please list the names and address of your three references.

- **Three Reference Forms:** Please fill out the top portion of each reference form and give one to your pastor, one to your parents and one to a mature Christian friend. Request that they fill it out and mail it directly to YWAM Nashville.

Please give each reference a stamped envelope addressed to:

Youth With A Mission, Admissions Dept., P.O. Box 58, Adams, TN, 37010

- **A recent photo** (wallet-size).

NOTE FOR ALL NON-U.S. CITIZENS

All payments of registration and tuition fees should be made in U.S. Dollars rather than in the currency of your own country. You may go to your bank and request a U.S. Dollars money order or cashier's check to pay those fees. The check must have magnetic numbers at the bottom of it. Otherwise, we have to send the check away and it will take around six weeks for it to be returned - often times with a service charge taken out. This will mean that you must make up the balance still needed. If you are unable to get the checks described in your country, we will process your funds anyway, but be prepared to make up the balance of the funds needed.



Please place a recent wallet-size photo of yourself here. This photo may be used for unofficial display purposes.

DISCIPLESHIP TRAINING SCHOOL APPLICATION

Personal Information

Name _____ Age _____
 (Last / Family) (First) (Middle)

School Applying For _____ Starting Date _____

Gender ____ Birth Date _____ Birth Place _____ Citizenship _____
 (Month/Day/Year) (City/State/Country) (Country)

Present Address _____ Until _____

Email _____ Phone (____) _____

Permanent Address _____

Height _____ Weight _____ Passport Number _____ Expiration _____

Drivers License Number _____ State ____ Type of License _____

Marital Status:

Single _____ Engaged (Date _____) Married (Date _____) Separated (Date _____)

Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Children Accompanying you:

Name (First/Middle/Last)	Birth date (Month/Day/Year)	Gender	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Background _____ Home Church _____

How long have you attended there? _____ Church Phone (____) _____

Church Address _____ Pastor's Name _____

In Case of Emergency Contact:

Name _____ Relationship _____

Address _____

Phone (____) _____ Medical Insurance Co. _____ Ins. # _____

Parents' Name _____ Address _____



EDUCATION / EMPLOYMENT / SKILLS

Highest level of education completed _____ Secondary school(s) attended _____

What languages do you speak? (In decreasing order of fluency)

1. _____ 2. _____ 3. _____ 4. _____

Any Military Service? Yes No Specify _____

Are you presently ordained or licensed? Yes No Specify _____

Present Employer _____ Occupation _____

Other occupational skills _____ Years Experience _____

Musical Abilities / Other Talents _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in a YWAM short-term outreach or training program? Yes No

If so, please specify _____

Any other YWAM function _____

How long have you been a "born-again" Christian? _____

Why do you desire to attend this school? _____

What are your plans after completing this training?

Further Education

YWAM Staff

Back to job

Full Time Missions

Work with home church

Uncertain

FINANCIAL INFORMATION

Do you have the total school fees? Yes No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, please explain _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE SCHOOL TUITION FEES MUST BE MADE UPON OR BEFORE ARRIVAL. I ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO THE STAFF AT THE SCHOOL. I THEREFORE COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.

Signature _____ Date _____



CONFIDENTIAL HEALTH FORM

Name _____ Applying for _____

Personal History: Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

	YES	NO		YES	NO		YES	NO
Skin conditions	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	Stomach / Duodenal Ulcer	<input type="radio"/>	<input type="radio"/>
Eye trouble	<input type="radio"/>	<input type="radio"/>	Hay Fever, Asthma	<input type="radio"/>	<input type="radio"/>	Gall bladder problems	<input type="radio"/>	<input type="radio"/>
Ear trouble	<input type="radio"/>	<input type="radio"/>	Heart trouble	<input type="radio"/>	<input type="radio"/>	Jaundice	<input type="radio"/>	<input type="radio"/>
Head injury	<input type="radio"/>	<input type="radio"/>	High blood pressure	<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>
Recurrent headache	<input type="radio"/>	<input type="radio"/>	Low blood pressure	<input type="radio"/>	<input type="radio"/>	Intestinal troubles	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	Rheumatism / Arthritis	<input type="radio"/>	<input type="radio"/>	Recurrent diarrhea	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	Back problems	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>
Mental / Nervous disorders	<input type="radio"/>	<input type="radio"/>	Dislocation of joints	<input type="radio"/>	<input type="radio"/>	Kidney Disease	<input type="radio"/>	<input type="radio"/>
Weakness	<input type="radio"/>	<input type="radio"/>	Broken bones	<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>	<input type="radio"/>
Paralysis	<input type="radio"/>	<input type="radio"/>	Eating disorders	<input type="radio"/>	<input type="radio"/>	Venereal Disease	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	Anorexia Nervosa	<input type="radio"/>	<input type="radio"/>	Tumor Cancer	<input type="radio"/>	<input type="radio"/>
Allergy	<input type="radio"/>	<input type="radio"/>	Bulimia	<input type="radio"/>	<input type="radio"/>	FEMALES ONLY		
Penicillin	<input type="radio"/>	<input type="radio"/>	Surgery	<input type="radio"/>	<input type="radio"/>	Irregular periods	<input type="radio"/>	<input type="radio"/>
Sulfonamides	<input type="radio"/>	<input type="radio"/>	Appendectomy	<input type="radio"/>	<input type="radio"/>	Severe cramps	<input type="radio"/>	<input type="radio"/>
Serum	<input type="radio"/>	<input type="radio"/>	Hernia repair	<input type="radio"/>	<input type="radio"/>	Excessive flow	<input type="radio"/>	<input type="radio"/>
Other - specify	<input type="radio"/>	<input type="radio"/>	Tonsillectomy	<input type="radio"/>	<input type="radio"/>	Are you pregnant?	<input type="radio"/>	<input type="radio"/>
Foods - specify	<input type="radio"/>	<input type="radio"/>	Others - specify	<input type="radio"/>	<input type="radio"/>	Previous pregnancies	<input type="radio"/>	<input type="radio"/>

Other explain _____

 Are you now under a doctor's care for any condition? No Yes (specify) _____

 Are you taking any medication at this time? No Yes (specify) _____

 Any physical handicaps, health conditions, or dietary needs which require special attention? No Yes (specify) _____

 Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

 Are you overweight? Underweight? Pounds over/under _____ Blood type _____

 Would you rate your health condition as: excellent good fair poor

FAMILY HISTORY - Have any of your relatives ever had any of the following?

YES	NO	Relationship	YES	NO	Relationship
<input type="radio"/>	<input type="radio"/>	Tuberculosis _____	<input type="radio"/>	<input type="radio"/>	Arthritis _____
<input type="radio"/>	<input type="radio"/>	Diabetes _____	<input type="radio"/>	<input type="radio"/>	Stomach Disease _____
<input type="radio"/>	<input type="radio"/>	Kidney Disease _____	<input type="radio"/>	<input type="radio"/>	Asthma, Hay Fever _____
<input type="radio"/>	<input type="radio"/>	Heart Disease _____	<input type="radio"/>	<input type="radio"/>	Convulsions, Epilepsy _____
<input type="radio"/>	<input type="radio"/>	Hypertension _____	<input type="radio"/>	<input type="radio"/>	Cancer _____

Have you ever had any of the following COMMUNICABLE DISEASES?

YES	NO		YES	NO	
<input type="radio"/>	<input type="radio"/>	Chickenpox	<input type="radio"/>	<input type="radio"/>	Pertussis
<input type="radio"/>	<input type="radio"/>	Measles (Rubella)	<input type="radio"/>	<input type="radio"/>	Scarlet Fever
<input type="radio"/>	<input type="radio"/>	Measles (Rubeola)	<input type="radio"/>	<input type="radio"/>	Tuberculosis
<input type="radio"/>	<input type="radio"/>	Pertussis	<input type="radio"/>	<input type="radio"/>	Other (specify) _____



TO THE PHYSICIAN

Name of applicant _____

The above person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	Please Describe
Ears, Nose, Throat	<input type="radio"/>	<input type="radio"/>	_____
Eyes	<input type="radio"/>	<input type="radio"/>	_____
Neurological	<input type="radio"/>	<input type="radio"/>	_____
Cardiovascular	<input type="radio"/>	<input type="radio"/>	_____
Respiratory	<input type="radio"/>	<input type="radio"/>	_____
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	_____

Would he/she be able to walk 3-4 miles per day? Yes No

Please attach any additional comments to this sheet.

PHYSICIAN RECOMMENDATION

Acceptable without limitations Should remain in areas where adequate medical care is provided

Not acceptable

Acceptable with limitations (specify) _____

Doctor's signature _____ Date _____

Doctor's name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I/WE HEREBY AGREE TO THE PERFORMANCE OF SUCH TREATMENT, ANESTHETICS, AND OPERATIONS AS IN THE OPINION OF THE ATTENDING PHYSICIAN IS DEEMING NECESSARY ON THE ABOVE NAMED PERSON.

Applicant's signature _____ Date _____

Parent guardian signature (if applicant is under 18) _____ Date _____

LIABILITY RELEASE

I/we hereby release Youth With A Mission, Inc., its agent, employees, and or volunteer assistants from any liability whatsoever arising out of injury, damage, or loss which may be sustained by said person during the course of involvement with Youth With A Mission, Inc.

Applicant's signature _____ Parent/Guardian signature(if applicant is under 18) _____

Date _____ Date _____ Relationship to applicant _____

LEGAL CONSENT FOR MINORS TO TRAVEL OUTSIDE OF U.S.

I hereby give my consent for _____

(Complete name of minor)

to travel outside the United States with Youth With A Mission.

Signature of Parent of Guardian _____ Date _____



REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to:

Youth With A Mission- Nashville, Admissions Dept., P.O. Box 58, Adams, TN 37010

Name of Applicant _____ Phone # _____
 Address _____ City _____ State _____ Zip _____
 School applying for _____ Dates _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of the recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature _____ Date _____

The above applicant has applied for admission to Youth With A Mission. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. Your early response will be most appreciated, as the applicant's file cannot be considered until all forms have been received by this office. Thank you for taking time to help us in this way. We sincerely appreciate your cooperation.

Please check the following, and comment where necessary:

Your relationship to the applicant? Pastor Parent Past YWAM Leader Other (specify) _____

How well do you know the applicant? Very well Well Casually

	Superior	Above Average	Average	Below Average
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment / Decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

- | | | | |
|---------------------------------|--|-------------------------------|---|
| Mental ability | <input type="radio"/> Quick to comprehend | <input type="radio"/> Average | <input type="radio"/> Slow |
| Work Ethic | <input type="radio"/> Integrity | <input type="radio"/> Average | <input type="radio"/> Lacks persistence |
| Reliability | <input type="radio"/> Meets Obligations | <input type="radio"/> Average | <input type="radio"/> Neglects obligations |
| Cooperativeness | <input type="radio"/> Works well with others | <input type="radio"/> Average | <input type="radio"/> Avoids group activity |
| Flexibility | <input type="radio"/> Open to change | <input type="radio"/> Average | <input type="radio"/> Unyielding |
| Christian character | <input type="radio"/> Well balanced | <input type="radio"/> Average | <input type="radio"/> Unstable |
| Disposition | <input type="radio"/> Cheerful | <input type="radio"/> Average | <input type="radio"/> Passive |
| Punctuality | <input type="radio"/> Punctual | <input type="radio"/> Average | <input type="radio"/> Often late |
| Financial responsibility | <input type="radio"/> Responsible | <input type="radio"/> Average | <input type="radio"/> Neglectful |



1. In what capacity is the applicant active in church work?

2. Does he/she display high moral standards? Yes No (Please explain)

3. Is he/she prejudice against any groups, races or nationalities? Yes No (If yes, please explain)

4. With reference to his/her Christian service, do you consider the applicant to be:
 Dedicated Average Casual
5. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and growing Over-emotional Superficial
Please explain: _____
6. Please comment on the applicant's family background (if known):

7. What could YWAM do to aid in the applicant's personal development?

8. Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual, or occult practices, etc.)

9. Is the applicant financially responsible? _____
10. Would you recommend the applicant for acceptance into Youth With A Mission?
 Yes With some reservation No (If No, please explain) _____

I have known _____ for _____ years, and believe that he / she possesses the qualities above.

Name _____ Title _____ Phone _____

Address _____

Signed _____ Date _____

Would you like to receive further information about YWAM? Yes No

Please direct all forms to:

Youth With A Mission - Nashville
Admissions Department
Post Office Box 58
Adams, TN U.S.A. 37010
(615) 696-3096 Fax (615) 696-2419

