



## DTS APPLICATION

Updated: 8/29/11

### WELCOME

Thank you for applying for the Discipleship Training School (DTS) at YWAM Network for Strategic Initiatives (NSI) in January 2012! In order for us to start processing your application, we must receive ALL the following completed forms and application fees. If a question does not apply to you, please write N/A in the blank. Husbands and wives enrolling as students must complete separate applications. God bless you as you seek His guidance in this process.

### CHECK LIST

#### ✓ **MAIN APPLICATION FORM**

Please fill out the form NSI DTS APP 1–5.

#### ✓ **APPLICATION FEE**

A non-refundable application fee of US \$50 for singles and US \$75 for couples is to be sent in with your application.

Fees must be paid in US dollars ONLY. For checks, please make it payable to “YWAM.”

#### ✓ **PERSONAL HISTORY**

Please prayerfully answer the following questions on a separate sheet of paper and attach to the application form. Your answers will be significant in the application process. **Please write or type no more than 2 pages total.**

- a) How long have you been a Christian? Describe your conversion experience.
- b) Describe your present relationship with the Lord and the areas you are seeking to develop in your character.
- c) Describe your spiritual and ministry goals.
- d) Describe your relationship with your local church and areas of ministry within it.
- e) Describe your business, professional, or missions experiences.
- f) What influenced you to apply for DTS? Why at YWAM NSI?
- g) Describe your relationship with your family and their feelings about your training at YWAM NSI.

#### ✓ **HEALTH FORMS**

Please complete all questions on the health form. Fill out the Health Form A (NSI HF A) for your personal history yourself, and bring the Form A & B to your physician and have them fill out the Form B (NSI HF B). A child health form (NSI HF C) must also be filled out and sent in for any children coming with you.

#### ✓ **REFERENCE FORMS**

You need to have a reference form completed from 1) your pastor, 2) employer OR teacher, and 3) a friend.

#### ✓ **COST**

**\$7000 for the twelve week lecture phase (January – March) and the Field Assignment Phase (April – June).** This cost includes tuition, housing, meals, airfare, visas, overseas transportation and mandatory travel insurance. Personal care items, laundry money, souvenirs, extra activities, personal snacks are the responsibility of the student during each phase. DTS lecture phase and field assignment phase contributions are not tax-deductible.



## INTRODUCTION TO YWAM NETWORK FOR STRATEGIC INITIATIVES (NSI)

### ABOUT YWAM

Youth With A Mission is an international movement of Christians from many denominations dedicated to serving Jesus throughout the world. Also known as YWAM, our calling is **to know God and to make Him known**. Back when we began in 1960, our main focus was to get youth into short-term mission work and to give them opportunities to reach out in Jesus' name. Today, we still focus on youth, and we also involve people of almost every age (even many people who choose to spend their "retirement" in active service). Our many ministries fit into three main categories: evangelism, training, and mercy ministry.

### YWAM EXPLAINED

We are a mixture of **people** from all over the world, with a staff of nearly 16,000 from 149 countries, operating in more than 1,000 locations in fact. In many of our locations, **people** from a wide variety of nations serve side by side. We come from numerous different Christian denominations and speak hundreds of languages. Nearly half of our staff come from "non-western" countries, such as Brazil, Korea, Indonesia, India and Nepal.

In addition to our full-time staff, many YWAM locations host short-term outreach teams made up of individuals, youth groups, families and churches who get to participate first-hand in "making God known" through both words and actions. We send out over 25,000 short-term missionaries each year.

**There are three strands of ministry weaving throughout all that YWAM does:**

**Evangelism.** Some creative tools used to present the gospel include drama, music, performing arts and sports camps. YWAMers want to share their faith effectively in ways that the audience – whether teenagers, elderly refugees, or an unreached people group – will understand. YWAM also engages in church planting among unreached people groups.

**Mercy Ministry.** Mercy Ministry is the "hands and feet" of making God known. YWAM helps meet some of the practical and physical needs of about 400,000 people annually. Caring for street children in South America; aiding in the recovery of drug addicts in North America and Western Europe; feeding and housing refugees and women in need in Africa and Asia, and operating ships that declare the good news practically and verbally, are just some of the ways in which helping hands are extended.

**Training and Discipleship.** Training and Discipleship aim to better equip Christians to serve others in everything from agriculture and health care, to drug rehabilitation and biblical counseling. Through YWAM's University of the Nations (U of N), missionaries can study in specialized areas such as science and technology, linguistics, the humanities, and Christian ministry. Most YWAM schools combine classroom teaching with relationship-centered discipleship and practical service.

**The Discipleship Training School (DTS)** is a requirement for applying as YWAM staff, and serves as a prerequisite to all other training programs. Each year some 10,000 students attend a U of N school at one of the 250 different locations.

### WHAT IS YWAM NSI?

We are living in one of the most critically important seasons in all of spiritual history. The entire world is in one sort of turmoil or another. Polarization, uncertainty about the future, and insecurity fill the air.

I Chronicles 12:32 tells us about "**...[the] men of Issachar, who understood the times and knew what Israel should do.**" They were the strategists of their day for God's Kingdom here on earth. They understood the spiritual season they were living in, and the geo-political dynamics unfolding all around them. They also understood God's goals for the world they were living in, and what the people of God should do to accomplish those goals.

Here at YWAM NSI, we have set our hearts on being just like the tribe of Issachar. Through fervent prayer, revelation from God, travel to "spy out the land", and a lot of hard work doing extensive research, we have been following God into His strategic harvest fields in this tumultuous season of spiritual history that we have been born into.

In answering the question, "**What should the people of God do?**" we identify, launch and coordinate global Strategic Initiatives.

### STRATEGIC INITIATIVES

Through the tandem of revelation and research the Lord has fixed our focus on seven "**Tsunami Waves**" that are dramatically shaping the world. Our mission is to identify, launch and coordinate global Strategic Initiatives for those areas. These are "big idea" targets that are more than any one mission location or church could engage alone, and the focus of everything we do at YWAM NSI:

**1) Iran/Iraq/Afghanistan 2) China 3) Central Asia 4) Himalayan Region 5) the Sahel of Africa 6) Europe 7) Middle East (New)**

We are actively recruiting new missionaries for these strategic targets, networking missions agencies, churches, and individuals for long-term engagement there, and helping to prioritize intermediate goals within a unified strategy for each target.

We're not a mission vendor trying to sell our own program and outreaches, but a mission partner ready to come alongside churches and ministries to co-create strategies that will have lasting impacts in the real world. For more information, take a moment to contact us so we can tell you more.



# APPLICATION FOR DTS

Application Date (day/mo/yr): \_\_\_\_\_

School Starting Date (mo/yr): \_\_\_\_\_

Second Choice Date (mo/yr): \_\_\_\_\_

Registration fee enclosed?  \$50/single  \$75/couple

Are you pursuing a University of the Nations degree?  Yes  No  Not sure

**PLEASE ATTACH  
RECENT PHOTO  
HERE**



## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Gender:  M  F

Middle Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Last/Family Name: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone (other): \_\_\_\_\_

DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Fax : \_\_\_\_\_

Birth Place (city, state/province, country): \_\_\_\_\_

U.S. Social Security #: \_\_\_\_\_ U.S. Driver's License #: \_\_\_\_\_

Email address (primary): \_\_\_\_\_

Online Community ID: \_\_\_\_\_  MySpace  FaceBook  Other ( \_\_\_\_\_ )

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## FAMILY INFORMATION

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

Divorced (Date \_\_\_\_\_)  Remarried (Date \_\_\_\_\_)  Widowed (Date \_\_\_\_\_)

### If married, give spouse's information:

First Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_ Wedding Anniversary (day/mo/yr): \_\_\_\_\_

### If accompanied by children, list names and ages:

Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ DOB (day/mo/yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F



## EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## CHURCH BACKGROUND

Church Name: \_\_\_\_\_ Denomination/Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## YWAM EXPERIENCE

Have you been involved with YWAM ministry activities (volunteer, intern, short-term outreach, seminar, etc.)?  Yes  No (If yes, please describe below.)

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Activity: \_\_\_\_\_ Leader: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Activity: \_\_\_\_\_ Leader: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Activity: \_\_\_\_\_ Leader: \_\_\_\_\_

## EDUCATIONAL DEGREES

I have a GED.  I have not completed high school/secondary school. My highest educational level completed is: \_\_\_\_\_

High School/Secondary School/College/University/Seminary Attended:

Institution: \_\_\_\_\_ City: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Graduated With: \_\_\_\_\_

Institution: \_\_\_\_\_ City: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Graduated With: \_\_\_\_\_

Institution: \_\_\_\_\_ City: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Graduated With: \_\_\_\_\_



## VOCATIONAL EXPERIENCE, GIFTINGS, SKILLS, & INTERESTS

Each student and staff of YWAM NSI has a responsibility to make our campus continue to run with efficiency and excellence. Part of your school curriculum will be to serve in a work duty role for 2 hours each day. (Please help us know where to place you by answering the following information)

Previous Employment: \_\_\_\_\_ Dates: \_\_\_\_\_

Brief job Description: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ Dates: \_\_\_\_\_

Brief job Description: \_\_\_\_\_

Previous Employment: \_\_\_\_\_ Dates: \_\_\_\_\_

Brief job Description: \_\_\_\_\_

Skill Experience Levels (Leave blank if you have no experience in a category): 1. Little 2. Some 3. Considerable 4. Extensive 5. Professional

\_\_\_\_\_ Cooking                      \_\_\_\_\_ Cleaning                      \_\_\_\_\_ Desktop Publishing                      \_\_\_\_\_ Computer Programming

\_\_\_\_\_ Clerical Work                      \_\_\_\_\_ Child Care                      \_\_\_\_\_ Auto Repair                      \_\_\_\_\_ Electrical

\_\_\_\_\_ Baking                      \_\_\_\_\_ Accounting                      \_\_\_\_\_ Heating Repair                      \_\_\_\_\_ Painting

\_\_\_\_\_ Receptionist                      \_\_\_\_\_ Sound Equipment                      \_\_\_\_\_ Carpentry                      \_\_\_\_\_ Plumbing

\_\_\_\_\_ IT Skills                      \_\_\_\_\_ Graphics                      \_\_\_\_\_ Landscaping                      \_\_\_\_\_ Heavy Equipment Operator

Other skills & abilities not listed above \_\_\_\_\_

## PREDOMINANT ETHNIC BACKGROUND

Please specify ethnic background: \_\_\_\_\_

## LANGUAGES

English Proficiency (please indicate proficiency using the number scale below): \_\_\_\_\_

1. Elementary Speaking                      2. Limited Word Proficiency                      3. Minimum Professional Proficiency

4. Full Professional Proficiency                      5. Native Speaking Proficiency                      6. Mother Tongue

Other Languages and Proficiency: \_\_\_\_\_

## PASSPORT / VISA

**NOTE:** You need to have a passport that will be valid for 9 months minimum from the school starting date in order to come to this school.

Name as Listed on Passport: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Birth Place (City, Country): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Issue Place (City, Country): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have multi-citizenships?  Yes  No If yes, please give the same information on other than the one above on a separate paper and attach it.

I do not have a valid passport as required, but **(circle one)** applied / will apply for it on (day/mo/yr): \_\_\_\_\_

### Non-U.S. Students Only

U.S. Visa Type: \_\_\_\_\_  Multiple Entry  Single Entry Issue Date: \_\_\_\_\_

Issue Place (City, Country): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If you already in the U.S., U.S. Entry Date: \_\_\_\_\_ I-94 Expiry Date: \_\_\_\_\_

Have you ever been refused a U.S. visa?  No  Yes If yes, state the reason given by U.S. Consulate: \_\_\_\_\_



## CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of attending physicians.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian required if applicant is under 18 years of age.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF LIABILITY

I/We do hereby release University of the Nations, and Youth With A Mission Network for Strategic Initiatives, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with University of the Nations/Youth With A Mission Network for Strategic Initiatives.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian required if applicant is under 18 years of age.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF BURIAL AND MEDIATION

We at Youth With A Mission Network for Strategic Initiatives, encourage each YWAM student and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. YWAM Network for Strategic Initiatives does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem.

We endeavor to maintain a Christian view of death, in that we believe it is not the final step, but just a passage. The person is not in the coffin, but only his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In the case of death, YWAM Network for Strategic Initiatives cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries, as well as having someone accompany the coffin on the return journey. If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

**Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not YWAM Network for Strategic Initiatives.**

I agree that in the case of my death while on outreach in conjunction with Youth With A Mission Network for Strategic Initiatives, that they may carry out the burial in the location of my death. If my family desires to see my body shipped home, they agree to cover all expenses incurred. I hereby absolve Youth With A Mission Network for Strategic Initiatives, its staff and associates, from any responsibility for burial costs.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years of age, the signature of a parent or responsible party is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Children: \_\_\_\_\_



## PHOTO RELEASE

I, the undersigned, hereby give permission to Youth With A Mission Network for Strategic Initiatives to use my name and photographic likeness taken, while participating in any school or community activity, in all forms of media for advertising, trade, and any other lawful purpose.

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

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

Signature of parent or guardian required if applicant is under 18 years of age:

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL INFORMATION

Do you have your complete school fees?  Yes  No

If No, how much do you have at this time? \$ \_\_\_\_\_ From what source will they come? \_\_\_\_\_

Do you have any outstanding debt? If so, please explain: \_\_\_\_\_

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payments of the required school tuition fees must be made in U.S. currency prior to or upon my arrival in Colorado Springs. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with Youth With A Mission Network for Strategic Initiatives and University of the Nations. If I am accepted by YWAM Network for Strategic Initiatives, I will abide by the spirit, rules, and schedule of the base.

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

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

Signature of parent or guardian required if applicant is under 18 years of age:

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## TUITION & OUTREACH REFUND POLICY

### Lecture Phase Tuition Refund Policy

Should you have to leave school early for some unforeseen reason, the following tuition refund policy will determine the amount of money that will be refunded to you. The deposit is not part of the refundable amount.

Week 1: you will receive 92% of your tuition

Week 4: you will receive 66% of your tuition

Week 2: you will receive 84% of your tuition

Week 5: you will receive 58% of your tuition

Week 3: you will receive 76% of your tuition

Week 6: you will receive 50% of your tuition

**NOTE:** There will be no tuition refunded to you after week 6 in the event that you must leave the school early.

### Outreach Phase Refund Policy

Before outreach, any money that you have paid in toward outreach that can be refunded to you will be. However, if airline tickets or visas have already been purchased and for some reason cannot be refunded in whole by the agency of purchase, you will only be refunded the money that the purchasing agent will refund.

If you are on outreach and have to return home for an emergency, you will be refunded any housing or food money that you have already paid in and will not use. Airline tickets will not be refunded at this point. You will be responsible for any additional costs to fly you home early.

I have read the above Tuition & Outreach Refund Policy and agree to its provisions. Should it become necessary to leave the school or outreach early for any reason, I agree to the refund amount stated in the above policy of YWAM Network for Strategic Initiatives.

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

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

Signature of parent or guardian required if applicant is under 18 years of age:

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



## CONFIDENTIAL HEALTH FORM A: PERSONAL HISTORY

**TO THE APPLICANT: This information is treated as confidential.** Please print or type answers to **ALL** questions in English. **Although your responses to these questions will not necessarily affect acceptance considerations,** as certain medical conditions may preclude acceptance, **Form B (NSI HFB) must be completed by your physician or physician's assistant.** (Other health forms done for other YWAM bases are not acceptable.)

**SCHOOL YOU ARE APPLYING FOR:** \_\_\_\_\_ **STARTING DATE:** \_\_\_\_\_

First Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Middle Name: \_\_\_\_\_ **Birth Place:** \_\_\_\_\_

Last/Family Name: \_\_\_\_\_ **Please rate your health:**  Excellent  Good  Fair  Poor

Do you have medical insurance?  Yes  NO If Yes, Name of Insurer: \_\_\_\_\_

Insurance #: \_\_\_\_\_ **Insurer Phone:** \_\_\_\_\_

Type of Coverage (briefly): \_\_\_\_\_

Please answer all questions and take **both Form A and Form B to your physician. Comment on all "yes" answers on a separate sheet of paper.** The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status. Have you ever had, or do you now have, any of the following?

	<b>NO</b>	<b>YES</b>		<b>NO</b>	<b>YES</b>		<b>COMMUNICABLE DISEASES:</b>		
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>		<b>Have you ever had any of the following?</b>		
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>			<b>NO</b>	<b>YES</b>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>		Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>		Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Penicillin	<input type="checkbox"/>	<input type="checkbox"/>		Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>		OTHER (specify) _____		
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>				
Allergy: Serum	<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>		<b>FEMALES ONLY:</b>		
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>		<b>Do you currently have any of the following?</b>		
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>			<b>NO</b>	<b>YES</b>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>		Severe Cramps	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation of Joints	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>		Excessive Flow	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>		Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Food (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>		due date _____		

Please explain any other illnesses, conditions, or surgeries you have had or are going through currently: \_\_\_\_\_

Are you presently under a doctor's care for any condition?  No  Yes Specify: \_\_\_\_\_

Are you presently taking any medication?  No  Yes Specify: \_\_\_\_\_

Are you allergic to any medication/drugs?  No  Yes Specify: \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment?  No  Yes

If "Yes", when: \_\_\_\_\_ For how long: \_\_\_\_\_ Still in treatment?  No  Yes

Please explain: \_\_\_\_\_

Do you have any history with: Eating disorders:  No  Yes ; Drug or alcohol abuse:  No  Yes ; Sexual issues:  No  Yes

If "Yes" to any above, when: \_\_\_\_\_ For how long: \_\_\_\_\_ Currently?  No  Yes

Please explain: \_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions which require special attention?  No  Yes Specify: \_\_\_\_\_

Have you been tested for HIV/AIDS?  No  Yes Have you been diagnosed as having HIV/AIDS?  No  Yes



## CONFIDENTIAL HEALTH FORM B: PHYSICIAN'S EVALUATION

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**TO THE PHYSICIAN:** Please review the information in Form A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

**TO THE APPLICANT:** All the following immunizations **MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT YWAM NSI: Diphtheria, Tetanus, Typhoid, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B.** Due to the varied outreach locations, other immunizations, injections and malaria medication may be required and can be obtained before outreach. Please be prepared financially to cover the cost of additional injections. You need to have a Diphtheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles.

Diphtheria	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Tetanus	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Typhoid	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Polio	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Measles	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Mumps	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Rubella	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Hepatitis A	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____
Hepatitis B	(day) _____	(month) _____	(year) _____	(day) _____	(month) _____	(year) _____

Chest X-ray Date: \_\_\_\_\_ Result: \_\_\_\_\_ Examination Facility: \_\_\_\_\_

TB Skin Test\* Date: \_\_\_\_\_ Result: \_\_\_\_\_ Examination Facility: \_\_\_\_\_

Height: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Visual Acuity: (without glasses) R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses) R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

**Are there any abnormalities of the following systems? Please describe fully.**

E. N. T. \_\_\_\_\_

Ophthalmological \_\_\_\_\_

Teeth \_\_\_\_\_

Neurological \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymphatic \_\_\_\_\_

Dermatological \_\_\_\_\_

Hernial Orifices \_\_\_\_\_

Urological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Recommendations For Follow-up Tests / Treatment: \_\_\_\_\_

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

**PHYSICIAN'S RECOMMENDATION:**

Acceptable Without Limitations  Not Acceptable  Should Remain In Areas Where Adequate Medical Care Is Provided

Acceptable With Limitations (specify) \_\_\_\_\_

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

How long has this patient attended your office? Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_

PHYSICIAN'S NAME: (print) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_



# CONFIDENTIAL HEALTH FORM C: CHILD'S HEALTH

Please only fill this form out if you have children coming with you.

**PARENT INFORMATION:** Please print or type answers to ALL questions in English.

**SCHOOL YOU ARE APPLYING FOR:** \_\_\_\_\_ **STARTING DATE:** \_\_\_\_\_

Parent's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

Child's First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Child's Last/Family Name: \_\_\_\_\_ Please rate child's health:  Excellent  Good  Fair  Poor

Do you have medical insurance?  Yes  NO If Yes, Name of Insurer: \_\_\_\_\_

Insurance #: \_\_\_\_\_ Insurer Phone: \_\_\_\_\_

Type of Coverage for Child (briefly): \_\_\_\_\_

## CHILD'S PERSONAL HISTORY

Comment on all "yes" answers on a separate sheet of paper.

Has your child ever had, or now have, any of the following:

	NO	YES		NO	YES		NO	YES
Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	<b>Has your child ever had any of the following?</b>		
Allergy: Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of Joints	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Food (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (specify) _____		
Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>			
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>			
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any other illness, conditions or surgeries your child has had or is going through currently: \_\_\_\_\_

Is your child presently under a doctor's care for any condition?  No  Yes Specify: \_\_\_\_\_

Is he/she presently on any medication?  No  Yes Specify: \_\_\_\_\_

Is he/she allergic to any drugs not listed above?  No  Yes Specify: \_\_\_\_\_

Does he/she have any physical impairments, handicaps, or health conditions which require special attention?  No  Yes

Specify: \_\_\_\_\_

Is he/she underweight?  No  Yes Overweight?  No  Yes If so, how much? \_\_\_\_\_

Child's Blood Type: \_\_\_\_\_ O, A, B, AB (+ or -)



## CONFIDENTIAL REFERENCE FORM A: EMPLOYER / TEACHER / OUTREACH LEADER

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Course: \_\_\_\_\_ Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1,000 locations on all 6 continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant?  Very Well  Well  Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above	Average	Average Below	Average Inferior
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS \_\_\_\_\_

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial Responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

COMMENTS \_\_\_\_\_



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

Does he/she display high moral standards?  Yes  No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities?  Yes  No Please explain: \_\_\_\_\_

With reference to his/her Christian service, do you consider the applicant to be:  Dedicated  Average  Casual

Please explain: \_\_\_\_\_

In your consideration, which of the following best describes the applicant's Christian experience?

Mature  Contagious  Genuine and Growing  Over-emotional  Superficial

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

Overall, what do you consider to be the applicant's strong points, including special abilities: \_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_

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

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

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them): \_\_\_\_\_

Would you recommend the applicant for acceptance into the University of the Nations?

Yes  With Some Reservation (please explain)  No (please explain)

I have known \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

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

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send me more information about YWAM.**

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## CONFIDENTIAL REFERENCE FORM A: FRIEND

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Course: \_\_\_\_\_ Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1,000 locations on all 6 continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant?  Very Well  Well  Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above	Average	Average Below	Average Inferior
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS \_\_\_\_\_

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial Responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

COMMENTS \_\_\_\_\_



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

Does he/she display high moral standards?  Yes  No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities?  Yes  No Please explain: \_\_\_\_\_

With reference to his/her Christian service, do you consider the applicant to be:  Dedicated  Average  Casual

Please explain: \_\_\_\_\_

In your consideration, which of the following best describes the applicant's Christian experience?

Mature  Contagious  Genuine and Growing  Over-emotional  Superficial

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

Overall, what do you consider to be the applicant's strong points, including special abilities: \_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_

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

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

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them): \_\_\_\_\_

Would you recommend the applicant for acceptance into the University of the Nations?

Yes  With Some Reservation (please explain)  No (please explain)

I have known \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

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

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send me more information about YWAM.**

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## CONFIDENTIAL REFERENCE FORM A: PASTOR / MINISTRY LEADER

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Course: \_\_\_\_\_ Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1,000 locations on all 6 continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant?  Very Well  Well  Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above	Average	Average Below	Average Inferior
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS \_\_\_\_\_

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial Responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

COMMENTS \_\_\_\_\_



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

Does he/she display high moral standards?  Yes  No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities?  Yes  No Please explain: \_\_\_\_\_

With reference to his/her Christian service, do you consider the applicant to be:  Dedicated  Average  Casual

Please explain: \_\_\_\_\_

In your consideration, which of the following best describes the applicant's Christian experience?

Mature  Contagious  Genuine and Growing  Over-emotional  Superficial

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

Overall, what do you consider to be the applicant's strong points, including special abilities: \_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_

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

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

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them): \_\_\_\_\_

Would you recommend the applicant for acceptance into the University of the Nations?

Yes  With Some Reservation (please explain)  No (please explain)

I have known \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

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

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send me more information about YWAM.**

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