



School of Evangelism Application

Thank you for applying to Youth with a Mission Atlanta! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive all the following completed forms.

If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications. Please make a copy for your spouse if applicable.

- 1) Entry Application Form.** Please answer all questions and return the form along with the other items listed below.
- 2) Application Fee.** A non-refundable application fee of US\$35 for singles or US\$50 for couples should be sent with the application. Your application cannot be processed without it. **Make checks payable to YWAM.**
- 3) Personal History.** Please prayerfully and concisely answer the questions on a separate sheet of paper (print or type) and attach it to your application form. Your answers will be significant in the application process.
 - a) What motivates you to attend this School, and what are your expectations?**
 - b) Have you discussed attending this school with your pastor/spiritual oversight? How did they feel about this decision?**
 - c) How does your family feel about your decision to attend this School?**
 - d) Describe your long-term goals. Has God spoken to you about your life's calling? Please specify.**
 - e) Please describe your current relationship with God.**
- (4) Health Form.** Please complete this form and return it directly to the SOE. These forms must also be submitted for children if accompanying you.
- (5) Reference Forms.** Please fill out the top portion of the reference form and give it to your DTS school leader or most recent YWAM leader. Please give him/her a stamped envelope addressed to YWAM Atlanta.

Important: All students are encouraged to apply early as course may fill up many weeks in advance. US citizens should apply no later than three weeks prior to the start of the school, and for non-US citizens, no later than two months, due to visa processing.

Send all forms to:

**Youth With A Mission Atlanta, Registrar, P.O. Box 1025 Grayson, Georgia 30017
Phone: 678-344-7983, Fax: 678-344-7919, E-mail: admissions@ywamatlanta.org**

School of Evangelism Application

Date of Application: _____ **Application Fee enclosed \$** _____

School applying for: _____ **Starting date:** _____

Mr./Mrs./Miss _____
Legal First Middle Last (Family Name) Nick Name

Current Address _____
Street/PO Box

City State/Prov. Zip/Postal Code Country Phone number

Permanent Address _____
Street/PO Box

City State/Prov. Zip/Postal Code Country Phone number

Cell Number _____ **E-mail address** _____

Age _____ **Birthdate: Month** _____ **Day** _____ **Year** _____ **Sex: M** ___ **F** ___

Birthplace (city and country) _____

Ethnicity _____ **Citizenship** _____

Social Security Number (US) _____

Passport # _____ **Place of Issue** _____ **Date of Expiry** ___/___/___

Name as it appears exactly on your passport _____

If you do not have a passport when did you apply? _____

Visa Type (non-US) _____ **Place of Issue** _____ **Date of Issue** ___/___/___

* Please provide a copy of your visa if you currently live in the U.S.A. **Date of Expiry** ___/___/___

Have you ever been refused a visa? ___yes ___no . **If yes, please explain** _____

Marital Status:

___ **Single** ___ **Engaged** ___ **Divorced** ___ **Separated** ___ **Remarried**

___ **Widowed** ___ **Married Anniversary: Month** ___ **Day** ___ **Year** ___

Spouse's name _____

Names of Children accompanying you:

Name	Birth date	Sex	School Grade	Passport #	Expires

(continued)

Please describe your most recent YWAM experience: _____

How did you first hear of the SOE? _____

What is your purpose in applying for the SOE? _____

Where and when did you attend your Discipleship Training School?

Location: _____ **Date of School:** _____

Date Completed: _____ **DTS Leader:** _____

Have you attended any other YWAM schools? ___No___ Yes, Please specify: _____

Any other YWAM Functions _____

What are your plans after you complete this training: (Circle one) Other _____

Another YWAM School Further Education YWAM Staff Back to a Job Missions Work

Work w/ home church Teaching Urban or Inner city work Uncertain

Financial Information

Do you have your complete school fees? Yes ___ No ___ If no, from what source will they come?

Do you have any outstanding debts? Yes ___ No ___ If yes, please explain. _____

I certify that all this information is complete and accurate.

Applicant's Signature _____ **Date** _____

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Release Form

Release of Liability:

I/We do hereby release YOUTH WITH A MISSION, INC., 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 Youth With A Mission.

Applicant's Signature _____ Date _____ / _____ / _____
Month Day Year

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

Signature _____ Date _____ / _____ / _____
Relationship _____ Month Day Year

Acknowledgment of Financial Responsibility:

I understand that payment of the required school tuition fees must be made in US currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for Atlanta. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission.

Applicant's Signature _____ Date _____ / _____ / _____
Month Day Year

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

Signature _____ Date _____ / _____ / _____
Relationship _____ Month Day Year

Consent for Treatment:

In case of emergency, I/We hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary. I/We also accept full responsibility for expenses related to medical care.

Applicant's Signature _____ Date _____ / _____ / _____
Month Day Year

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

Signature _____ Date _____ / _____ / _____
Relationship _____ Month Day Year

Emergency Information:

In case of emergency, contact _____ Relationship _____
Home Phone Number _____ Cell/Work Number _____
Email _____ Specify any drugs you are allergic to _____

Emergency Contact Current Address _____
Street/PO BOX

City State/Prov. Zip/Postal Code Country

I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is ground for refusal of my application or expulsion should falsehood be discovered after acceptance to the DTS. I have read the policies and if I am accepted by Youth With A Mission, Inc., I will abide by the spirit, rules, and schedules of the program.

Applicant's Signature _____ Date _____

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Confidential Health Form

Name _____
Legal First
Middle
Last/Family Name
Nickname

Do you have medical insurance? ___yes ___no

If yes, name of Insurer _____ Policy Number _____

Name of policy holder _____

Personal History:

Height _____ Weight _____ Blood Type _____ Ever had a reaction to blood products? _____

Have you ever had, or do you have, any of the following?

	Y	N		Y	N		Y	N		Y	N
Allergy:			Surgery:			Jaundice					
Penicillin			Appendectomy			Hepatitis					
Sulfonamides			Tonsillectomy			Kidney Disease					
Serum			Hernia Repair			Intestinal troubles					
Other-specify			Other-specify			Gall bladder problems			Communicable Diseases:		
Food-specify			Broken bones			Recurrent diarrhea			Chicken Pox		
Skin Conditions			Dislocation of joints			Shortness of breath			Measles		
Eye trouble			Rheumatism/ Arthritis			Stomach or Duodenal ulcer			Mumps		
Ear trouble			Back problems			Depression			Pertussis		
Recurrent Headache			Difficulty breathing or Asthma			Mental or Nervous Disorders			Scarlet Fever		
Fainting spells			Head Injury			Paralysis			TB		
Insomnia			Epilepsy			FEMALES ONLY:			Other- specify:		
Hay fever, asthma			Anemia			Irregular periods					
Heart trouble			Diabetes			Severe cramps					
High Blood Pressure			Tumor: Cancer			Hysterectomy					
Low Blood Pressure			Venereal Disease			Are you pregnant?					
Weakness			HIV+			Due Date?					

Specify any drugs, foods or insects you are allergic to and what reaction you have _____

Have you ever been hospitalized for a reaction? ___no___ yes (specify) _____

Family History of any Illnesses _____

Do you have any special dietary needs? _____

Are you now under doctor's care for any condition? ___no___ yes (specify) _____

Are you taking medication at this time? ___no___ yes (specify) _____

Do you have any handicaps? ___no___ yes (please describe) _____

Do you now or have you ever had any involvement with smoking, drugs, or alcohol abuse? If yes, please list which ones and the most recent dates of involvement. _____

Applicants' full legal name _____

Please attach a copy of your shot records.

To the Physician:

The above named person has applied for service with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health.

- 1. Would he/she be able to walk 3-4 miles per day? yes no**
- 2. Would you consider the applicant to be in good health? yes no**
- 3. Do you certify the applicant to be non-contagious? yes no**

NOTE: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

Doctor's signature or stamp _____

Doctor's full name printed _____ **Date** _____

Full Address _____

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CONFIDENTIAL REFERENCE FORM

To the Applicant: Please complete the information below and provide a stamped envelope addressed to Registrar for the person completing the reference.

Name of Applicant _____
 Course applying for _____ Dates _____

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

Applicant's signature _____ Date _____

 The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, is currently operating in more than 1000 locations in over 149 countries, with a staff of nearly 16,000. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go ye into all the world and preach the gospel to every creature."(Mark 16:15)

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance.
 Please check the following and comment where necessary.

1. How well do you know the applicant? ___ very well ___ well ___ casually
2. In what situations have you observed the applicant? ___ at home ___ at work
 ___ in social activities ___ in church relationships ___ other _____
3. How long has the applicant attended your church? _____
4. In what activities has the applicant participated since attending your church? _____

5. In your association with the applicant, what has been the level of commitment you have seen exemplified? ___ faithful ___ inconsistent ___ other _____
 Please give details. _____

6. Were you aware of the applicant's intention to participate in this YWAM program?
 ___ yes ___ no

	Superior	Above Avg.	Average	Below Avg.	Inferior
Initiative					
Social Adaptability					
Concern for others					
Ability to follow					
Leadership					
Judgment/Decision Making					
Emotional Stability					
Health					
Personal Appearance					

Comments _____

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Please check the appropriate response.

Mental ability quick to comprehend average slow
Industry hard worker average lacks persistence
Reliability meets obligations average neglects obligations
Cooperativeness works well with others average avoids group activities
Flexibility open to change average unyielding
Christian Character well-balanced average unstable
Disposition cheerful average passive
Punctuality punctual average often late
Financial
 Responsibility honors obligations average neglectful
Comments _____

7. Does he/she display high moral standards? yes no (please explain) _____

8. Is he/she prejudiced against any groups, races, or nationalities? no yes (please explain) _____

9. With reference to his/her Christian service, do you consider the applicant to be:
 dedicated average casual Please explain. _____

10. 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 _____

11. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

12. Please comment on the applicant's family background (if known) _____

13. In your opinion, what are the applicant's motives for applying to YWAM? _____

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

15. Please add any other remarks concerning medical, psychological, drug/alcohol use, homosexuality, occultism, depression or other areas of his/her life that we should know more about to be of better service to him/her. _____

16. Would you recommend the applicant for acceptance by Youth With A Mission? yes with some reservation (please explain) no (please explain) _____

17. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? no yes (please explain) _____

18. Would your church be willing to support this applicant? financially prayerfully Comments _____

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

Signed _____ Date _____

Name (please print neatly) _____ Position _____

Address _____

Phone _____ E-mail address _____

Would you like information about YWAM? yes no

Send all forms:

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