

**APPLICATION PROCEDURE**

Thank you for applying to YOUTH WITH A MISSION Bethlehem! May you know God's grace as you seek His direction for your life! In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write **N/A** in the space.

Husbands and wives must complete separate applications.

1. **Application fee**. A nonrefundable Application fee of R300 for South African residents (US$30 single applicants outside South Africa) is to be forwarded with the application. Your application cannot be processed without it.

2. **Application form / Health form / Physicians Evaluation**. These forms must be completed by you or your doctor for any initial school or staff position at YWAM, Bethlehem.

3. **Life questions.** Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.

4. **Reference forms.** You will need 3 Confidential Reference Forms. One from your pastor, one from a friend, and one from your most recent YWAM leader or a spiritual mentor if this is your first time participating with YWAM.

5**. Photographs**. Please submit two recent passport-size photographs with your application.

***IMPORTANT! For prospective students***

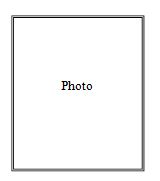
All prospective students are encouraged to apply early, generally about **2 months** prior to the start of the school for South African students. For non-South African students at least **3 months** prior to the start of the school, as applying for the appropriate visa if applicable can take some time.

Please send all forms to our email: [ywambethlehemsa@gmail.com](mailto:ywambethlehemsa@gmail.com)

***PLEASE NOTE*:** These applications are also available in **Spanish**. We as an International mission have found it necessary to restrict all our lectures, information and correspondence to English but also because we are an AfroLatin base, have our applications now in Spanish available. Our classes and base operates in Spanish and English.

**Very *IMPORTANT:***WE ALSO NEED YOUR EMAIL TO SEND A LETTER FROM THE GOVERNMENT ALLOWING FOREIGNERS TO ENTER WITH A VISITORS VISA INTO SOUTH AFRICA

**All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course.**

**YWAM Bethlehem General Application**

**(This form must be completed by the applicant)**

Applying for: DTS □ SOFM □ volunteer staff □ other □

Anticipated date of arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (as it appears on your passport/ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname/preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality/Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace (city and country):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport or ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country passport was issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date passport issued: \_\_\_\_\_\_\_\_\_\_\_\_

Male □ Female □

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

Marital Status:

Single □ Married □Divorced □Widowed □ Engaged□Separated □ Remarried □

If married, name of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your spouse be accompanying you? Yes □ No □

**Note for school applications, married couples attend together**

If engaged, date of wedding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? Yes □ No □ How many? \_\_\_\_\_\_\_\_\_\_

**Please note spouses and children are required to accompany you**

Names of children accompanying you:



| Surname | First name | Birth date | Sex |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

What are your plans for schooling your children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How long do you plan to be in South Africa? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food allergies? Yes □ No □ If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any debt: Yes □ No □

If yes, amount in Rand: R\_\_\_\_\_\_\_

If yes, please explain what the debt is and your plan to pay this debt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Do you have sufficent funds to pay for school or staff fees? Yes □No□

If not, how do you intend to raise it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever been convicted of a crime? Yes □ No □

Please note this question is for security purposes only and will be held with confidentiality. Answering yes to this question does NOT automatically disqualify the applicant from the position being applied for.

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How did you hear about YWAM Bethlehem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to be be involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What are you gifts, hobbies or interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Highest level of education:**

primary school □ high school □ university □ graduate school □

Name and location of institutuion of highest level of education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Period of attendence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Diploma earned: Yes □No □

If beyond high school, what was your area of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special licenses or certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of job experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Areas of ministry experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Languages:**

Pleaes identify and indicate your proficiency in the languages that you speak

1 – elementary speaking

2 – limited word proficiency

3 – minimum professional proficiency

4 – full professional proficiency

5 – native speaking (mother tongue)

English proficiency\_\_\_\_\_\_ Other languages and proficiency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Home Church and denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emgerncy Contact**

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MORALITY CLAUSE/CODE OF CONDUCT:**

I agree to follow YWAM Bethlehem’s Code of Conduct. To conduct myself in a way that is biblical and Christ-like to the best of my ability on and off the base. To obstain from illegal drugs or drugs not prescribed to me, alcohol (students only), drunkenness, sexual immorality, tobbaco and abusive talk or actions. I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

**ACKNOWLEDGEMENT OF FINANICAL RESPONSIBILITY**

I have read and understand the Finacial Policy of YWAM Bethlehem. **For School Applicants Only:** I understand that the payment of the required school fees must be made prior to or at registration, unless otherwise approved in wrriting by the Academic Dean (Training Director), before my departure to Bethlehem. Further, I agree to meet in a timely manner, prior to the completeion of the school, all personal expenses insurred during my involved with YWAM. **For Staff Applicants Only:** I understand that I must pay my staff fees each month in a timely manner.

**RELEASE OF LIABILITY**

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

**CONSENT FOR TREATMENT**

I do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deeming necessary on the below-named person.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree with the above

statements. (Print name)

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardiant (if applicant is under 18) Date



**LIFE QUESTIONS OR PERSONAL BACKGROUND**

**(Please answer the following questions on a separate sheet of paper)**

A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.

2. What subsequent spiritual highlights have you had?

3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.

4. Have you been called to the mission field? If YES, give a brief account of your calling.

5. Why are you applying to YWAM Bethlehem? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE

1. If you have been a member of your church (or active participate if your church doesn’t offer membership) for less than two years, please give the details above of the church to which you used to belong, if any.

2. Does your minister/pastor approve of you joining YWAM/doing this school?

3. Will your church be willing to send you out as their missionary?

4. Will your church be willing to support you financially?

If the answer is no to any of these questions, please state the reason.

5. What leadership, counseling or church work have you been involved in?

In your answer, please state where, when and with whom.

C. PERSONAL LIFE

1. If you are not of age (under 18), do your parents/guardians approve of you joining YWAM?

2. Were you raised by both your parents? If not, please give details.

3. Describe your present relationship with your parents and the rest of your family.

4. From the following list, which words in your opinion best describe yourself **on most days**:

active, impulsive, nervous, impatient, moody, imaginative, serious, good-natured, quiet, likable, fearful, lonely, depressed, submissive, hurting, sincere, flexible, organized, guilty, courageous, people lover, humorous, loyal, ambitious, persistent, hard-working, self-confident, excitable, calm, easy-going, introvert, extrovert, stubborn, self-conscious, sensitive, optimistic, competitive, perfectionist, insecure, practical, warm, self-sacrificing, negative, confused.

5. Have you ever been involved in: (Please answer each one separately)

Drug abuse, Alcohol abuse, Occult practice, or Sexual immorality

6. Do you smoke? If YES, please give details, stating your present position.

E. OTHER:

1. List your previous employers and the positions you have held for the last five years.

2. Should you be accepted, by when do you have to hand in your notice?

3. Please list your 3 references. Name, address, how you know them, phone number and email.

4. Do you believe that you could live under pioneering conditions, communal living, with different foods, cultures and life in dormitory or small quarters for families?

5. List your abilities and talents (music, carpentry, sewing, first aid, etc.).

6. Is there anything else that you would like to tell us about that would help us to know you better?



**CONFIDENTIAL HEALTH FORM**

(This form needs to be completed by applicant)

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

Physical Health: Excellent □ Good □ Not so good □

If not so good, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any drug allergies? Yes □ No □

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently under a doctors care? Yes □ No □

Do you take medication prescribed by a doctor? Yes □ No □

If yes, please list medication and reason it was prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have any physical or learning disabilities? Yes □ No □

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you follow any special diet *for medical reasons*? Yes □ No □

*Explain any `YES' answers in the space below or on a separate sheet of paper.*

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

**Skin** Yes □ No □ **Shortness of breath/breathing** Yes □ No □

**Ulcers** Yes □ No □ **Eyes** Yes □ No □ **Hay Fever/Asthma** Yes □ No □

**Gall bladder** Yes □ No □ **Ears** Yes □ No □ **Heart** Yes □ No □ **Jaundice** Yes □ No □

**Head injury** Yes □ No □ **High blood pressure** Yes □ No □ **Hepatitis** Yes □ No □

**Headaches/migraines** Yes □ No □ **Low blood pressure** Yes □ No □

**Intestines** Yes □ No □ **Epilepsy** Yes □ No □ **Rheumatism/Arthritis** Yes □ No □ **frequent diarrhea** Yes □ No □ **Fainting spells** Yes □ No □ **the Back** Yes □ No □

**Type 1 Diabetes** Yes □ No □ **Type 2 Diabetes** Yes □ No □

**Kidneys** Yes □ No □ **Joints** Yes □ No □ **Mental Health** Yes □ No □

**Weakness** Yes □ No □ **Broken bones** Yes □ No □ **Anemia** Yes □ No □

**Addiction** Yes □ No □ **Seizures** Yes □ No □ **Eating disorders** Yes □ No □

**Sexually Transmitted Diseases** Yes □ No □ **HIV/AIDS** Yes □ No □

**Insomnia** Yes □ No □ **Tumors** Yes □ No □ **Cancer** Yes □ No □ **Surgery** Yes □ No □  **Appendix** Yes □ No □ **Hernia** Yes □ No □ **Tonsils** Yes □ No □ **Autism** Yes □ No □

**Other- Specify** Yes □ No □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEMALES ONLY

**Irregular Periods** Yes □ No □ **Severe cramps** Yes □ No □ **Excessive flow** Yes □ No □

**Are you currently pregnant?** Yes □ No □ **Previous pregnancies?** Yes □ No □

**Have you ever had any of the following COMMUNICABLE DISEASES?**

**Chickenpox** Yes □ No □ **Whooping Cough** Yes □ No □

**German Measles (Rubella)** Yes □ No □ **Scarlet Fever** Yes □ No □

**Measles** Yes □ No □ **Tuberculosis** Yes □ No □ **Mumps** Yes □ No □

**Meningitis** Yes □ No □ **mononucliosis** Yes □ No □ **mengichoccal disease** Yes □ No □

**Other - Specify:** Yes □ No □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or your parents/guardians ever denied yourself/you of doctor recommended preventative vaccinations? Yes □ No □

If you answered YES to any of the above questions, please explain:

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

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Height: \_\_\_\_ Weight: \_\_\_\_\_

Do you wear glasses or contact lenses? Yes □ No □

Do you now have or have you ever received any compensation for disability

from any sources? Yes □ No □ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY MEDICAL HISTORY:

Have any of your relatives ever had any of the following?

Relationship:

Tuberculosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arthritis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stomach Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kidney Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asthma/Hay Fever \_\_\_\_\_\_\_\_\_\_\_\_\_

Heart Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Convulsions/Epilepsy \_\_\_\_\_\_\_\_\_\_\_

Hypertension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything that you think we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMUNIZATIONS:

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS

COMTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY

CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION strongly advises each applicant ensures that you find out from the South African Embassy or High Commission or your Travel clinic what IMMUNIZATIONS are necessary coming from your country to South Africa BEFORE arrival.

**PHYSICIAN’S EVALUATION**

**(This form needs to be completed by your Doctor/Physician)**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION.

This program will require good health and endurance. Please fill out the portion below and make any additional comments.

Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CG (Over 40)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visual acuity: (Without glasses) R \_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_

(With glasses) R \_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_

Hearing: R \_\_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_\_

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

Ears/Nose/Throat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neurological \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardiovascular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Musculoskeletal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endocrine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lymphatic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dermatological \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hernia Orifices\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gynecological \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urological\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatric \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would he/she be able to walk 5 - 10 kilometers per day? Yes □ No □

Additional comments:

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

PHYSICIAN'S RECOMMENDATION:

Acceptable without limitations Yes □ No □

Acceptable with limitations - Specify: Yes □ No □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not acceptable (Should remain where specific medical care is available) Yes □ No □

Physician's name: (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Physician's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s stamp:



**YWAM BACKGROUND INFORMATION**

(This form needs to be completed by you)

**SCHOOLS:**

Have you previously attended an YWAM school(s)? Yes □ No □

If yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

\* Give details of YWAM Schools/Training programs you have successfully completed:

| YWAM location | Name of School | School Leader | Dates |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

(Please arrange for your most recent school leader to send a Reference Form to the Registrar's office)

**DEGREE:**

Are you pursuing a U of N degree? Yes □ No □

University of Nations College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of credits pending completion of degree\_\_\_\_\_\_\_\_\_

**STAFF:**

Have you ever been on YWAM staff? Yes □ No □

If yes, please list below:

\* Give details of YWAM staff positions you have previously held:

| YWAM location | Position held | Base Leader | Dates |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)



**CONFIDENTIAL REFERENCE FORM**

*Applicant should have one copy completed by a* ***spiritual leader/mentor****, one copy by their* ***pastor*** *and one copy by a* ***friend****.* ***IF*** *you have completed any YWAM training one reference must be from your most recent* ***YWAM leader****.* The person completing the form should email the completed form directly to us a [ywambethlehemsa@gmail.com](mailto:ywambethlehemsa@gmail.com)

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

Applying for: DTS □ SOFM □ volunteer staff □ other □

Applicants anticpated date of arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named applicant is applying for admission to one of our schools or for a position as a staff member with Youth With A Mission, Bethlehem. In order to adequately evaluate the applicant, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the program applied for.

1. How long have you known the applicant?

2. In what capacity?

CHURCH- Pastor □ Home Group leader □ other □

BUSINESS- Employer □ Supervisor □ Co-worker/ Subordinate □

SCHOOL- Principal □ Teacher □ Other □

SOCIAL- Family friend □ Personal friend □ other □

YWAM- School leader □ Flock group leader □ other □

3. On a scale of 1-10(1=very little: 10=intimately), how well do you know the applicant? (Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church? (If applicable)

5. In what ways has the applicant been involved in the church and its program?

6. In your association with the applicant, what level of commitment you have seen exemplified?

Faithful □ Inconsistent □ other-specify □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please describe in your own words how you would rate the applicant in the following areas:

Initiative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Industriousness\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social adaptability\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reliability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal appearance\_\_\_\_\_\_\_\_\_\_\_\_ Co-operation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concern for others \_\_\_\_\_\_\_\_\_\_\_\_\_ Self-discipline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Christian character\_\_\_\_\_\_\_\_\_\_\_\_

Emotional stability\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperament\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability to follow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Punctuality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flexibility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perseverance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stewardship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ability to cope with stress\_\_\_\_\_\_\_

8. Please circle words or descriptions, which pertain to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behavior, unable to cope with stress, erratic in attitudes or actions.

(If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character? Yes □ No □ If YES, please explain.

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

10. In your opinion, which of the following would best describe the applicant's Christian experience?Mature□ Contagious□Genuine / growing□ Over-emotional□Superficial□

11. Please comment briefly on the applicant's family background (if known):

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

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

12. Does the applicant display prejudice towards other races or nationalities?

Yes □Unaware□ No□ Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Has the applicant ever been involved in the occult, drug abuse, alcohol abuse or sexual immorality? Does the applicant smoke? Yes □Unaware□ No□

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Is the applicant financially responsible? Yes□Unaware□ No□

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Does the applicant respond well to authority? Yes□ Unaware □No □

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

16. Is there anything else regarding the applicant which you feel could be helpful to us (use a separate sheet of paper, if necessary)?

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

17. Do you recommend the applicant?

Wholeheartedly □Yes, but with reservation □Not at all□

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

*I declare that the contents of this confidential reference are correct to the best of my knowledge.*

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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