

GUIDE TO COMPLETING SCHOOL APPLICATION

Thank you for applying for training with University of the Nations, YWAM Strategic Frontiers @ thePark, in Colorado Springs! 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 & application fees. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications.

■ **Main Application Form (A 1-5)**

■ **Application Fee:** A non-refundable application fee of US \$45 for singles and US \$65 for couples is to be sent in with your application. For those who have completed a DTS at our campus, YWAM SF, or for those who are staff at YWAM SF, the application fee is US \$25.

■ **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. If you have done a school at our YWAM SF campus within the last year or are currently on staff with YWAM SF, you only need to answer questions 2, 3, 4, and 5.

1. Describe your conversion experience.
2. Describe your current relationship with the Lord & what areas you are seeking to develop and improve within your character.
3. Describe your spiritual & ministry goals.
4. Describe your relationship with your local church & areas of ministry within it.
5. Describe your business, professional, or missions experiences.
6. Describe your relationship with your family & their feelings about your training at YWAM Strategic Frontiers.
7. How did you hear about YWAM SF & why are you applying to come here?

■ **Health Form:** (HF 1-2): Please complete all questions on the health form. A child health form (HF-C) must also be filled out and sent in for any children coming with you. If you have completed a DTS at our YWAM SF campus within the past year, you do not need to complete a new health form for yourself or your children.

■ **Reference Forms:**

- Are you applying for DTS? If yes, then you need to have a reference form completed by
1) your pastor 2) employer/ teacher 3) a friend.
- Are you applying for a secondary school and did your DTS at another YWAM campus OR over a year ago? If yes, then you need to have a reference form completed by
1) your pastor, 2) DTS outreach leader, and 3) a friend.
- Are you applying for a secondary school and did your DTS within the last year at our YWAM SF campus? If yes, then you only need to have a reference form completed by
1) your outreach leader.
- Are you applying for a secondary school and are on staff at our YWAM COS Campus? If yes, then you only need to have a reference form completed by
1) your ministry leader.



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

Youth With A Mission (YWAM) To Know God and To Make Him Known

A Vision of Waves

It began in 1960 with an ordinary young man and an extraordinary vision. Loren Cunningham described it as a waking dream. He saw a map of the world with waves crashing onto the continents, advancing inland until all the nations were covered. Loren says, “As I watched, the waves became young people of all races...talking to people on street corners and outside bars. Going from house to house. Helping the lonely and the hungry. Caring for people everywhere they went...” That God-given vision has become a reality. Loren started YWAM in 1960. Since then, thousands have been involved worldwide in fulfilling Christ’s commandment to, “Go into all the world and preach the Gospel to every creature” (Mark 16:15)

Youth With A Mission is people

YWAMers are all ages -- young people, families, and retired persons. We come from many ethnic and educational backgrounds, from many denominations and countries. We love Jesus and thank God for allowing us to play a part in helping to fulfill the Great Commission. YWAM has over 15,000 staff and annually trains approximately 25,000 short-term workers to minister in over 1000 operating locations in 140 countries.

Three-fold thrust

There are three main ways we are involved in the goal of taking the Gospel to all the world: Evangelism - spreading God’s message, Training -preparing workers to reach others, and Mercy Ministries-showing God’s love through practical assistance. These three ministries are carried out in many different ways by the basic unit of YWAM -- teams, which can be small or large, mobile or localized, made up of short-term volunteers or long-term staff. Each of these teams is committed to a specific goal of evangelism, training or mercy ministry, working in cooperation with local churches and sister organizations.

Statement of purpose

Youth With A Mission is an international movement of Christians from many denominations dedicated to presenting the Gospel of Jesus Christ personally to this generation, to mobilize as many as possible to help in this task, and to the training and equipping of believers for their part in fulfilling the Great Commission. As Christians for God’s Kingdom, we are called to love, worship, and obey our Lord, to love and serve His Body, the Church, and to present the whole Gospel for the whole man throughout the whole world. We of YWAM believe that the Bible is God’s inspired and authoritative Word, revealing that Jesus Christ is God’s Son, that man is created in God’s image, that He created us to have eternal life through Jesus Christ, that although all men have sinned and come short of God’s glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ, that repentance, faith, love and obedience are fitting responses to God’s initiative of grace towards us, that God desires all men to be saved and to come to the knowledge of the truth, and that the Holy Spirit’s power is demonstrated in and through us for the accomplishing of Christ’s last commandment, “Go ye into all the world and preach the Gospel to every creature” (Mark 16:15).

YWAM Colorado Springs @ The Park

Our Mission Statement:

We are a YWAM community called to mobilize and multiply followers of Christ to bring the kingdom of God to the least-reached. We focus on strategic issues, seasons, places, peoples, and areas of influence in society.

We disciple each other in healthy community, and live out the lordship of Christ locally and globally.

Our Vision Statement :

Using everything we’ve got to get the gospel to the least reached.

Our Mottos:

Another World is Possible
Live the Story

APPLICATION FOR TRAINING SCHOOL

Date of Application: (mo) _____ (day) _____ (yr) _____
 Registration fee enclosed? (circle one) \$45/Single, \$65/couple, \$25/YWAM SF DTS alumni

IMPORTANT

Course Applying for: (DTS, SOSM, etc.) _____
 Starting Date: (mo) _____ (yr) _____ Second Choice: (mo) _____ (yr) _____

**PLEASE ATTACH
 RECENT PHOTO
 HERE!!!**

PERSONAL INFORMATION

Last/Family Name: _____ First: _____ Middle: _____
 Current Address: _____
 City: _____ State/Province: _____ Postal/Zip Code: _____
 Country: _____ This Address Until: (mo) _____ (day) _____ (yr) _____
 Permanent Address: _____
 City: _____ State/Province: _____ Postal/Zip Code: _____
 Country: _____ Fax: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Email: _____
 Date of Birth: (MO) _____ (Day) _____ (yr) _____ Age: _____ Birthplace: _____
 Gender (circle one): Male Female

FAMILY INFORMATION

Marital Status (circle all that apply):
 Engaged (Date _____) Married (Date _____) Separated (Date _____)
 Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)
 Single

Spouse's Information:

Last/Family Name: _____ First: _____ Middle: _____
 Date of Birth: (mo) _____ (day) _____ (yr) _____ Age: _____ Birthplace: _____

Dependent Children Accompanying You:

Name: _____ Date of Birth:(mo) _____ (day) _____ (yr) _____ Age: _____ Sex: M F
 Name: _____ Date of Birth:(mo) _____ (day) _____ (yr) _____ Age: _____ Sex: M F
 Name: _____ Date of Birth:(mo) _____ (day) _____ (yr) _____ Age: _____ Sex: M F
 Name: _____ Date of Birth:(mo) _____ (day) _____ (yr) _____ Age: _____ Sex: M F

*Please list any other dependent children on a separate page.

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, CONTACT:

Full Name: _____ Relationship: _____
 PO Box /Street Address: _____
 City: _____ State/Province: _____ Postal/Zip Code: _____
 Country: _____ Phone: _____ Cell Number: _____
 Office Number: _____ Email: _____



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

HOME CHURCH

Name: _____ Pastor's Name: _____
 Denomination: _____ Email: _____
 PO Box /Street Address: _____
 City: _____ State/Province: _____ Postal/Zip Code: _____
 Country: _____ Phone: _____ Fax: _____

EDUCATIONAL INFORMATION

- I have not completed high school/secondary school. Highest educational level completed: _____
- I have a GED/ High School/ Secondary School/ College/ University/ Seminary (circle one) Attended: _____

Name: _____ City: _____
 Dates Attended: _____ Major: _____ Degree Graduated With: _____
 Name: _____ City: _____
 Dates Attended: _____ Major: _____ Degree Graduated With: _____
 Name: _____ City: _____
 Dates Attended: _____ Major: _____ Degree Graduated With: _____

NOTE: If you intend to pursue a U of N degree, transcript(s) of your record(s) at each High School /Secondary School or College/University / Seminary you have attended must be submitted to the U of N Registrar by the institution.

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: _____

YWAM WORK EXPERIENCE

How did you hear of YWAM SF? ___ Google Ad. ___ Website ___ Friend ___ Other _____

Have you ever been on YWAM staff? ■ No ■ Yes (If yes, please list below.)

Location: _____ Job Title: _____ Ministry Leader: _____
 Location: _____ Job Title: _____ Ministry Leader: _____
 Location: _____ Job Title: _____ Ministry Leader: _____
 Location: _____ Job Title: _____ Ministry Leader: _____

YWAM U of N SCHOOL EXPERIENCE

Have you previously attended any YWAM or U of N school(s)? ■ No ■ Yes (If yes, please list below)

School: _____ Location: _____ Lecture Phase Dates: _____
 Field Assignment Location: _____ Dates: _____
 School: _____ Location: _____ Lecture Phase Dates: _____
 Field Assignment Location: _____ Dates: _____
 School: _____ Location: _____ Lecture Phase Dates: _____
 Field Assignment Location: _____ Dates: _____



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GIFTS, SKILLS, AND ABILITIES

Each student and staff of YWAM 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 1 to 2 hours each day. Please help us know where to place you by answering the following information.

Past Employment History (List most recent jobs first):

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Skill experience Levels (Leave blank if you have no experience in a category):

1: Little 2: Some 3: Considerable 4: Extensive 5: Professional

____ Cleaning	____ Cooking	____ Electrical	____ Painting
____ Desktop Publishing	____ Graphics	____ Landscaping	____ Receptionist
____ Computer Programing	____ Clerical Work	____ Baking	____ Sound equipment
____ Equipment Operator	____ Child Care	____ Accounting	____ Carpentry
	____ Auto repair	____ Barista	____ Plumbing

Other skills not listed above: _____

Do you enjoy mornings and would like to be considered for a morning work duty? _____

PASSPORT/VISA INFORMATION

Name as Listed on Passport: _____

Country/Countries of Citizenship: _____

Birthplace: (City) _____ (State/Prov) _____ (Country) _____

City and Country Where Passport Was Issued _____

Passport #: _____ Passport Expiry Date:(mo) _____ (day) _____ (yr) _____ Visa Type: _____

Please check one:

- I do have a valid passport or
- I applied for a passport on:(mo) _____ (day) _____ (year) _____

You NEED to have a Passport in order to come to this school!

Non-U.S. students only

Date Visa Issued:(mo) _____ (day) _____ (yr) _____ Visa Expiration Date:(mo) _____ (day) _____ (yr) _____

City and Country Where Visa Issued: _____

Have you ever been refused a visa? No Yes Give nation and details: _____

PREDOMINANT ETHNIC BACKGROUND

Please specify ethnic background: _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Printed Name: _____

Applicant's Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

RELEASE OF LIABILITY

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

Printed Name: _____

Applicant's Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

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 Strategic Frontiers, 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 Strategic Frontiers.

In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. Youth With A Mission Strategic Frontiers 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, Youth With A Mission Strategic Frontiers 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 Youth With A Mission Strategic Frontiers.

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

Printed Name: _____

Applicant's Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

Child's Name: _____

A-4

PHOTO RELEASE FORM

I hereby give permission to Youth With A Mission Strategic Frontiers to use my name and photograph taken, while participating in any school or community activity, in all forms of media for advertising 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: _____ Date: _____ Relationship: _____

FINANCIAL INFORMATION

Do you have your complete school fees? (circle one) ■ 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: _____

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY: I understand that payments of the required school tuition fees must be made in U.S. currency prior to 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 Strategic Frontiers and University of the Nations. If I am accepted by YWAM Strategic Frontiers, I will abide by the spirit, rules, and schedule of the campus.

Printed Name: _____

Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

TUITION & OUTREACH REFUND POLICY

Lecture Phase Tuition Refund Policy:

Should you have to leave the school early for some unforeseen reason, the following tuition refund policy will determine the amount of money that will be refunded to you.

Week 1: you will receive 90% of your tuition

Week 2: you will receive 80% of your tuition

Week 3: you will receive 70% of your tuition

Week 4: you will receive 60% of your tuition

Week 5: you will receive 50% of your tuition

Week 6: you will receive 40% of your tuition

Please 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 Youth With A Mission Strategic Frontiers.

Printed Name: _____

Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____ Relationship: _____



YWAM STRATEGIC FRONTIERS @ the Park

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CONFIDENTIAL HEALTH FORM PAGE 1 OF 2

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to ALL questions in English. As certain medical conditions may preclude acceptance, Part B (Pages HF-2) 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: _____ (DTS, SOSM, etc) STARTING DATE: _____

Last/Family Name: _____ First: _____ Middle: _____

Date of Birth: (mo) _____ (day) _____ (yr) _____ Age: _____ Birthplace: _____

Please rate your health: (circle one) Excellent Good Fair Poor

Do you have medical insurance? No Yes Name of Insurer: _____ Med. Ins. No. _____

Med. Insurance coverage (briefly): _____

PART A: PERSONAL HISTORY

Please answer all questions and take both Part A and Part 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. Your response to the questions will not necessarily determine admission considerations. Have you ever had, or do you now have, any of the following:

NO YES

- Back Problems
- Epilepsy
- Insomnia
- Shortness of Breath
- Broken Bones
- Hay fever
- Surgeries
- Dislocation of Joints
- Stomach/Duodenal Ulcer
- Recurrent Headaches
- Fainting Spells
- Hepatitis
- Tumor/Cancer
- Jaundice
- Weakness
- Recurrent Diarrhea
- Skin Condition
- Intestinal Troubles

NO YES

- Low Blood pressure
- Kidney Disease
- Eye Trouble
- Diabetes
- Venereal Disease
- Ear Trouble
- Anemia
- High Blood Pressure
- Head Injury
- Heart Trouble
- Mental/Nervous Disorders
- Rheumatism/Arthritis
- Asthma
- Paralysis
- Gall Bladder Problems

ALLERGIES:

- Allergy: Bee Stings

NO YES

- Allergy: Food (specify)
- Allergy: Penicillin
- Allergy: Serum
- Allergy: Sulfonamides

COMMUNICABLE DISEASES:

- Chicken Pox
- Measles (Rubella)
- Measles (Rubeola)
- Mumps
- Pertussis
- Scarlet Fever
- Tuberculosis

OTHER (specify) _____

FEMALES ONLY:

- Severe Cramps
- Are you pregnant?

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 not listed above 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 diagnosed as having HIV/AIDS? No Yes

HF-1



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PART B: Physician's Evaluation

CONFIDENTIAL HEALTH FORM PAGE 2 OF 2

Applicant's Name: _____ Date of Application: _____

TO THE PHYSICIAN: Please review the information in PART 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 to YWAM SF. 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	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Tetanus	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Typhoid	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Polio	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Measles	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Mumps	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Rubella	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Hepatitis A	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____
Hepatitis B	(mo)	_____	(day)	_____	(yr)	_____	(mo)	_____	(day)	_____	(yr)	_____

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 _____

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 _____ Gynological _____

Recommendations For Follow-up Tests / Treatment _____

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

PHYSICIAN'S RECOMMENDATION (please check one):

- 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) _____
 ADDRESS _____ PHONE: _____

PHYSICIAN'S SIGNATURE _____ DATE: _____



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CHILD HEALTH FORM

*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 applying for: _____ (DTS, SOSM, etc) STARTING DATE: _____
 Parent's Last/Family Name: _____ First: _____ Middle: _____
 Child's Last/Family Name: _____ First: _____ Middle: _____
 Child's Date of Birth: (month)_____(day)_____(year)_____ Age: _____ Birthplace: _____
 Do you have medical insurance? No Yes Name of Insurer: _____ Med. Ins. No: _____
 Do you have medical insurance coverage for your child? (briefly explain): _____

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:

- | | | |
|---|---|---|
| <p>NO YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Anemia <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> <input type="checkbox"/> Back Problems <input type="checkbox"/> <input type="checkbox"/> Broken Bones <input type="checkbox"/> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Dislocation of Joints <input type="checkbox"/> <input type="checkbox"/> Ear Trouble <input type="checkbox"/> <input type="checkbox"/> Epilepsy <input type="checkbox"/> <input type="checkbox"/> Eye Trouble <input type="checkbox"/> <input type="checkbox"/> Fainting Spells <input type="checkbox"/> <input type="checkbox"/> Gall Bladder Problem <input type="checkbox"/> <input type="checkbox"/> Hay fever <input type="checkbox"/> <input type="checkbox"/> Head Injury <input type="checkbox"/> <input type="checkbox"/> Heart Trouble | <p>NO YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Hepatitis <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Insomnia <input type="checkbox"/> <input type="checkbox"/> Intestinal Troubles <input type="checkbox"/> <input type="checkbox"/> Jaundice <input type="checkbox"/> <input type="checkbox"/> Kidney Disease <input type="checkbox"/> <input type="checkbox"/> Low Blood pressure <input type="checkbox"/> <input type="checkbox"/> Measles (Rubella) <input type="checkbox"/> <input type="checkbox"/> Measles (Rubeola) <input type="checkbox"/> <input type="checkbox"/> Mental/Nervous Disorders <input type="checkbox"/> <input type="checkbox"/> Mumps <input type="checkbox"/> <input type="checkbox"/> Paralysis <input type="checkbox"/> <input type="checkbox"/> Pertussis <input type="checkbox"/> <input type="checkbox"/> Recurrent Diarrhea <input type="checkbox"/> <input type="checkbox"/> Recurrent Headaches | <p>NO YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Rheumatism/Arthritis <input type="checkbox"/> <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> <input type="checkbox"/> Skin Condition <input type="checkbox"/> <input type="checkbox"/> Stomach/Duodenal Ulcer <input type="checkbox"/> <input type="checkbox"/> Tuberculosis <input type="checkbox"/> <input type="checkbox"/> Tumor/Cancer <input type="checkbox"/> <input type="checkbox"/> Weakness <p>ALLERGIES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Bee Stings <input type="checkbox"/> <input type="checkbox"/> Food (specify) _____ <input type="checkbox"/> <input type="checkbox"/> Penicillin <input type="checkbox"/> <input type="checkbox"/> Serum <input type="checkbox"/> <input type="checkbox"/> Sulfonamides <p>OTHER (specify) _____</p> |
|---|---|---|

Please explain any other illnesses, 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 anything 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 -)

HF - C



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EMPLOYER TEACHER OUTREACH LEADER
(please circle one)

CONFIDENTIAL REFERENCE FORM
Page 1 of 2

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

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Seminar: _____ 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 mobilizing 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	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
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 w/ 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: _____

REF. E/T/O - 1



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

EMPLOYER TEACHER OUTREACH LEADER
(please circle one)

CONFIDENTIAL REFERENCE FORM

Page 2 of 2

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/ YWAM?

Yes With some reservation (please explain) No (please explain)

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

Signed : _____ Date: _____

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor, & Master), BUT IS NOT ACCREDITED BY ANY ACCREDITING AGENCY OR ASSOCIATION RECOGNIZED BY THE UNITED STATES COMMISSIONER OF EDUCATION. University of the Nations (U of N) admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Please send me more information about YWAM.

REF. E/T/O - 2



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

■ FRIEND

CONFIDENTIAL REFERENCE FORM

Page 1 of 2

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

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Seminar: _____ 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 mobilizing 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	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
COMMENTS	_____				

Mental ability	■ Quick to comprehend	■ Average	■ Slow
Industry	■ Hard worker	■ Average	■ Lacks persistence
Reliability	■ Meets obligations	■ Average	■ Neglects obligations
Cooperativeness	■ Works well w/ others	■ Average	■ Avoids group activity
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: _____

REF. F - 1



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

■ FRIEND

CONFIDENTIAL REFERENCE FORM

Page 2 of 2

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/ YWAM?

■ Yes ■ With some reservation (please explain) ■ No (please explain)

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

Signed : _____ Date: _____

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

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■ Please send me more information about YWAM.

REF. F - 2



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

PASTOR MINISTRY LEADER
(please circle one)

CONFIDENTIAL REFERENCE FORM
Page 1 of 2

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

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Seminar: _____ 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: _____

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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	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
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 w/ 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: _____

REF. P/M - 1



YWAM STRATEGIC FRONTIERS @ the Park

“The nations on every shore will worship Him, every one in its own land.” Zephaniah 2:11

PASTOR MINISTRY LEADER
(please circle one)

CONFIDENTIAL REFERENCE FORM
Page 2 of 2

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/ YWAM?
 Yes With some reservation (please explain) No (please explain)

I have known _____ for ___ years and believe that he/she possesses the qualities indicated above.
Signed : _____ Date: _____
Name (please print): _____ Position: _____
Address: _____
City: _____ State/Province: _____ Postal/Zip Code: _____
Country: _____ Phone: _____ Email: _____

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Please send me more information about YWAM. REF. P/M - 2