



YOUTH WITH A MISSION

PROCEDURE FOR STUDENT APPLICATION

Thank you for applying to YOUTH WITH A MISSION Muizenberg! 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 enrolling as students must complete separate applications.

1. **Application fee.** A non-refundable **Application fee** of US\$50/GBP£30 for foreigners and R150 for South Africans is to be forwarded with the application. Please make cheques out to "Youth With A Mission". **Your application cannot be processed without the application fee.**
2. **YWAM Muizenberg Bank Details:** Standard Bank of South Africa, Blue Route Branch, Code 025609. Current Cheque Account No. 072 032 901, Swift (BIN) Code SBZAZAJJ. Bank Address: Standard Bank of South Africa, Shop 2, Blue Route, Tokai Road, Cape Town 7950, Tel. No. +27 21 4013396.
3. **Application form/Health form/Physicians Evaluation.** These forms must be completed by you and your Physician's Evaluation by your doctor for any school you wish to do at YWAM, Cape Town.
4. **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 to 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. These only have to be completed for every initial school you do at YWAM, Cape Town.
5. **Financial agreement.** Please read carefully, complete and sign the **Financial Policy** and **Indemnity Form**. Please note that signing this form commits you to payment of the fees as set out in the **Financial Policy**.
6. **Reference forms.** On **each** of the **three Confidential Reference Forms** fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. **If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor.** Ask them to complete the form and post it directly to YWAM Muizenberg.
7. **Photographs.** Please submit a recent **passport-size** photograph with your application.

Please send all forms or address enquiries to:

The Registrar	Tel:	(021) 788 7322
Youth With A Mission	Fax:	(021) 788 1247
P.O. Box 129	E-Mail:	registrar@ywammuizenberg.org
7950 Muizenberg, South Africa		

South African Students: Please ensure you have a current passport as many of our DTS outreaches are outside of South Africa.

Foreign Students: To study in South Africa you have to apply for a **study permit**, which may take some time. Therefore we may not be able to accept you if your forms arrive **less than one month** before the school. Should the time you have to return your forms be limited, we suggest you fax the forms and post the originals, plus photograph and application fee.

These application are only available in English. As we are an international mission, we have found it necessary to restrict all our lectures, information and correspondence to English as it is the most universal language.

NB: 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.



YOUTH WITH A MISSION

STUDENT APPLICATION FORM

School being applied for: _____ Starting month: _____

PERSONAL INFORMATION

Mr/Mrs/Miss _____
Surname First name Middle name Preferred name

Current address: _____

Postal Code: _____ Country _____ Valid until: _____

Phone: _____ Fax: _____ E-Mail: _____

Permanent address: _____

Postal Code: _____ Valid until: _____

Phone: _____ Fax: _____ E-Mail: _____

Date of Birth: ____/____/____ Age: ____ Birthplace: _____ Sex: Male Female
day month year

CHURCH DETAILS:

Church Name: _____ Denomination: _____

Pastor's name: _____ Address: _____

Phone: _____ Fax: _____ E-Mail: _____

MARITAL STATUS

Single Engaged Married Separated

Divorced Remarried Widowed

Spouse's name: _____

Date of Birth: ____/____/____ Age: ____
day month year

DEPENDENTS

Names of children accompanying you:

Surname First name Birthdate Sex

EMERGENCY INFORMATION

In case of an emergency, contact: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

PASSPORT INFORMATION

Please write clearly

Name as listed on passport: _____

Country of citizenship: _____

Passport No.: _____

Country passport issued in: _____

Expiry date: _____

NB: If your spouse is accompanying you, and not also applying for a YWAM school please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.



YOUTH WITH A MISSION

2010 FINANCIAL POLICY

YOUTH WITH A MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The school programmes are not subsidized from outside sources and the costs are met largely by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a programme. You will be expected to provide your fees as listed below.

All fees are to be paid in Rand, no other foreign currency will be accepted.

As you do the possible - use savings, earn money, sell things you do not need - God will do the impossible as you trust and have faith in Him. Where God guides, He also provides.

THE COSTS

We have a category system in operation on this base which aims to enable all students regardless of social or economic backgrounds to attend our training programs.

Current school fees

A	ZAR 14 950	All first world nations (e.g., USA, European Countries, Australia, Korea etc)
B	ZAR 9 950	All second world nations (e.g., South Africa, Botswana, South America)
C	ZAR 6 950	All developing nations (e.g., African Nations)

We believe that this fee scale reflects an understanding of a loving God who is fully committed to justice and meeting people within the reality of their circumstances. The reality in the world is that not all currencies have equal value, yet our desire is to see people from all over the world receive quality training. We believe that this financial scale is an attempt to act justly according to an internationally recognized non-arbitrary standard.

Please note:

The school fees are for a **three-month term** and include accommodation, meals and tuition. (Costs for the **outreach**, after the lecture phase, is in addition to the school fees. This will be determined during the lecture phase and will be each student's responsibility, but we advise you to budget about R8 000 to R15 000. Please start preparing for these costs in advance, as there is limited time during the lecture phase to raise this money.

Other costs:

Cost per spouse not attending school		R 7 500.00
Costs for children per 3 month semester	under 2 years	Free
	Category A	Category B & C
	2 - 12 years	R 2 900 R2 000
	13 years & over	R 4 100 R3 600
An airport/station collection fee	R 100.00	

PAYMENT

Fees must be paid **in full** on the registration day for each school, unless a prior written arrangement has been made with the Training Director. (In line with the policy of the University of the Nations, students who are unable to meet their financial obligations will not be allowed on any school. Please contact us before you arrive.)

PROCEDURE FOR NON-COMPLETION OF A SCHOOL

Should a student not complete a school a proportionate refund per uncompleted week of that school for board and lodging may be made. The student will still be responsible to pay the total tuition fees for the school. If a refund is made, it will only be for the non-tuition portion which covers administration costs, board and lodging and other expenses incurred directly as a result of that student's attendance.



YOUTH WITH A MISSION

FINANCE AGREEMENT

Please complete this form and return it with the application form

FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

1. Do you have any outstanding debt? NO YES If YES,
 - a. How much does it total? _____
 - b. How and by when will it be repaid? _____

2. Do you have sufficient finance to pay for your training? YES NO
If NO, how do you intend raising it? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of YWAM Muizenberg. I/We understand that the payment of the required school fees must be made prior to or at registration, unless otherwise approved in writing by the Training Director, before my departure for Muizenberg. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Signature of Parent/Guardian required if applicant is under 18 years of age



YOUTH WITH A MISSION

CONFIDENTIAL HEALTH FORM

Name: _____ School: _____

PERSONAL HISTORY

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

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

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

Have you ever had any of the following COMMUNICABLE DISEASES?

	YES	NO		YES	NO
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other - Specify: _____		

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

Are you now under doctor's care for any condition? NO YES - Specify _____

Are you taking any medication at this time? NO YES - Specify: _____

Do you have any physical handicaps or health conditions, which require special attention? NO YES - Specify: _____

Do you have a history of emotional instability or psychiatric treatment? NO YES - Specify: _____

Height: _____ Weight: _____ Blood Type: _____

Do you wear glasses or contact lenses? NO YES -Specify: _____

How would you rate your health condition? Excellent Good Fair Poor

Do you now have or have you ever received any compensation for disability from any sources?
 NO YES -Specify: _____

FAMILY HISTORY

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

YES	NO	RELATIONSHIP	YES	NO	RELATIONSHIP
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Hay Fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Epilepsy _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension _____	<input type="checkbox"/>	<input type="checkbox"/>	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 CONTAMINATED 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 prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Injectable or oral **Polio vaccine**
- **Tetanus toxoid** injection if last injection was 5 years ago
- **Typhoid** vaccine
- **Hepatitis A** vaccine x 3 injections
- **Hepatitis B** vaccine x 3 injections
- **Meningitis** vaccine

MALARIA

You will not need malaria prophylaxis during your time in Muizenberg.

You will need it if you go to a malaria area during your outreach.

These drugs are readily available in Cape Town.

CONSENT FOR TREATMENT

Please see contents of the indemnity form. Thank you.



YOUTH WITH A MISSION

PHYSICIAN'S EVALUATION

Name of Applicant _____ School: _____

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION. This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____ ECG (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.

	NO	YES	Please describe
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dermatological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernial Orifices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gynaecological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 5 - 10 kilometers per day? • YES • NO

Additional comments: _____

PHYSICIAN'S RECOMMENDATION:

- Acceptable without limitations
- Acceptable with limitations -Specify: _____
- Not acceptable
- Should remain in areas where adequate medical care is provided

Physician's name: (Print) _____

Address: _____

Phone: _____

Date: ____/____/____ Physician's signature/stamp: _____



YOUTH WITH A MISSION

INDEMNITY FORM

Consent for Treatment.

Should I be in any way injured during my involvement with Youth With A Mission, I hereby agree to the performance of such treatment, anaesthetics and operations that are necessary in the opinion of the attending physician. I hereby release Youth With A Mission, including its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained to myself during the course of my involvement with Youth With A Mission.

Release and Consent for Burial.

I, the undersigned, hereby grant consent to whatever national laws require, in the event of my death while in the service of Youth With A Mission. (Please note that Youth With A Mission is not in a position to deal with your mortal remains—this responsibility will be transferred to your next of kin at the time of death. In case of accidental death, we will do our best to abide by the wish of the applicant's family.)

Health and Safety.

Notwithstanding any provisions to the contrary forming part of any agreement between myself and Youth With A Mission, whether written or not, I acknowledge that I have been granted permission by Youth With A Mission to enter the Base for the purposes as set out in my application and that I enter the said premises entirely at my own risk.

I shall have no claim against Youth With A Mission, including its agents, employees and volunteer assistants in the event of any loss, accident or injury whether fatal or otherwise, occurring to me during the course of my involvement with Youth With A Mission, whether such loss, damage, accident or injury occurs from any cause whatsoever, nothing at all excepted.

I agree to comply with Youth With A Mission's Policy, House Guidelines and Safety Guidelines whilst involved with Youth With a Mission.

I undertake to report to the most senior official present and/or available at the Base any hazard to health and safety.

If accepted by Youth With A Mission, I agree to abide by the spirit, rules, and schedule of the position.

Applicants Name

Parent/Guardian's Name (If applicant is under 21)

Applicant's Signature and Date

Parent/Guardian Signature and Date

LIFE QUESTIONS

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 sense of call and goals that would be served by this course. What are the circumstances that have also played a part in you believing this is the place to be at this time in your journey?

B. CHURCH LIFE

1. Of which church are you presently a member?
2. Describe how you have been involved in the local church in the last 5 years.
3. In what ways are your home church supportive or not supportive of your participating in this YWAM school. Do you know if your church will be participating in your financial support?
4. If you have had roles of leadership in ministry, counselling or other church work, would you briefly describe it?

C. PERSONAL LIFE

1. If you are under the age of 18, what are your parent's feelings about you attending a YWAM school?
2. Did both your parents raise you? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. If you have ever been involved in the following, would you please describe to what degree you were involved, and what steps you have taken for repentance and restoration. How long has it been since you have been free of any of the following:
A. drug abuse B. alcohol abuse C. occult practice D. sexual immorality E. smoking
5. What are your interests and hobbies? List also your skills, abilities and talents (music, computers, carpentry, sewing, first aid, etc.)
6. Youth With a Mission is an international, multicultural mission that is called to mobilize all of God's people in a spirit of unity to accomplish the Great Commission. Are there any races that you find difficult to accept as fellow sisters and brothers in the Lord? Please Describe.
7. Have you ever been convicted of a crime? If so, please describe.

D. YWAM BACKGROUND INFORMATION – For students attending second level schools only

1. Please list all YWAM schools that you have done, as well as outreaches, complete with dates and locations.
2. If you have held any staff positions in the past, please list work position, location, dates and supervisor.

(Please arrange for your most recent school leader or supervisor to send one of your Reference Forms)

E. OTHER

1. For DTS students: How and from whom did you hear about YWAM?
2. Give your educational qualifications, and where you obtained them, both high school and post high school.
3. Please identify and indicate your proficiency in the languages that you speak: On a scale of 1 – 10: 1 - elementary speaking; 10 – mother tongue.
4. List the names, addresses, telephone & fax numbers and e-mail address (if applicable) of the **three** people you have handed the confidential reference forms to.
5. You will likely be living under pioneering conditions with different races, cultures, foods and lifestyles. Living quarters will be dormitory style and quarters will be small for families, often with children housed in the room with their parents. Are you prepared to adjust to the changes and to accept the conditions with grace from the father?
6. If applicable: a. List your previous employers and the positions you have held for the last five years.
b. Should you be accepted, by when will you have to notify your company?
7. Is there **anything else** that you would like to tell us about yourself that would help us to know you better?

I am willing to commit myself to the YWAM leadership and cooperate with them at all times.

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

Signed: _____ Date: ____/____/____



YOUTH WITH A MISSION

CONFIDENTIAL REFERENCE FORM

Name of applicant: _____

School: _____ Starting Month: _____

The above named applicant has applied for admission to the above-named school at Youth With A Mission Muizenberg. In order to adequately evaluate the applicant for admission, 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 programme applied for.

1. How long have you known the applicant? _____

2. In what capacity?

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, how well do you feel you know the applicant? (1=very little; 10=intimately)
(Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church or been involved in your programme?
(if applicable) _____

5. In what ways has the applicant been involved in the church or your programme?

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

Faithful Inconsistent Other: _____

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

Initiative	_____	Industriousness	_____
Social adaptability	_____	Reliability	_____
Personal appearance	_____	Cooperation	_____
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 behaviour, 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 consideration, 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 or 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. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):

17. Do you recommend the applicant?
 Wholeheartedly 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 _____

Telephone: _____ Fax: _____ E-Mail: _____

Signed: _____ Date: ____/____/____



YOUTH WITH A MISSION

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(Circle one) 1 2 3 4 5 6 7 8 9 10

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(if applicable) _____

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Faithful Inconsistent Other: _____

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Social adaptability	_____	Reliability	_____
Personal appearance	_____	Cooperation	_____
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 behaviour, 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.)

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 Wholeheartedly 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 _____

Telephone: _____ Fax: _____ E-Mail: _____

Signed: _____ Date: ____/____/____



YOUTH WITH A MISSION

PASTOR'S REFERENCE

For completion by your spiritual leader, please

Name of Applicant: _____

Surname

First names

Youth With A Mission is a worldwide inter-denominational missionary organization, which was founded in 1960. It provides opportunities for voluntary Christian service on a short or long-term basis.

The applicant has applied for the _____ School and we would like to liaise with you as the applicant's spiritual leader.

Please complete this questionnaire and return it to the address below. If you would prefer to give additional opinions by telephone, please feel free to do so.

Receipt of this form is necessary before we can consider the application.

1. Please comment briefly on: The quality and extent of the applicant's Christian service

2. In your consideration, which of the following would best describe his/her Christian walk?

Mature

Contagious

Genuine and Growing

Over-emotional

Superficial

Non-existent

3. Do you know the applicant's family? YES / NO

v If so, is there anything you think would be helpful for us to know about them?

4. Please comment on the applicant's (a) ability to take responsibility, (b) level of commitment, (c) stewardship and (d) relational maturity with specific reference towards those in authority.

(a) _____

(b) _____

(c) _____

(d) _____

5. In your opinion, does the applicant have a call to missions on their life?

6. In which area of YWAM do you see the applicant involved, e.g. Training, Mercy Ministries or Evangelism? _____

7. If you have reservations about, or are opposed to his/her participation, would you care to explain why? _____

APPLICATION CHECK-LIST

To help us with a speedy application process, please check the following before you email/post or fax your application forms to the Registrar:

- Application completed (*Double-checked Passport details*)
- Financial Policy signed
- My school fees will be
- Life questions answered on a separate sheet
- Health Form completed
- Physician's Evaluation completed
- Pastor's Reference (Pastor's name:)
- 2nd Reference (Referee's name:)
- 3rd Reference (Referee's name:)
- Passport Photo attached
- Indemnity Form
- Registration fee paid via Bank transfer / Cash
(*\$50 Foreign students and R150 for South African students. Please NO postal orders from foreign students*)

Please include a copy of this Checklist with your application form.