

YOUTH WITH A MISSION

Woodcrest

To Know God
and
Make Him Known

P.O. Box 1380 • Lindale TX 75771-1380 • USA
Ph: 903/882-WOOD [9663] • Fax: 903/882-1161
Email: info@ywamwoodcrest.com
Web: www.ywamwoodcrest.com

Thank you for your interest in YWAM Woodcrest. This file contains all the necessary forms and information to apply for a training class with YWAM Woodcrest. Simply print this entire document.

Thank you

Life Question

On a separate sheet of paper, answer the following questions.

- A. Please describe your conversion experience and your current relationship with the Lord.
- B. What do you see as God's direction for you at this time?
- C. What are your goals (both spiritual and vocational)?
- D. Describe your relationship with your local church (include areas of service and/or leadership).
- E. Are there any other significant experiences you would like to tell us about?
- F. Describe your relationship with your family.
- G. Do your parents support your involvement in Youth With A Mission?
- H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultic activities, or homosexual practices? If so, please explain. (Note: This will not affect acceptance.)
- I. Is there anything else we need to know about your situation?
- J. How did you hear about YWAM Woodcrest?
- K. If you are applying to a post-DTS program, answer the following questions:
 1. Why are you applying to this particular course?
 2. What specific skills do you anticipate learning during this course?
 3. What experience (if any) do you have in this field?
 4. What are your strengths and weaknesses in this field?
 5. How do you anticipate using the skills you learn during the course?

Note for Non-U.S. Citizens

All payments of registration and tuition fees must be in U.S. Dollars. You may go to your bank and request a U.S. Dollars money order or cashier's check to pay those fees. The check must have magnetic numbers on the bottom of it. Otherwise, the process will take about six weeks—and often the bank will charge a processing fee...meaning you'll need to make up the difference.

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UNIVERSITY OF THE NATIONS APPLICATION PACKET

We're so glad you'll be joining us! Here's your application. If you have questions, please contact us. We look forward to seeing you soon!

Checklist

Once we receive all parts of your application, we'll let you know our decision. Here's a list of everything you'll need:

- A completed **Student Application**
- The written/typed answers to the **Life Questions**
- A completed **Health Form**
- Your **physician's statement** (part of the Health Form)
- A signed **Consent for Treatment and Liability Release**
Note: If you're not yet 18, your parent or guardian must also sign these forms **plus the Legal Consent for Minors**.
- Reference Forms** from your pastor, your work supervisor, and a friend. (Remember: if you are currently in YWAM, you only need one reference from either your supervisor or last school leader.)
- A recent **photo** of yourself
- A check or money order for your **\$50 registration fee** (non-refundable)

So...have you checked all the boxes? If so, put the forms in an envelope and **send them to us**.

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- Communications DTS (IDS 701/702)
- School of Writing (COM 378)
- Comm. and the Biblical View of Man (COM 301)
- Advanced Principles of Communication (COM 302)
- Internship (specify type): _____
- Other course (specify): _____

Course starting date: _____



Personal Information

Full name _____ Like to be called _____

Current mailing address _____

Permanent mailing address _____

Phone _____ Fax _____ Email _____

Gender: male female Date of birth (dd.mm.yy) _____ Blood type _____

Predominant ethnic background (see key below) _____ Height _____ Weight _____

- 1—American Indian/Alaskan native
- 2—Asian/Pacific islander
- 3—Black

- 4—Central Asian/Middle Eastern
- 5—Hispanic
- 6—White

Note: Admission to U of N is open to qualified individuals regardless of race, color, national or ethnic origin, gender, or educationally unrelated handicaps.

Marital/Family Status

- Single
- Engaged
- Married
- Separated
- Divorced
- Remarried
- Widowed

Spouse's name _____ Date of birth (dd.mm.yy) _____ Age _____

Is spouse accompanying you? yes no Are children accompanying you? yes no

Give names, dates of birth, and gender of children accompanying you:

Surname	First name	Birthdate (dd.mm.yy)	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

In case of emergency, contact: _____

Name

Relationship to you

Full mailing address _____

Phone _____ Fax _____ Email _____

Known allergies (to drugs, etc.) _____

Home church _____

Church name	Denomination	
Pastor's name	Church mailing address	
Church phone	Church fax	Church email

Passport Information

Country of citizenship _____ Passport number _____

Full name as listed on passport _____

City/country/date passport issued _____ Expiry date _____

Note: If your spouse is accompanying you and is not completing a separate application, please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.

Languages

Please indicate your proficiency in any languages you speak.

- | | |
|------------------------------------|---------------------------------|
| 1—elementary speaking | 4—full professional proficiency |
| 2—limited word proficiency | 5—native speaking proficiency |
| 3—minimum professional proficiency | 6—mother tongue |

Please list languages and proficiency levels _____

Educational Information

- I have not completed high/secondary school. I completed through grade _____
- I completed high/secondary school in _____ (year)
- I have completed some college/university.
- I completed college/university and earned this degree: _____
- Specify which college/university you graduated from: _____

Skills/Interests

Occupation _____ Years of experience _____

Other skills/talents/hobbies _____

Special interests: art athletics music public speaking writing other

Be specific: _____

YWAM Background Information

Schools/Courses

Have you attended YWAM schools/courses? no yes—If yes, list below and on extra paper.

School/Course/Outreach	Location	Leader	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you pursuing a degree program with University of the Nations? no yes
 If yes, what degree level? Associate Bachelor Master Doctorate
 Which U of N college?_____What degree? _____

STAFF

Have you ever been on YWAM staff? no yes—If yes, please list the following information:

Position	Location	Supervisor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

You will need to give reference forms to your pastor, to a friend, and to your work supervisor (or a teacher). They should return the reference forms directly to us, so you will need to give them a stamped envelope addressed to:

Registrar • YWAM Woodcrest • P.O. Box 1380 • Lindale TX 75771-1380 • USA

Please list the contact information for your references below:

Pastor	Friend
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone (_____) _____	Phone (_____) _____
Email _____	Email _____

Work Supervisor or Teacher	YWAM Leader (only for applicants currently in YWAM)
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone (_____) _____	Phone (_____) _____
Email _____	Email _____

Note: If you are currently in YWAM, you will only need one reference—the one from your YWAM leader.

Financial Information

Do you have outstanding debts (including for YWAM courses)? no yes—If yes, please explain:

 Will you be paying your total course fees upon arrival? yes no—If no, how will you take care of them?

Applicant's Declaration

- *I commit to pay all expenses incurred during my involvement with Youth With A Mission.*
- *I declare that all information in this application is correct to the best of my knowledge.*
- *I will abide by the spirit, policies, and schedule of this YWAM program.*

Applicant's signature _____ Date (dd.mm.yy) _____

Course being applied for: _____

Student's name _____

Medical insurance company _____

Policy number _____

Course starting date: _____

Personal History—Answer all questions, explaining any "yes" answers in the space provided.

Have you ever had, or do you now 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"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<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"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<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"/>	Tumor; 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"/>	Others—specify	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis (whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>
Measles (rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	Other communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>
Measles (rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	—specify which ones		

Other/explain _____

Are you now under doctor's care for any condition? no yes—If yes, explain: _____

Are you taking any medication at this time? no yes—If yes, specify: _____

Any physical handicaps or health conditions which require special attention? no yes—If yes, specify: _____

Do you have a history of emotional instability or psychiatric treatment? no yes—If yes, explain: _____

Are you overweight? underweight? Pounds over/under: _____ Blood type: _____

Would you rate your health condition as: excellent? good? fair? poor?

Family History—Have any of your relatives ever had any of the following?

	Yes	No	Relationship to you		Yes	No	Relationship to you
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	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent for Treatment

Name of applicant _____

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is/are deemed necessary on the above-named person.

Applicant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(Required if applicant is under 18)

Liability Release

I/we hereby release **Youth With A Mission, Inc.**, its staff, 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.** I/we agree to resolve any and all disputes with **Youth With A Mission**, YWAM directors, or YWAM staff by means of reconciliation or arbitration; and waive any right to pursue action by way of litigation.

Applicant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(Required if applicant is under 18)

Legal Consent for Minors

I hereby give my consent for _____ (complete name of minor) to travel outside the United States with Youth With A Mission.

Parent/guardian's signature _____ Date _____

(Required if applicant is under 18)

To the Physician

Name of applicant _____

The above-named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below, and make any additional comments. Thank you.

Blood pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	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"/>	_____

Would he/she be able to walk 3-4 miles per day? yes no

Comments _____

Physician's recommendation:

Acceptable without limitations Should remain in areas where adequate medical care is provided

Not acceptable Acceptable with limitations (specify) _____

Physician's signature _____ Date _____

Physician's name (printed) _____

Full mailing address _____

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- from:
 Pastor
 Employer
 Friend
 YWAM leader

Course being applied for:

- Communications DTS (IDS 701/702)
- School of Writing (COM 378)
- COMM. and the Biblical View of Man (COM 301)
- Advanced Principles of Communication (COM 302)
- Internship (specify type): _____
- Other course (specify): _____

Course starting date:

_____ has applied for admission to the above school at University of the Nations' Woodcrest campus. 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 or her needs should he or she be accepted into this program.

1. How long have you known the applicant? _____
2. 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

3. Please circle a number on each point to indicate how you see the following characteristics in the life of the applicant.

Motivation:	1	2	3	4	5	6	7	8	9	10
	Needs Continual external motivation				Motivated by personal interest only					High internal motivation
Industriousness:	1	2	3	4	5	6	7	8	9	10
	Lazy				Moderate output					Hard worker
Social adaptability:	1	2	3	4	5	6	7	8	9	10
	Intolerant				Tolerant					Accepting
Reliability:	1	2	3	4	5	6	7	8	9	10
	Inconsistent				Dependable					Highly responsible
Personal appearance:	1	2	3	4	5	6	7	8	9	10
	Untidy				Presentable					Well-groomed
Self-discipline: (ability to follow commitments through)	1	2	3	4	5	6	7	8	9	10
	Low				Medium					High
Leadership:	1	2	3	4	5	6	7	8	9	10
	Follower				Leads if asked					Seizes every opportunity
Christian character:	1	2	3	4	5	6	7	8	9	10
	Immature				Growing					Mature
Emotional stability: (Ability to cope with stress)	1	2	3	4	5	6	7	8	9	10
	Somewhat unbalanced				Fairly well-balanced					Well-balanced
Teamwork: (ability to function within a team)	1	2	3	4	5	6	7	8	9	10
	Works best alone				Works fairly well with others					Works very well with others
Punctuality:	1	2	3	4	5	6	7	8	9	10
	Never on time				Keeps to time constraints					Known for punctuality

4. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? no yes—If yes, please explain: _____

5. Has the applicant ever been involved in the occult, drug or alcohol abuse, or sexual immorality? Does the applicant smoke? no unaware yes—If yes, specify and explain:

6. Is the applicant financially responsible? yes unaware no—Please explain:

7. Does the applicant respond well to authority? yes unaware no—Please explain:

8. Please make any comments regarding the applicant which you feel could be helpful:

9. 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 (printed) _____ Title _____

Mailing address _____

Phone _____ Fax _____ Email _____

Signature _____ Date (dd.mm.yy) _____

Please return this form to: The Registrar • YWAM Woodcrest • P.O. Box 1380 • Lindale TX 75771-1380 • USA