

## 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

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## 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).

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### 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: \_\_\_\_\_

“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: \_\_\_\_\_



# YWAM STRATEGIC FRONTIERS @ the Park

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

## 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



# YWAM STRATEGIC FRONTIERS @ the Park

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

## 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 all tuition but your \$500 deposit

Week 2: you will receive 75% of your tuition

Week 3: you will receive 66% of your tuition

Week 4: you will receive 50% of your tuition

After the 4th week is completed, students won't receive any refunds for their tuition.

Please note: There will be no tuition refunded to you after week 4 in the event that you must leave the school early.

Outreach Phase Refund Policy:

Emergencies sometimes occur, and sometime students, for unforeseen reasons, don't go on outreach. 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.

Due to commitments and obligations made for the team's food & housing in advance : If students need to drop out of outreach 2 weeks prior to departure of outreach, we will refund 75% of the grounds fees. And if a student needs to leave 1 week prior to departure or outreach, we will then return 50% of grounds fees. Once the team has left, we won't be able to refund any of the students grounds fee's. In the event of emergencies on outreach, students will need to be responsible to cover any cost incurred by changing their plane tickets.

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: \_\_\_\_\_

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

## 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



# YWAM STRATEGIC FRONTIERS @ the Park

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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: \_\_\_\_\_



# YWAM STRATEGIC FRONTIERS @ the Park

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

## 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:

NO YES

- Anemia
- Asthma
- Back Problems
- Broken Bones
- Chicken Pox
- Diabetes
- Dislocation of Joints
- Ear Trouble
- Epilepsy
- Eye Trouble
- Fainting Spells
- Gall Bladder Problem
- Hay fever
- Head Injury
- Heart Trouble

NO YES

- Hepatitis
- High Blood Pressure
- Weakness
- Insomnia
- Intestinal Troubles
- Jaundice
- Kidney Disease
- Low Blood pressure
- Measles (Rubella)
- Measles (Rubeola)
- Mental/Nervous Disorders
- Mumps
- Paralysis
- Pertussis
- Recurrent Diarrhea
- Recurrent Headaches

NO YES

- Rheumatism/Arthritis
- Scarlet Fever
- Shortness of Breath
- Skin Condition
- Stomach/Duodenal Ulcer
- Tuberculosis
- Tumor/Cancer
- Weakness

ALLERGIES:

- Bee Stings
- Food (specify)
- Penicillin
- Serum
- Sulfonamides

OTHER (specify)

\_\_\_\_\_

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



# 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 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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           | ■ 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

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Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
COMMENTS	_____				

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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
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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: \_\_\_\_\_

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Dedicated     Average     Casual

Please explain: \_\_\_\_\_

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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