

GUIDELINES TO COMPLETING SCHOOL APPLICATION

Thank you for applying for one of our training programs. In order to be accepted, we need to receive the following information:

- 1) School application form. Please answer every question. If one does not apply to you, write N/A in the blank.
- 2) A non-refundable registration fee of R\$ 300,00 (three hundred reais).
- 3) Confidential health form.
- 4) Consent for medical treatment form.
- 5) Consent for treatment/liability release form. Each applicant must sign this form.
- 6) Please fill out the top portion of each reference form and give one to your pastor and one to your YWAM leader. After filling up the forms, please, scan it, and send to our email: **treinamento@jocumrecife.org.br** . The same must be done with the references forms.
- 7) A recent photo. 3x4 or passport size.

OBSERVATIONS:

- We do not begin the process of registration, until all of the above information has been received.
- Please complete the first part of the confidential form before giving it to your pastor and ministry leader. Make sure that it is clear to them that these references are confidential and should be mailed to the address on the form. Your application cannot be processed until we receive the forms.

School Fees Payment:

1. Registration fee - You can send your fee with the application or with your school payment.
2. Payment information will be sent to you in the acceptance letter.



School Application Form

Starting date: ____/____/____
(day/month/year)

PLEASE, FILL OUT WITH CAPITAL LETTERS.

PERSONAL INFORMATION

Name _____ Age _____

Birth date ____/____/____ Gender: Female Male Phone (____) _____

Nationality (Country) _____ Height _____ Weight _____

City and country where passport was issued _____ Passport # _____

Passport expiry date _____ E-mail address _____

Address _____ City _____

State _____ Country _____ Zip/Post Code _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Children:

Name (First/Middle/Last)	Birth date (Mo/Day/Yr)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME CHURCH

Name of home church _____

How long have you attended? _____ Date of conversion _____ years _____ months

Church address _____

City _____ State / County _____ Zip/Post Code _____

Church phone (____) _____ E-mail _____

Do you have any role in the church? _____ Which? _____

Pastor's name _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State/Country _____ Zip / Post Code _____

Home phone (____) _____ E-mail _____

SCHOOL EDUCATION/EMPLOYMENT/SKILLS

Highest level of education completed _____
Graduated in _____
What languages do you speak? (in decreasing order of fluency)
1) _____ 2) _____ 3) _____
Any Military Service? _____ Yes _____ No (Specify) _____
Present employment _____ Occupation _____
Other occupation or skills _____ Years of experience _____
Musical abilities or other talents _____

EXPECTATIONS

How did you hear about the 'Children at Risk' course in Recife? _____

What motivated or influence you most in applying to this course? _____

What are you expectations for this course? (use a separate paper if necessary) _____

AREAS OF INTEREST

During the course, you will have opportunities to be involved in all the different ministries with children that we have here.

Write 1 to 5 in order of interest, 1 being the highest and 5 the least.

- Outreach/evangelism** - The team makes first contact with the children on the streets, trying to facilitate their recovery and reintegration into society.
- Hope House** - a shelter for street boys. The boys participate in a program with the goal to work in six principle areas so that they can be reintegrated back into society.
- Santa Monica community work:** Santa Monica is a needy community that surrounds our base. We have developed visitation programs, soup distribution and teen clubs.
- Love Project** – develops monitoring and social care with girls from 10 to 15 years old with lessons on citizenship, self-esteem, hygiene, healthcare, behavior, familiar relationship, etc. We also offer dance and English classes.
- Women's Group** – Serving mothers from the neighborhood through conversation groups, counseling, occupational therapy, teaching handcraft and with small projects for fundraising.
- Christian Heritage School** – Created in January 2000 and today reaching around 150 kids aged 3 to 8 years old, attending to six different neighborhoods in Camaragibe, where there are the highest rates of encroachments and slums in the city and huge rates of social inequality.
- Soccer Show Project** – Currently serves 200 kids and teens around 9 to 18 years old with social and educational activities through a soccer school. Besides developing soccer skills, the participants and their families receive ministry about the love of God. They also have personal and group discipleship and home visits.

ABOUT YOUR PERSONALITY:

Circle or underline the words that best describe your personality:

Communicative, calm, active, happy, self-confident, melancholy, extroverted, creative, patient, skeptical, submissive, quiet, faithful, sensitive, timid, unstable, servant, friendly, thoughtful, loyal, critical, good humored, aggressive, a companion, independent, self controlled, diligent, gentle, insecure, frank, untrusting, impulsive, take initiative, eager.

PERSONAL INFORMATION

Because of the type of school you are applying for, there is some information concerning your past that is important for us to know. We ask you to be as sincere as possible, and we would like to stress that this application is strictly confidential.

Have you ever been addicted to drugs, alcohol or tobacco? _____
If so, which, for how long and how was your addiction resolved (feel free to use the back of the page if needed)?

Has homosexuality been a problem area for you? _____
Have you ever had homosexual involvement? _____ If so when was it, how long did the involvement last, and what was the recuperation process? _____

Please give the name and telephone number of the person who helped you in the recuperation process.

Do you authorize us to obtain information from this person and from your pastor? _____
Since your conversion, have you been involved in any form of immorality or drug use? _____
Explain how it came to pass and how it was resolved. _____

Were you the victim of sexual abuse as a child? _____ Who was the abuser? _____
Have you ever abused or mistreated a child? _____. Explain what happened and when.

How was the situation resolved? _____

Have you ever been arrested? _____ When? _____ For what reason? _____

Are there any charges pending against you presently? _____ For what reason?

Supplement all Questions. Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

1. Describe your conversion experience and present relationship with the Lord.
2. Describe other significant spiritual experiences you have had in your walk with the Lord.
3. How would you describe your relationship with your family? Are they Christian?
4. How would you evaluate your childhood?
5. Tell us briefly about your experiences in YWAM and/or other mission organizations.
6. Explain why you would like to do this school. Do you have a specific area where you would like to work, or would you like to decide after knowing the project better?
7. If you are married and/or have children, how do you see your family participating in this ministry?
8. If you are separated or divorced, explain briefly how this happened?
9. If you are dating or engaged, how do you see the involvement of your fiancée in your calling to work with children?

YWAM EXPERIENCE

Where and when did you do your DTS? _____

At what base are you presently working? _____

Name of base leader _____

Phone _____ Address _____

City _____ State _____ Zip Code _____ Country _____

FINANCIAL INFORMATION

Do you have all the money to pay the school? ____ If the answer is no, how much do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE REQUIRED SCHOOL FEES MUST BE MADE UPON OR BEFORE ARRIVAL. I ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO THE STUDENTS AND STAFF AT THE SCHOOL. I THEREFORE COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.

_____, ____/____/____

Place and Date (day/month/year)

Signature

Consent for Medical Treatment

I, _____, hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary in the case of my unconsciousness.

Applicant's Signature

Place and date: _____, ____/____/____
(day/month/year)

Liability Release

I, _____, hereby release Youth With A Mission, and all its agents, employees, and any other person that works with Youth With A Mission as a staff member or volunteer from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course.

Applicant's Signature

Place and date: _____, ____/____/____
(day/month/year)



Confidential Health

PERSONAL HISTORY: Please answer all the questions. Explain any 'Yes' answers in the space below or on a separate page.

HAVE YOU EVER HAD OR DO YOU HAVE ANY OF THE FOLLOWING?

Skin Conditions	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Stomach/Ulcer	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	Gall Bladder	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Intestinal Trouble	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Mental or Nervous disorder	<input type="checkbox"/>	Dislocation of Joints	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Anemia	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	Tumor, Cancer	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	FEMALES ONLY	
Penicillin	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	Other - Specify	<input type="checkbox"/>	Sever Cramps	<input type="checkbox"/>
Serum	<input type="checkbox"/>			Excessive flow	<input type="checkbox"/>
Other- Specify	<input type="checkbox"/>			Are you Pregnant?	<input type="checkbox"/>
Food - Specify	<input type="checkbox"/>				

Other/Explain _____

Are you now under the care of a doctor 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) _____

Are you underweight? Overweight? Pounds / KG over/under _____

Would you rate your health conditions as: Excellent Good Fair Poor

Blood type: _____

FAMILY HISTORY - Have any of your relatives had any of the following health problems?

<input type="checkbox"/> Tuberculosis	Relationship _____	<input type="checkbox"/> Arthritis	Relationship _____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Stomach Disease	_____
<input type="checkbox"/> Kidney Disease	_____	<input type="checkbox"/> Asthma, Hay Fever	_____
<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Convulsions, Epilepsy	_____
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Cancer	_____

Have you ever had any of the following CONTAGIOUS DISEASES?

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Mumps	<input type="checkbox"/> Other (Specify)

Comments: _____