

GUIDELINES TO COMPLETING COURSE APPLICATION

Thank you for applying for the 'Foundations for Social Transformation' course at the University of the Nation in Recife, Brazil. 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. If the applicant is under 18 years of age, a parent or legal guardian must also sign the form.
- 6) Two reference forms. Please fill out the top portion of each reference form and give one to your pastor or spiritual leader and one to a mature Christian friend. 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) Copy of passport
- 8) A recent photo. (passport size)

PERSONAL INFORMATION

Because of the school you are applying for, there is some information concerning your past that is important for us to know, due to the stress involved in being on the mission field (and more specifically because of the area of ministry, we work in). 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)? _____

Explain how it came to pass and how it was resolved. _____

How was the situation resolved? _____

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

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

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? _____

How is your relationship with your church? _____

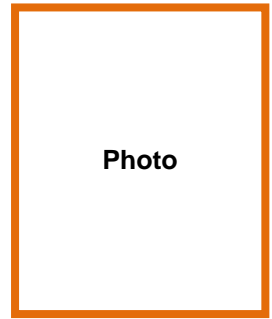
Are you, or have you been involved in the area of community development? _____

If so when, for how long and where? _____

What are your expectations for this course? _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON A SEPERATE SHEET OF PAPER

1. When and how were you saved?
2. Give a brief accounting of your walk with the Lord since that time.
3. Tell a bit about your family and indicate those who are and those who are not saved.
4. How would you evaluate your relationship with God?
5. Tell 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. Are you a member of YWAM? If not who do you plan to do your outreach with?



Application Form

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

PERSONAL INFORMATION

Name _____ Sex _____

Address _____ City _____

State _____ Zip/Post Code _____

Phone (_____) _____ E-mail address _____

Age _____ Birth date ____/____/____ Birthplace _____
(day/month/year) (City) (Country)

Nationality _____ Height _____ Weight _____
(Country)

Passport no. _____ Expires (date) ____/____/____ (day/month/year)

Marital Status:

Single

Engaged (Date _____)

Married (Date _____)

Separated (Date _____)

Divorced (Date _____)

Remarried (Date _____)

Widowed (Date _____)

Children accompanying you:

Name (First/Middle/Last)	Birth Date (Day/Mo/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 _____ Zip / Post Code _____

Phone Home (_____) _____ 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 _____

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.

_____ Place and date: _____, ____/____/____
Applicant's Signature (day/month/year)

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)

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.

_____ Place and date: _____, ____/____/____
Applicant's Signature (day/month/year)

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)



Confidential Health Form

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

Have you ever had any of the following CONTAGEOUS 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: _____