



## Youth With A Mission Lakeside, Montana Campus Introduction to Primary Health Care Application

Greetings from YWAM Lakeside, Montana! Thank you for your interest in our IPHC. We are excited that you are thinking of us for this school and will be happy to answer any questions you have.

### Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms. Children each have their own application.

#### We need each item to complete your application:

- |  |  |
|--|--|
| <input type="checkbox"/> Application Submitted (first 2 pages) | <input type="checkbox"/> Medical Forms (including your TB test result)           |
| <input type="checkbox"/> \$35 Registration Fee                 | <input type="checkbox"/> Burial Statement  |
| <input type="checkbox"/> Supplement Questions                  | <input type="checkbox"/> Release Form  |
| <input type="checkbox"/> YWAM Leader Reference                 | <input type="checkbox"/> English Language Forms (International Applicants Only*) |
| <input type="checkbox"/> Pastor Reference                      | <input type="checkbox"/> \$200 SEVIS Fee (International Applicants Only**)       |

**Application:** Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

**Registration Fee:** Each applicant must pay a non-refundable \$35 USD registration fee (\$50 per married couple). Your application cannot be processed without it. Please make checks/money orders (U.S. Dollars only) payable to 'YWAM' including a note saying who it is for.

**Application Questions:** Please prayerfully answer the Application Questions. This is your chance to recommend yourself to the IPHC staff so you can make your answers as details as you like.

**Confidential References:** Two confidential references are enclosed. One reference should be given to your most recent YWAM leader and one to your Pastor. Please request that they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with our address on it. *We also have references available in email format if any of your referees would prefer to fill out the reference in MS Word and email it back. Please ask the Registrar to email you one/all so you can forward them on.*

**Medical Requirements:** The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of our staff due to living in such a close community together. *Documentation must clearly indicate the TB test performed and the results.* Fill out the childhood immunization records as completely as possible. *Any boosters should be received within the last five years. These details are very important—your application cannot be processed without them.*

**Burial Statement:** Please read and sign this form. If you are under 18, a parent/guardian must sign for you.

**\*English Language Forms:** If your first language is *not* English, we require these forms to complete your application. One is for you, and one is for your evaluator. You must return both before your application can be processed. These are available from the Registrar.

**\*\*\$200 SEVIS Fee:** A student visa is required for ALL international applicants. The visa application costs \$200 which is paid straight to the U.S. Visa Department, through us. We are registered to apply for the M-1 student visa and the documents we send to you after this fee is paid and your details given, are critical for your visa to be granted at your country's U.S Consulate/Embassy.

**Passport:** If you do not have a passport you must apply for one *immediately*. Each accompanying family member must have their own.

*If you require another copy of any of the forms please email the Registrar*

**IMPORTANT:** Applications for US & Canadian citizens should be completed no later than 2 weeks prior to the start of the school. For all other applicants, completed applications should be received 4 months prior to the start of the school (Africans at least 6 months). It is very important that at least the online application is submitted and the registration fee sent as soon as possible as this shows us how many people are interested in attending. Passport information may be mailed at a later date. **You must have or apply for your passport BEFORE ARRIVING!**

**INTERNATIONAL STUDENTS:** If you don't have it please ask for a copy of our 'International Student Application Process' document which includes special information pertaining to your application. **Visas:** When accepted you will receive a special letter with which a formal application for an M-1 visa can be made at the US Consulate or Embassy in your country. Full details will be given when accepted. Please do not make any visa application without the acceptance letter and other visa documents. You must have a passport that is still valid up to six months after completion of the school. Each family member coming must have their own passport, including each child.



**Youth With A Mission  
Lakeside, Montana Campus  
Introduction to Primary Health Care School**

Please return this form to:

YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818

Phone: 1-406-844-2657

Toll free within USA: 1-800-659-6815

Email: registrar@ywammontana.org

**Important!  
Attach Recent  
Photo Here**

(or email one to the Registrar)

I wish to attend the IPHC beginning: \_\_\_\_\_ month \_\_\_\_\_ year Registration Fee enclosed:  Yes  No  
\$35 per adult or \$50 per married couple

Name:

Mr./Mrs./Miss \_\_\_\_\_ last name \_\_\_\_\_ first name \_\_\_\_\_ middle name \_\_\_\_\_ prefer to be called \_\_\_\_\_

**Present Address**

PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone (include country code) \_\_\_\_\_  
Cell /Mobile (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Permanent Address**

Same as present  Different:

PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone (include country code) \_\_\_\_\_  
Cell /Mobile (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Emergency Number (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Home Church**

Name \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Church Email \_\_\_\_\_  
Length of Attendance \_\_\_\_\_

**General Information**

Age \_\_\_\_\_ Country of Birth \_\_\_\_\_  
City of Birth \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Do you have a passport?  Yes  No  In process  
If yes, when does it expire? (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full name and birth date as it appears on your passport:  
\_\_\_\_\_  
\_\_\_\_\_

**Marital Status** Please circle one:

Single Engaged Married Separated Divorced Widowed  
Maiden Name \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Anniversary (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Number of children accompanying you \_\_\_\_\_  
Name of 1st child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process  
Name of 2nd child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process  
Name of 3rd child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process

**Educational History:**

Secondary/High School or equivalent, from which you graduated/will graduate:

Name \_\_\_\_\_ Location \_\_\_\_\_

Date of Graduation (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  I did not complete high school.

**College/University/Vocational School/Seminary Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**YWAM Schools Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**Occupational Skills:** \_\_\_\_\_

**Musical Ability or other Talents:** \_\_\_\_\_

**Miscellaneous Information:**

How did you hear about the Lakeside campus? \_\_\_\_\_

What reasons most influenced your decision to apply for IPHC in Montana? \_\_\_\_\_

Do you plan to pursue a University of the Nations degree? \_\_\_\_\_

**Financial Support:**

Do you have your complete school fees?  Yes  No/working on it. If yes, from where? \_\_\_\_\_

If no, how much do you have at this time? \$ \_\_\_\_\_ in U.S. Dollars

If no, how do you plan to pay for your schooling? \_\_\_\_\_

Do you have any outstanding debt? (please explain) \_\_\_\_\_

*\*\*Please keep in mind that complete school fees for the lecture phase are due the first day of class.*

**Please read then sign and date below in all 3 sections:**

*I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Lakeside, Montana. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, rules and schedule of the school.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**  
*I/we do hereby release Youth With A Mission, Inc. it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent for Treatment**  
*In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Professional Licenses or Certifications:** Please list current professional, medical or license certificates you hold.

Type/Class	Nationality/State

**Work Experience:** Please list your last three employers.

Employer/Address	Position	Date Served

**Skills Checklist:** Please indicate by "1, 2, and 3" the three skills you are most qualified to use.

**Administration**

- Management
- Office/Clerical
- Secretarial or Personal Ast.
- Receptionist
- Human Resources
- Purchasing/Procurement
- Inventory control
- Transport/Shipping
- Logistics

**Finance**

- Controller
- Accounting
- Bookkeeping
- Data Entry

**Technical/Engineering**

- Computer Programmer
- Computer Technician
- Electronics Technician
- Systems Design
- Web Page Design
- Network Skills

**Construction**

- Landscaping
- Electrician
- Plumber
- Refrigeration
- Mechanic
- Carpenter

Cabinetmaker

- General Construction
- Grounds Maintenance
- Concrete Work
- Waste Water Management
- Property Management
- Welding
- Steel Repair
- Well Drilling

**Agriculture**

- Farming
- Animal Husbandry
- Horticulture

**Communications**

- Photography
- Press Relations
- Marketing
- Graphic Arts
- Video Productions
- Videography
- Print Production
- Journalism
- Fund Raising (Field Rep.)
- Public Relations
- Sound Technician
- Recruitment

**Health Care**

- Anesthesia
- Administration

- Laboratory
- Dental
- Nursing
- Pharmacology
- Public Health
- Physical Therapist
- Physician
- Surgeon
- X-ray Technician

**Education**

- School Principal
- School Teacher
- Pre-school/Nursery Teacher
- Home Schooling
- Nanny/Au Pair

**Service Industries**

- Catering/Food Preparation
- Seamstress
- Postal Service
- Hair Stylist
- Sales
- Host/Hostess/Tour Guide
- Housekeeper

**Ministry Skills**

- Dramatic Presentation
- Proclamation/Teaching
- Pastoral Care
- Counseling
- Musician
- Other \_\_\_\_\_

In which skill or profession do you have the most experience? \_\_\_\_\_

Please specify any other talent, skill, certification, or professional qualification not noted above: \_\_\_\_\_

\_\_\_\_\_



**Youth With A Mission  
Lakeside, Montana  
Campus**

[www.ywammontana.org](http://www.ywammontana.org)

## Supplement Questions

Please return this form to:

YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818

Phone: 1-406-844-2657

Toll free within USA: 1-800-659-6815

Email: [registrar@ywammontana.org](mailto:registrar@ywammontana.org)

## Introduction to Primary Health Care Application Questions

*Instructions: In order for us to get to you know better; please prayerfully answer the following questions in as much detail as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on paper with the rest of your documents.*

### PERSONAL HISTORY

1. What is your purpose for attending the IPHC? What are your expectations and desires?
2. Describe what you have been doing since your DTS (education, job, mission experience, etc.).
3. Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your involvement in mission work?
4. Do you have any physical disabilities that we should be aware of? Have you had any mental illness? If yes, please describe. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (i.e. vegetarian, food allergies)
5. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
6. If you are married and/or have children, please list these family members with their full name, date of birth and gender. Do they have any disabilities that we should be aware of?
7. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco)
8. How would you describe your relationship with your family?
9. At YWAM Montana we require that spouses come together and are not left behind while one is gaining missionary training. Therefore, are you prepared for your spouse to accompany you to this school?
10. If your spouse and/or children do not live with you, please explain.

### MISSIONS

11. Do you feel you have a call to missions? What is your specific commitment to missions – short or long-term? Do you feel that you have a calling to another nation or other cultures?
12. Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small rooms for families?
13. Do you plan to pursue a University of the Nations degree at this time?
14. Do you have any difficult situations to deal with in regard to attending the IPHC? How can we pray for you?
15. If you were not accepted as part of this school, what would you do? (next step or alternatives)

### FINANCES

16. Upon acceptance you will need to pay a US\$550 deposit to secure your place in the school. Do you have this amount available?
17. International students may not arrive with a one-way ticket. Therefore, do you have the funds to cover your round-trip air fare?
18. At which YWAM bases have you taken schools or been staff?
19. Do you have any outstanding debt at these YWAM bases?
20. Please give a contact name and number/email of a staff person at your previous base who can give a financial testimony on your behalf.



**Youth With A Mission  
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www.ywammontana.org

**Confidential Reference  
YWAM Leader**

Please return this form to:  
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Lakeside, MT 59922  
USA

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Phone: 1-406-844-2657  
Toll free within USA: 1-800-659-6815  
Email: registrar@ywammontana.org

**To the applicant:**

Name \_\_\_\_\_

School you are applying for \_\_\_\_\_

Address \_\_\_\_\_

*I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.*

Signature \_\_\_\_\_

**To the YWAM leader filling out this form:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please send me information on YWAM Montana.

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Montana campus. *It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!*

**Relationship to the applicant**

1. My relationship to the applicant is: (circle all that apply)    School Leader    Small Group Leader    Outreach Leader

2. Dates the applicant was under your leadership? \_\_\_\_\_

3. How did the applicant function on outreach? \_\_\_\_\_

4. Would you enjoy working on staff with the applicant? (please explain) \_\_\_\_\_

5. Please comment on the applicant's participation in YWAM ministry opportunities and small groups. \_\_\_\_\_

6. How did the applicant respond to correction? \_\_\_\_\_

7. Does the applicant tend to determine his/her self-worth by his/her performance and/or approval from others? \_\_\_\_\_

8. How did the applicant deal with community living? \_\_\_\_\_

9. In your opinion, is the applicant called to a career in Christian service? \_\_\_\_\_

# Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

	Not Known	Poor	Below Average	Average	Above Average	Excellent
<b>Personal Character</b>						
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
<b>Emotional Maturity</b>						
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
<b>Spiritual Maturity</b>						
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
<b>Leadership Potential</b>						
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
<b>Social Adaptability</b>						
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
<b>Have you noticed these tendencies?</b>						
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moody						
Dependant relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

## Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

	Not Known	Poor	Below Average	Average	Above Average	Excellent		Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration							Prayer						
Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

## Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

- How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. \_\_\_\_\_

12. Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and comment if needed)

\_\_\_\_ Unsuitd

\_\_\_\_ Average prospect

\_\_\_\_ At this time, he/she is unsuited

\_\_\_\_ Great prospect

\_\_\_\_ Good prospect, but I have reservations

Please call me, I would like to discuss the applicant over the phone. **U.S. and Canadian residents only**

*Please give up to 2 contact numbers including the area code. Please circle which type it is.*

Cell / Work / Home # \_\_\_\_\_

Cell / Work / Home # \_\_\_\_\_

### Additional Comments

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*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Youth With A Mission  
Lakeside, Montana  
Campus**

www.ywammontana.org

**Confidential Reference  
Pastor**

Please return this form to:

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USA

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Phone: 1-406-844-2657

Toll free within USA: 1-800-659-6815

Email: registrar@ywammontana.org

**To the applicant:**

Name \_\_\_\_\_

School you are applying for \_\_\_\_\_

Address \_\_\_\_\_

*I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.*

Signature \_\_\_\_\_

**To the Pastor filling out this form:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please send me information on YWAM Montana.

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Montana campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 800 locations in over 135 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Montana is a training and performing arts base from which workers are sent out into all the world.

*It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!*

**Relationship to the applicant**

1. My relationship to the applicant is: (circle all that apply) Sr. pastor    Youth pastor    Small Grp. Ldr.    Mentor

2. How long has the applicant attended your church? \_\_\_\_\_

3. In your association with the applicant, what has been the level of commitment you have seen exemplified?  
(Please circle one)    Faithful    Inconsistent    Other \_\_\_\_\_

4. Did you know prior to receiving this form of the applicant's intention to attend this program?  Yes  No

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

6. Do you believe that the applicant has a call to missions at this time? \_\_\_\_\_

7. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain.

8. In what areas of ministry has the applicant participated in your church? \_\_\_\_\_

## Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Emotional Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

Spiritual Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential	Not Known	Poor	Below Average	Average	Above Average	Excellent
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Social Adaptability	Not Known	Poor	Below Average	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moody						
Dependant relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

## Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

	Not Known	Poor	Below Average	Average	Above Average	Excellent		Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration							Prayer						
Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

## Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

- How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. \_\_\_\_\_

12. Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and comment if needed)

\_\_\_\_ Unsuitd

\_\_\_\_ Average prospect

\_\_\_\_ At this time, he/she is unsuited

\_\_\_\_ Great prospect

\_\_\_\_ Good prospect, but I have reservations

Please call me, I would like to discuss the applicant over the phone. **U.S. and Canadian residents only**

*Please give up to 2 contact numbers including the area code. Please circle which type it is.*

Cell / Work / Home # \_\_\_\_\_

Cell / Work / Home # \_\_\_\_\_

### Additional Comments

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*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Youth With A Mission  
Lakeside, Montana  
Campus**

www.ywammontana.org

**Confidential Health Form**

Please return this form to:

YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818

Phone: 1-406-844-2657

Toll free within USA: 1-800-659-6815

Email: registrar@ywammontana.org

**To the Applicant: This information is treated as confidential.**

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

School you are applying for: \_\_\_\_\_ Starting Month \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(last) (first) (middle initial) MM DD YY

**Permanent Address**

PO Box/Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
\_\_\_\_\_  
City State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Part A: Personal History**

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or 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.

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

Have you ever had any of the

following communicable diseases? Females Only:

	NO	YES		NO	YES
Skin condition			Low blood pressure		
Eye trouble			Allergy: Bee stings*		
Ear trouble			Allergy: Penicillin		
Head injury			Allergy: Sulfonamides		
Recurrent headaches			Allergy: Serum		
Epilepsy			Allergy: Food (specify)		
Fainting spells			Tumor/Cancer		
Mental/Nervous disorders			Heart trouble		
Weakness			Rheumatism/Arthritis		
Paralysis			Back problems		
Insomnia			Dislocation of joints		
Shortness of breath			Broken bones		
Hay fever			Stomach/Duodenal ulcer		
Asthma			Gall Bladder problems		
Hepatitis			Jaundice		
Recurrent diarrhea			Intestinal troubles		
Kidney disease			Diabetes		
Venereal disease			Anemia		
High blood pressure					

	NO	YES
Chicken Pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Other (specify)		

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

If you answered YES to any of the questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s): \_\_\_\_\_

Have you been tested for HIV?  Yes  No      If yes, what was the result?  Negative  Positive

**Surgeries Performed:**

Date (month/yr)	Type of surgery	Outcome & long-term effects

**X-Rays Performed:**

Date (month/yr)	Type of X-ray	Result

Are you presently under a doctor's care for any condition?  Yes  No      If yes, please specify \_\_\_\_\_

Are you taking any medication at this time?  Yes  No      If yes, please specify \_\_\_\_\_

*Please arrange to bring all necessary long-term medications with you.*

Do you now have, or have you ever received, any compensation for disability from any sources?  Yes  No

If yes, please specify \_\_\_\_\_

**Family History**

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

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			

**Part B: Physician's Evaluation**Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (middle initial)**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 a health service. As certain conditions such as Diabetes, Epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

**To the applicant:**

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to YWAM MT): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. 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. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

I have been vaccinated for the following:  I am choosing NOT to receive the recommended immunizations/injections.  
 Cholera  Typhoid  Yellow Fever

**Childhood Record of Immunizations: Basic****Adult Immunizations: Booster**

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

**Tuberculosis Control**

*Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.*

	Date	Result	Examination Facility
Skin Test*			
Chest X-ray			

*\*If your skin test is positive, you MUST have a chest X-ray.*

**Date of last DT (Diphtheria/Tetanus) booster:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*(Must be within the last 5 years.)*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses): R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

*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 \_\_\_\_\_

Recommendations for follow-up tests/treatment: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

How long has this patient attended your office?    Years \_\_\_\_\_    Months \_\_\_\_\_    Weeks \_\_\_\_\_

### Physician's Recommendation

(check one)

- Acceptable without limitations.
- Acceptable with limitations (specify) \_\_\_\_\_
- Should remain in areas where adequate medical care is provided (specify) \_\_\_\_\_
- Not acceptable.

Physician's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_



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## **Statement of Burial/Mediation**

### **Burial Statement**

We at Youth With a Mission of Montana, Inc., encourage each YWAM staff, prospective 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.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With a Mission of Montana, Inc. 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 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.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Youth With a Mission, Montana, Inc. cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) 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 of Montana.

I agree that in case of my death while on outreach in conjunction with Youth With a Mission of Montana, Inc., that they may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With a Mission of Montana, Inc., its staff and associates, from any responsibility for burial costs.

**Applicant's Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Children's Name(s) (print):** \_\_\_\_\_

*If applicant is under 18 years of age, the signature of a parent or responsible party is required:*

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_