



Youth With A Mission Lakeside, Montana Campus Titus Project Application

Greetings from YWAM Lakeside, Montana! Thank you for your interest in Titus Project. 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 | International Applicants Only: |
| <input type="checkbox"/> YWAM Leader Reference | <input type="checkbox"/> English Language Forms* |
| <input type="checkbox"/> Pastor Reference | <input type="checkbox"/> \$200 SEVIS Fee** |

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 Titus Project 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 may be required if you are an international applicant. 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. If you are from Europe and other Western Nations an M-1 visa may not be necessary. We will communicate to you about visas when you start your application.

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 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.



Titus Project Mission Statement

We are dedicated to equipping church leaders throughout the world in the Word of God. To accomplish this, we develop School of Biblical Studies graduates in teaching and preaching, and mobilize them into areas where Bible training is greatly needed.

Throughout the world there are many people hungry to know the Word of God. Many pastors and church leaders have never had the opportunity to attend a Bible School, or receive Bible training of any kind. These people are crying out to God for people like you to come and share God's Word with them.

Our heart is to serve the body of Christ by training church leaders in the basics of the Inductive Method, taking them through a variety of books. This will aid them by furthering their own personal studies and in teaching their congregations.

A prerequisite for participating in the Titus Project is completion of the School of Biblical Studies (CCM 311/312/313). Upon successful completion of Titus Project you will receive credits for your outreach in conjunction with CCM314 (SBS outreach).

Outreaches are sent out twice a year and are 12 weeks in length. Each team usually consists of 2-5 people. Outreach locations vary each quarter.

The 12 week time consists of the following:

Training & Preparation (3 weeks):

- Communication/Lecture Prep
 - How to Prepare a Lecture
 - Communication Skills
 - Evaluating Lectures
 - How to Prepare for a Bible Study/Sermon
 - Required Reading & Book Discussions
 - Illustrating Your Lecture
 - Teaching the Inductive Method through a small book of the Bible
- Teaching Oral Learners
- Teaching & Illustrating Bible Overview
- Overseas Security Measures
- Basics of Teaching English
- Illustrating Your Lectures
- Teaching Practicals
 - Inductive Method
 - Sermon
 - Teaching through a Translator
- Team Time
 - Goals and expectations
 - Country Info and Cultural Orientation
 - Team Dynamics
 - Prayer
- Daily Log
- Lecture Evaluations

Outreach (8 weeks):

Our main focus on outreach is to teach. Teaching opportunities vary and include things like: Inductive Method Seminars, Pastors' Seminars, Bible Schools, Weekly Bible Studies, Home Groups, Sunday morning sermons, teaching YWAM staff and schools. Each outreach is different. We try to focus on one particular group of people for the length of the outreach to equip them as best as possible, though some outreaches may possibly split the time between two places. In addition to teaching your target audience, other opportunities are usually available to speak, teach, preach, evangelize, etc.—usually whatever you can handle and more!

Debriefing (1 week):

The debriefing time takes place on the field or back in Montana. During this time, you will be given opportunities to share about your outreach. We also want to spend time with each individual, going over the outreach, your teaching, feedback you received, and help you in whatever way we can to move you into the next steps that God has for you.



**Youth With A Mission
Lakeside, Montana Campus
Titus Project Application**

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 Titus Project 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

Same as present Different:

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:

High/Secondary School or equivalent from which you graduated (or will be):

Name _____ Location _____

Date of Graduation (mo) _____ (day) _____ (yr) _____ I have not completed high school.

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ From _____ To _____

Name _____ Location _____ From _____ To _____

Most recent YWAM Schools:

Name _____ Location _____ From _____ To _____

Name _____ Location _____ From _____ To _____

Languages: _____

Occupational Skills and/or Talents: _____

Miscellaneous Information:

SBS Leader's Name: _____

Are you pursuing a University of the Nations degree? Yes / No (please circle)

If yes, in what? _____

Acknowledgment of Financial Responsibility

I understand that payment of the required outreach fees must be made prior to or upon my arrival, unless otherwise approved by the Outreach Director before my departure to Lakeside, Montana. Further, I agree to meet all personal expenses incurred during my involvement with the Titus Project outreach program.

- I have all the necessary fees for outreach and am able to pay them up front upon arrival.
- I do not yet have all the outreach fees necessary, but I have contacted the outreach leader and have made arrangements for payment.

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 _____



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

www.ywammontana.org

Application Questions

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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

Titus Project 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.

1. Have you completed the full 9-months of SBS? If not, how much have you completed?
2. If you are not currently in SBS, what have you been doing since your SBS?
2. How did God work in your life during your SBS?
3. Describe your expectations of Titus Project. State your reasons for applying. What is your ultimate purpose upon completion? Where do you see yourself in the future?
4. Where would you like to go on outreach? (We can't guarantee you can go where you want, but we like to keep participants preferences in mind as we choose outreach locations)
5. Do you feel called to long-term missions? If not, what do you feel called to?
6. Do you have any difficult situations to deal with in regard to participating in Titus Project?
7. Describe your present relationship with your local church, leaders and your involvement there. Do they support you in your application to Titus Project?
8. Would your church support you in prayer and finances for Titus Project?
9. 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 physicians treatment? Do you have special dietary needs? (i.e. vegetarian, food allergies)
10. 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 issue? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
11. How would you describe your relationship with your family?
12. Do you have any outstanding debt? If yes, what kind?
13. Do you currently have the finances needed for Titus Project? If not, what is your plan for getting them?
14. Upon acceptance you will need to pay a deposit of \$550 by August 15th to secure your place in the school. Will you have this amount available by then?



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

www.ywammontana.org

**Titus Project Confidential Reference
Pastor**

Please return this form to:

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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:

Name _____

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 person 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 program 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? _____

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

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

**Titus Project Confidential Reference
SBS Leader**

Please return this form to:
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501 Blacktail Road
Lakeside, MT 59922
USA

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To the applicant:

Name _____

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 person filling out this form:

Name _____

Address _____

Phone _____

Email _____

Please send me information on YWAM Montana.

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Relationship to the applicant

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

2. Dates the applicant was under your leadership? _____

3. Please list any reservations about the applicant's suitability for outreach. _____

4. Do you feel the applicant would be able to effectively communicate Inductive Bible Study and the truth of God's word? _____

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.

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Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
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Easily discouraged						
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- Can the applicant take responsibility and demonstrate leadership? Give examples. _____

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- Please comment on the applicant's ability to establish close, healthy relationships with others. _____

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- 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

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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

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**

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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			

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: _____



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

www.ywammontana.org

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

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:** _____