



## Youth With A Mission Lakeside, Montana Campus Teaching English to Speakers of Other Languages Application

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

**IMPORTANT:** THIS SCHOOL WILL TEACH **YOU** HOW TO *TEACH* ENGLISH TO OTHERS, YOUR LEVEL OF ENGLISH **MUST** BE ADVANCED IN ORDER TO ATTEND THE COURSE (THERE MAY BE A PHONE INTERVIEW TO DETERMINE YOUR LEVEL). THIS COURSE WILL **NOT** TEACH YOU ENGLISH. PLEASE APPLY TO A LANGUAGE SCHOOL IF YOUR GOAL IS TO LEARN BETTER ENGLISH. THIS IS A TEACHER'S COURSE – UPON COMPLETION YOU WILL BE QUALIFIED TO TEACH ENGLISH TO OTHERS.

### 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   |
| <input type="checkbox"/> \$35 Registration Fee                 | <input type="checkbox"/> Burial Statement  |
| <input type="checkbox"/> Supplement Questions                  | <input type="checkbox"/> English Language Forms (International Applicants Only*) |
| <input type="checkbox"/> Pastor Reference                      |  |

**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 TESOL staff so you can make your answers as details as you like.

**Confidential Reference:** One confidential reference is enclosed and should be given to your pastor. Request they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with the YWAM Montana address on it. If there is a problem please inform the registrar immediately. **We also have this reference available in email format if your pastor would prefer to fill out and email it back.**

**Medical Requirements:** The confidential health form must be completed by you and signed. Any booster immunizations should be received within the last five years.

**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. **Your level of English MUST be advanced in order to attend the course. There may be a phone interview to determine your level.**

*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 registration fee and first 2 pages are 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:** Full details will be given when accepted about any visa requirements. Please do not make any visa application without an acceptance letter. Depending on your citizenship you may not need one at all. All international students must have a passport still valid 8 months after entry to the U.S.. Each family member coming must have their own passport, including each child, regardless of their age.



## **Youth With A Mission Lakeside, Montana Campus Teaching English to Speakers of Other Languages Course Outline**

### **WEEK ONE:**

|           |  |
|-----------|--|
| Monday    | Biblical Principles; Linguistics; Learning Theories; Parts of Speech   |
| Tuesday   | Second Language Acquisition; Writing Lesson Plans; Planning a Syllabus |
| Wednesday | Classroom Applications of SLA Research; Teaching and Vocabulary        |
| Thursday  | Teaching Grammar; Needs Analysis: Assessment and Placement             |
| Friday    | Teaching Speaking; Learning Styles                                     |

### **WEEK TWO:**

|           |                                  |
|-----------|----------------------------------|
| Monday    | Teaching Listening Comprehension |
| Tuesday   | Teaching Writing; Verb Tenses    |
| Wednesday | Teaching Reading                 |
| Thursday  | Adult Literacy                   |
| Friday    | Testing                          |

### **WEEK THREE:**

|           |   |
|-----------|---|
| Monday    | Teaching Pronunciation                        |
| Tuesday   | ESL using the Bible; Evangelism through TESOL |
| Wednesday | ESL vs. EFL; Problem situations               |
| Thursday  | Classroom Management                          |
| Friday    | EFL Materials, Multimedia, Newspapers         |

### **WEEK FOUR:**

|           |  |
|-----------|--|
| Monday    | Program Design and Evaluation              |
| Tuesday   | TOEFL; Proficiency Testing                 |
| Wednesday | Cross cultural issues in the ESL Classroom |
| Thursday  | ESL and Refugees                           |
| Friday    | Materials and Course Evaluation            |

### **PRACTICUM:**

In the evenings of weeks two, three and half of week four, we run free ESL classes to internationals in our local community. This involves choosing a English level to team-teach for the whole time and then prepare lesson plans in the afternoons with your teaching group.



**Youth With A Mission  
Lakeside, Montana Campus  
Teaching English to Speakers of Other Languages**

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 TESOL 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:**

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 TESOL 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 \_\_\_\_\_



**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)

## **TESOL Application Questions**

*Please prayerfully answer these questions on another piece of paper.*

1. Describe your reasons for doing the TESOL course.
2. How do you feel God is leading you in the future? 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?
3. Do you have any previous experience in YWAM? If yes, what schools and staff positions? Which YWAM bases?
4. Do you have any previous experience teaching English?
5. Please list your academic levels achieved.
6. What is your current and previous employment?
7. Do you have any physical disabilities that we should be aware of? Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs?
8. Do you have the full tuition plus money for your travel to Montana? If no, how do you plan on paying for the course?
9. Do you have any difficult situations to deal with in regard to attending the TESOL? How can we pray for you?
10. If you were not accepted as part of this course, what would you do? (next step or alternatives)



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Lakeside, Montana  
Campus**

www.ywammontana.org

**Confidential Reference  
Pastor**

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USA

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**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.

*TESOL is a four week intensive course designed to equip and train people to teach English language as a means of practical missions both in America and overseas. 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.

1. How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
2. Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
4. Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
5. How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
8. Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
9. Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
10. 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.

### 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

TESOL applying for: \_\_\_\_\_  
(year)

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

**Permanent Address**

P.O. Box/Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

**Personal History**

Please answer all questions. 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 \_\_\_\_\_

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 |    |     |              |

**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.*

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



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

[www.ywammontana.org](http://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:** \_\_\_\_\_