

GUIDELINES TO COMPLETE SCHOOL APPLICATION

Thank you for applying to one of YWAM Cimarron's training programs. In order for us to process your application, we must receive each of the following items:

1. **School Application Form.** Please answer every question. If one does not apply to you, write N/A in the blank.
2. **Deposit Fee.** A deposit fee of \$100, which will apply to the tuition, is to be sent in with the application. There will be a \$20 withdrawal fee assessed for cancelled applications.
3. **Confidential Health Form.** A physician must sign this form.
4. **Consent For Treatment/Liability Release Form.** Each applicant must sign this form.
5. **Supplemental Questions.** Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type. Your answers will be significant in the application process.
 - A. Describe your conversion experience and present relationship with the Lord.
 - B. Describe any other significant spiritual experiences you have had in your walk with the Lord.
 - C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.
 - D. Describe your relationship with your local church; include areas of service and leadership experience.
 - E. Are you currently employed or in school? Please specify.
 - F. Please describe your long-term goals. Has God spoken to you about your life's calling? Do you have specific interest in the Himalaya or the unreached peoples of this region?
 - G. What areas of your character are you presently seeking God to further develop and improve?
 - H. Why have you chosen to do this school, and how did you hear about the YWAM Cimarron base?
 - I. Please list any special circumstances or situations we should know about.
 - J. Please list the names, relationship, and addresses of your three references.
6. **Three Reference Forms.** Please fill out the top portion of each reference form and give one to your pastor and or spiritual leader, one to an employer or teacher and one to a mature Christian friend. Please give each reference a stamped envelope addressed to **Youth With A Mission, Attn: Registrar, PO BOX 158, Cimarron, CO 81220.**
7. **A Recent Photo.** Passport or Wallet size please.

NOTE: Husbands and wives must complete separate applications.

STUDENT GUIDELINES AND EXPECTATIONS

The following is a general list of what is expected of students during their time in the lecture phase and on outreach. Please prayerfully consider these guidelines as you apply.

1. We ask that all students and staff attend church on Sunday mornings. (Transportation provided)
2. We require full attendance and participation in quiet times, classes, mealtimes, work duties, worship and small group meetings. Emergency leaves of absence will have to be approved by your school or small group leader.
3. The use of alcohol, illegal drugs and tobacco is prohibited during the school and on base grounds.
4. Because we want you to see this school as a time set apart for you and the Lord, we request that you keep all male/female relationships at a friendship level during the school.
5. We expect you to be responsible with your financial commitments.
6. The outreach is required for successful completion of DTS.
7. Music: We want Jesus to be glorified here! In order to create an atmosphere of fellowship and learning to get the most from God and each other, we ask that you be very sensitive in this controversial area and prefer your brother or sister. When playing music in the kitchen or other public places please make sure that it creates a friendly atmosphere. This includes a low volume level, and your selection of music should be conducive to others.
8. You are responsible for keeping your living space neat and clean. Beds must be made daily and all clothing, shoes, towels, etc. be put away.
9. Decent standards of dress and hygiene are required at all times.
10. Please remember to remain accountable to your local church during and after the school.



SCHOOL APPLICATION FORM

PERSONAL INFORMATION

Date of application _____

Deposit Enclosed \$ _____

Mr./Mrs./Miss _____
Last/Family Name First Preferred Name Middle Name

Course Applying For _____ Starting Date _____

Passport Number _____ Exp. Date _____ Issuing Country _____

Current Address _____ Current Until _____
Street/PO Box Day/Month/Year

_____ City State/Prov. Zip Code Country

Email Address _____ Phone Number _____

Permanent Address _____
Street/ PO Box

_____ City State/Prov Zip Code Country Phone

Age ____ Birthdate _____ Birthplace _____
Month/Day/Year City State/Prov. Country

Sex: M ____ F ____ Social Security Number _____

Driver's License Number _____ State _____ Type of License _____

Prominent Ethnic Background – This information is for statistical purposes only and will not be used to determine eligibility for admission.

- Asian or Pacific Islander Black North American Indian or Alaskan Native
- Hispanic White/North American Other _____

Marital Status: Single Engaged (Date _____) Married (Date _____) Separated (Date _____)
 Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Spouse's Name _____ Birthdate _____ Age _____
Month/Day/Year

Dependents:

Name (First/Middle/Last)	Birthdate (Month/Day/Year)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION

In Case of Emergency, contact _____ Relationship _____

Address _____
Street City State/Prov. Zip Code Country Phone

Home Church _____ Denomination _____ Pastor's Name _____

Address _____

EDUCATION/EMPLOYMENT SKILLS

Highest Level of Educated Completed _____

Post-Secondary School(s) Attended _____

Languages Spoken (In order of Fluency) 1 _____ 2 _____ 3 _____

Military Service Yes No (Specify) _____

Present Employer/Occupation _____

Other Occupational Skills _____ Years Experience _____

Musical Abilities/Other Talents _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in a YWAM program before? Yes No

If so, specify _____ Base _____ Leader _____

How long have you been a 'born again' Christian? _____

Why do you desire to attend this school? _____

Are you presently ordained or licensed? Yes No Specify _____

What are your plans after you complete the training?

YWAM Staff Back To Job Teaching Full-time Missions Work With Home Church
 Mercy Ships Refugee Work Construction Further Education Uncertain

FINANCIAL INFORMATION

Do you have the total school fees? Yes No If not, how much do you have? _____

From what sources will you receive the remainder? _____

Do you have any outstanding debt? If so, explain _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that the payment of the required school tuition fees must be US currency prior to departure for outreach, unless otherwise approved in writing by the School Leader. Further, I agree to meet in a timely manner, prior to the completion of school all personal expenses incurred during my involvement with Youth With A Mission.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM.

Signature _____ Date _____



PASTOR REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to **YWAM Cimarron, Attn: Registrar, PO Box 158, Cimarron, CO 81220**. This is a confidential evaluation, therefore it will not be shown to you.

Name of Applicant _____ Phone _____

Address _____

Course Applying For _____ Starting Date _____

The above applicant has applied for admission to Youth With A Mission, Cimarron an international interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 900 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command to "Go therefore, and make disciples of all nations." Cimarron is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ Years _____ Months

How long has the applicant attended your church? _____ Has the applicant been a faithful attendee? _____

Please check the following and comment where necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal appearance					

Comments _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental Ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian Character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often Late |
| Financial Responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |
| Christian Service | <input type="checkbox"/> Dedicated | <input type="checkbox"/> Average | <input type="checkbox"/> Casual |

Comments _____

1. To what extent is the applicant active in Christian work? _____

2. Which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine and Growing Over-emotional Superficial

Comments _____

3. Does he or she display high moral standards? _____

4. What do you feel the applicant's motives are for applying to this program?

- Christian Service Desire to spread Gospel Receive help/Ministry Adventure
 Desire to help others Travel Escape unpleasant home situation
 Other (Specify) _____

5. Please comment of the applicant's family background. _____

6. What do you consider to be the applicant's strong points? (Include special abilities) _____

7. What could YWAM Cimarron do to aid in the applicant's personal development? _____

8. Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

9. Would you recommend the applicant for acceptance to this YWAM Program?

- Yes With some reservation No

10. Please add any other pertinent remarks. (i.e. medical, psychological, drug or alcohol abuse, occult practices, etc)

Signature _____ Date _____

Name (Please print) _____ Phone _____

Address _____ State _____ Zip _____

Would you like to receive further information on YWAM Cimarron? Yes No



EMPLOYER/TEACHER REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to **YWAM Cimarron, Attn: Registrar, PO Box 158, Cimarron, CO 81220**. This is a confidential evaluation, therefore it will not be shown to you.

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Address _____

Course Applying For _____ Starting Date _____

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Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ Years _____ Months

Please check the following and comment where necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal appearance					

Comments _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental Ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian Character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often Late |
| Financial Responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |
| Christian Service | <input type="checkbox"/> Dedicated | <input type="checkbox"/> Average | <input type="checkbox"/> Casual |

Comments _____

1. To what extent is the applicant active in Christian work? _____

2. Which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine and Growing Over-emotional Superficial

Comments _____

4. Does he or she display high moral standards? _____

4. What do you feel the applicant's motives are for applying to this program?

- Christian Service Desire to spread Gospel Receive help/Ministry Adventure
 Desire to help others Travel Escape unpleasant home situation
 Other (Specify) _____

10. Please comment of the applicant's family background. _____

11. What do you consider to be the applicant's strong points? (Include special abilities) _____

12. What could YWAM Cimarron do to aid in the applicant's personal development? _____

13. Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

14. Would you recommend the applicant for acceptance to this YWAM Program?

- Yes With some reservation No

10. Please add any other pertinent remarks. (i.e. medical, psychological, drug or alcohol abuse, occult practices, etc)

Signature _____ Date _____

Name (Please print) _____ Phone _____

Address _____ State _____ Zip _____

Would you like to receive further information on YWAM Cimarron? Yes No



PERSONAL REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to **YWAM Cimarron, Attn: Registrar, PO Box 158, Cimarron, CO 81220**. This is a confidential evaluation, therefore it will not be shown to you.

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Address _____

Course Applying For _____ Date _____

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Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ Years _____ Months

Please check the following and comment where necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal appearance					

Comments _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental Ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
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| Christian Service | <input type="checkbox"/> Dedicated | <input type="checkbox"/> Average | <input type="checkbox"/> Casual |

Comments _____

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2. Which of the following would best describe the applicant's Christian experience?

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Comments _____

5. Does he or she display high moral standards? _____

4. What do you feel the applicant's motives are for applying to this program?

- Christian Service Desire to spread Gospel Receive help/Ministry Adventure
 Desire to help others Travel Escape unpleasant home situation
 Other (Specify) _____

15. Please comment of the applicant's family background. _____

16. What do you consider to be the applicant's strong points? (Include special abilities) _____

17. What could YWAM Cimarron do to aid in the applicant's personal development? _____

18. Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

19. Would you recommend the applicant for acceptance to this YWAM Program?

- Yes With some reservation No

10. Please add any other pertinent remarks. (i.e. medical, psychological, drug or alcohol abuse, occult practices, etc) _____

Signature _____ Date _____

Name (Please print) _____ Phone _____

Address _____ State _____ Zip _____

Would you like to receive further information on YWAM Cimarron? Yes No

CONFIDENTIAL HEALTH FORM

TO THE APPLICANT: This information is treated confidentially. When you complete the first part of this form, please answer all questions in ink or by typing in English.

Course Applying For _____ Date _____
 Name _____ Social Security Number _____
 Phone _____
 Permanent Address _____ Do you have medical coverage? Yes No
 Insurance Company _____
 Policy Holder _____
 Policy Number _____

Name, relationship, and address of next of kin _____
 Phone _____

Person to contact in case of emergency _____
 Address _____ Phone _____

PERSONAL HISTORY Please answer all questions. Explain positive answers below or on a separate sheet.

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

<input type="checkbox"/>	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles
<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental/nervous disorders
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal ulcer
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease
<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor cancer
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	SURGERY			FEMALES ONLY
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?

Other illness or conditions _____

Are you presently under doctors care for any condition? _____

Are you taking any medication at this time? _____

Are you allergic to any drugs? _____

Do you have a history of emotional instability or psychiatric treatment? _____

Do you now or have you ever received any compensation for disability from any source? _____

Do you have any physical impairments, handicaps, or health conditions which require special attention? _____

Current Weight _____ lbs Are you underweight? Yes No Are you overweight? Yes No

Blood Type _____ O, A, AB, (+ or -), etc.

Would you rate your health as: Excellent Good Fair Poor

Do you wear contact lenses or glasses? Yes No Specify _____

Have you been tested for HIV? Yes No Specify _____

SURGERIES PERFORMED

DATE	TYPE OF SURGERY	OUTCOME AND LONG TERM EFFECTS

X-RAYS PERFORMED

DATE	TYPE OF X-RAY	RESULT

PHYSICIANS REFERENCE

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the 'Personal History' information on the opposite side, fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	Please Describe
Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would the applicant be able to walk 3-4 miles per day? Yes No

PHYSICIAN RECOMMENDATION: Acceptable without limitations
 Acceptable with limitations _____
 Not Acceptable

Doctor's Signature _____ Date _____

Doctor's Name (please print) _____ Phone _____

Full Address _____

RELEASE FORM

Name _____ Course applying for _____

Address _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age

Parent Signature _____ Date _____

RELEASE OF LIABILITY

I/We hereby release Youth With A Mission, Inc. its 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, Inc.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age

Parent Signature _____ Date _____

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____, to travel outside
Complete name of minor

the United States with Youth With A Mission.

Parent Signature _____ Date _____
