

Youth With A Mission Salem, Oregon DTS Application

Please Return To:
YWAM Salem ATTN: Registrar
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail registrar@ywamsalem.org

Thank you for applying to a school, with YWAM in Salem, Oregon. The following items must be submitted and filled out in their entirety. Omitting any of the following information may result in your application not being processed. All of the questions must be completed. If a question does not apply to you please write N/A (not applicable).

Guidelines to completing application-

- ❖ **Application Form:** Fill this out completely, and sign the application form.
- ❖ **Photo:** Attach a recent photo of yourself. (it can be bigger than the space provided)
- ❖ **Registration Fees:** These fees must be forwarded with the application. There is a non-refundable application fee and a refundable room deposit if it meets requirements upon departure.
 - **Application Fees-Singles** \$45 or \$90 for married couples
 - **Room Deposit-Singles** \$50 or \$75 for families
- ❖ **Release of Liability Form:** All three of these sections must be signed; acknowledgement of financial responsibility, release of liability, and consent for treatment. If you are under 18, be sure to have a parent/guardian sign this form.
- ❖ **Base Policy Agreement:** This must be read and signed.
- ❖ **Supplemental Questions Completed**
- ❖ **Confidential References:** Three confidential references are enclosed. One reference should be given to each of the following: friend, pastor, and employer or teacher. Request that they fill it out and mail it directly to the registrar. It is helpful to include a self addressed and stamped envelope with the form.
- ❖ **Medical Requirements:** All childhood immunization records must be completed to the best of your ability along with updated adult boosters (within the last five years). The physician who performs the physical must clearly document that a TB test was performed with its results. The Confidential Health B form must be filled out in its entirety and signed. All of the following documents must be sent directly to the registrar or your application will not be processed.
- ❖ **Passport:** Those who do not have a passport should apply for one immediately
- ❖
- Attention International Students!**
- ❖ **Report on English Language Ability:** You should have two copies of this. One for you and another for your evaluator. You must return both forms to the registrar.
- ❖ **Visa:** Upon acceptance you will receive more details and a special letter with which formal application for a B-1/2 visa can be made at the US Consulate or Embassy.
Please do not make your Visa application without the acceptance letter.
Please do not arrange airfare until after you have received your visa.

Application for US citizens should be received no later than 2 week prior to the start of the school. For non US citizens, application should be received 4 months prior to the start of school. It is very important that at least the first page of the application and registration fees be sent in as soon as possible, as this enables us to know how many are interested in attending. The passport information may be mailed at a later date, or given when you arrive. You must apply or obtain your passport before arriving.

Youth With A Mission Salem, Oregon DTS Application	<u>Entry Form</u> Please Return To: YWAM Salem ATTN: Registrar 7085 Battlecreek Rd. S.E. Salem, OR 97317 USA Ph. (503) 364-3837 Fax (503) 378-7026 E-Mail: registrar@ywamsalem.org	IMPORTANT ATTACH RECENT PHOTO HERE
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Name of Applicant _____
Last/Family First Middle Initial
 Date of Application ___/___/___ Beginning of School ___/___/___
 Name of School or Program applying for _____ (i.e. DTS, CDTS, FCM, GP)
 Registration Fees Enclosed \$ _____

General Information Age _____ Date of Birth ___/___/___ Country of Birth _____ City of Birth _____ Country of Citizenship _____ Do you have a passport? _____ If yes, when does it expire? _____ Name/birth date as it appears on you passport: _____ If not a US citizen, do you have a Visa? _____ If yes, what types? _____ What are the dates/time periods? _____	Marital Status (please circle one) Single engaged married separated divorced widowed Maiden Name _____ Spouse's Name _____ Anniversary ___/___/___ Number of children accompanying you _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Birth</th> <th style="width: 33%;">Passport? Y/N</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">/ /</td><td> </td></tr> </tbody> </table>	Name	Birth	Passport? Y/N		/ /			/ /			/ /			/ /	
Name	Birth	Passport? Y/N														
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	/ /															
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	/ /															
Present Address Street/P.O. Box _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____ Phone _____ Cell/Mobile _____ E-Mail _____ Home Page _____ MySpace _____	Permanent Address (if different) Street/P.O. Box _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____ Current Address Until ___/___/___ Phone _____ Cell/Mobile _____ E-Mail _____															
Emergency Contact Name _____ Relationship _____ Telephone _____ Cell/Mobile _____ Street/P.O. Box _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____ Phone _____ E-Mail _____																

Education History

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

Name _____ Location _____
_____ I have not completed high school Date of Graduation ____/____/____
_____ I have my GED certificate

College/University/Vocational School

Name _____ Location _____ From _____ To _____
Name _____ Location _____ From _____ To _____
Other (Please Specify) _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Talents (please list all occupational, musical, and other skills you may have)

Financial Support

Do you have all of your school fees paid for? Yes _____ No _____

If no, how much do you still need? _____

Confidential Reference Forms Information

Friend

Name _____
Last/Family First Middle Initial
Address _____
Street/P.O. Box City State Zip/Postal Code
Phone _____ E-mail _____

Pastor

Name _____
Last/Family First Middle Initial
Address _____
Street/P.O. Box City State Zip/Postal Code
Phone _____ E-mail _____

Employer

Name _____
Last/Family First Middle Initial
Address _____
Street/P.O. Box City State Zip/Postal Code
Phone _____ E-mail _____

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Release of Liability Form

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Acknowledgment of Financial Responsibility

I confirm that I understand that payment of the required school tuition fees must be made upon or before my arrival, unless otherwise arranged with leadership prior to the beginning date of the course, and I agree to do so. I am fully aware of my financial obligation, both to the Lord and to the students and staff of the school. I also understand that should I choose to leave the program prior to completion I am not entitled to a refund. I therefore promise to keep my word and pay in a timely manner all personal expenses incurred during my involvement with Youth With A Mission. I also commit to take all the necessary steps to meet this promise, and accept the help and suggestions of my future staff.

I have completed all portions of this application to the school, course or outreach for which I am applying. If Youth With A Mission accepts me, I will abide by the Spirit, rules, and schedule of the school.

Applicant's Signature

Date (Mo/Day/Yr)

Release of Liability

I/We do hereby release Youth With A Mission, Inc. It's agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

Applicant's Signature

Date (Mo/Day/Yr)

Parent/Guardian's Signature (if applicant is under 18 years of age)

Date (Mo/Day/Yr)

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 Name (please print)

Applicant's Signature

Date (Mo/Day/Yr)

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Youth With A Mission is for Christians who are committed to the Great Commission (Matthew 28:18-19), which includes living a godly life worthy of example. Your time here will be enjoyable, rewarding and challenging. We are committed to helping you grow as a disciple of Jesus and we look forward to your being here. However, being a disciple of Jesus includes taking responsibility for your life and conduct. Please read the following carefully.

As we read the Bible, there are guidelines for those conducts that are absolutes, such as the Ten Commandments. However, there are areas that are not so clearly defined, and this is where we run into “cultural sins” such as Paul describes in Romans 14. These are situations relative to the way we have individually been taught, which may or may not be considered as a sin to others. We know that only God can judge the heart; but depending on the ways in which we were raised and what our parents, pastors, and other authority figures taught us, these issues can often be quite sensitive.

Approximately 90% of the evangelical community of the world (Africa, Asia, and the Americas) considers alcoholic drinks and tobacco products totally off limits. Often in these contexts, alcohol and tobacco use is viewed as a sign that someone either does not know God or is turning away from Him. God has blessed YWAM with training bases that draw in and send out “internationals: so it is important that as a family we understand and honor one another in our conversations and actions.

While you are here in Salem, and on outreach, we ask you to take the most conservative view in order not to stumble the largest percent of believers internationally. Whatever your personal convictions may be, **we ask that you refrain from drinking alcohol, as well as using tobacco products while on campus.** This is not meant to be legalistic, but to the law of love.

Along with taking the view of loving your neighbor as a reason to refrain, we also ask that you would be looking out for yourself as well. Within the world of drinking alcohol and using tobacco products, there is a fine line that we as Christians need to take into serious consideration. The Bible doesn't clearly say that alcohol and tobacco are off limits to God's people. But, what the Bible does say is that we should not get drunk, lose control, place other things above God, or become dependent on things other than God. Addiction is a clear indication that we are being controlled by something other than God.

As with all things in our Christian lives, we need to be asking the question **why?** Why are we drinking, why are we using tobacco. There are numerous reasons and only we truly know why. It could be because we are unfulfilled in life and our relationship with God, or because we want to convey a certain image, or it could simply be because we enjoy it. We want all our staff to be continually asking these questions about all aspects of life.

We also want our staff to be free from bondage. If you are struggling in any area, please be open and honest with your leaders. If you are asking these questions and realizing you are doing things out of unhealthy motivations, we want to be here to walk you through to freedom and discipleship. It is when we are not open and honest about these issues that we begin to get in trouble.

We do ask that during your time here, you agree to refrain from the use of alcohol or tobacco products on base. As well, we ask that you agree to absolutely no drunkenness during your time on staff, and no use of illegal drugs, or prescription drugs that are not yours. We also ask that if you are addicted to any substances or notice addictive patterns in your life that you would be open and honest with us from the beginning of applying.

I, _____ agree to abstain from the use of tobacco and alcohol on campus. I promise that when I am using alcohol or tobacco off campus, it will be done in a way that is respectful and honoring both to those around me and to God. I also agree to refrain from the use of illegal drugs, prescription drugs that are not my own, and drunkenness. If there is an issue with any of these things in my life, I will go to one of my leaders to be open, honest, and to welcome accountability in my life. I understand that if my leaders find out things regarding alcohol, tobacco or drugs about me from someone else, they have the right to question me as well as enforce the degree discipline they see fit. I understand that if I break this contract, it could be grounds for dismissal.

Signature

Date (Mo/Day/Yr)

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Applicants Supplemental Questions

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On a separate piece of paper; please write your name & address on the top, upper, right hand corner and type or print clearly the following information for the questions below;

Tell us more about yourself:

1. How would you describe yourself?
2. What is your purpose in doing this school? What are your expectations for this school?
3. What's your greatest strength? What is your greatest weakness?
4. What do you enjoy doing and spend the most personal time on?
5. Describe how you came to know the Lord and what your present relationship with Him is like.
6. How would you describe your spiritual gifts, talents, and skills?
7. How would you describe your relationship with your family?

Tell us about your experiences in regards to this.

1. What types of people do you find it hard to get along with and why?
2. How do you plan on dealing with these difficult personalities?
3. What was the last book you read? How long ago was it and what did you learn from it?

General things we would like to know:

1. Do you have any questions for us?
2. What is your favorite kind of candy?

**Youth With A Mission
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Confidential Reference-Friend

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The following applicant has applied for admission to a University of the Nations school at the Youth With A Mission (YWAM) Salem, Oregon campus. YWAM is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 1,000 locations in over 149 countries. Its purposes include training and challenging Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Salem is a training and pioneering 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 give to your comments; therefore we ask that you complete this form carefully. We would appreciate honesty, a straightforward response, and an evaluation of both the assets and abilities 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.

Applicant

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

Reference

Name _____
 First Last MI
 Address _____
 Street

 City State Zip

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

Signature _____

Phone _____

E-Mail _____

Relationship to the applicant:

What is your relationship to the applicant? (check all that apply)

- _____ Acquaintance
- _____ Close Friend
- _____ Peer
- _____ Mentor

How well do you know the applicant? (On a scale from 1 to 5 being very well)

1 2 3 4 5

How long have you known the applicant? _____

Tendencies

Please check the appropriate space for each tendency according to your knowledge of the applicant. The following is a guided key for possible responses:

0=not known, 1=hardly, 2=sometimes, 3=average, 4=often, 5=very often

Tendencies	0	1	2	3	4	5
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Dishonest						
Anxiety/Worry						
Irritability/Moody						
Dependant Relationships						
Eating Disorder						
Behavioral Disorders						
Drug Abuse						

Tendencies	0	1	2	3	4	5
Close-Minded						
Emotional Instability						
Sexual Immorality						
Easily Discouraged						
Projective						
Impatience						
Gives Into Peer Pressure						
Arrogant						
Frequent Exaggeration						
Infatuations						
Questionable Character						
Involvement with the Occult						

Character and Gifting Evaluation

Please check the appropriate space for each characteristic & gifting according to your knowledge of the applicant. Consider the average to be reasonably well adjusted individual who is qualified for full time Christian work. The following is a guided key for possible responses:

0=not known, 1=poor, 2=below average, 3=average, 4=above average, 5=excellent

Personal Character	0	1	2	3	4	5
Self-discipline						
Teachable						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Response to Authority						
Health						
Other						

Skills & Gifting	0	1	2	3	4	5
Administration						
Hospitality						
Speaking & Teaching						
Motivation & Training						
Personal Evangelism						
One-on-one Discipleship						
Counseling						
Prayer						
Worship						
Music						
Working with Adults						
Working with Teens						
Working with Children						
Other						

Emotional Maturity	0	1	2	3	4	5
Self-confidence						
Ability to deal with stress						
Ability to deal with interpersonal problems						
Accurate view of personal strength/weakness						

Spiritual Maturity	0	1	2	3	4	5
Knowledge of the Bible						
Concern for Others						
Ability to Share Christ						
Consistency in Christian Walk						
Respect for Others Convictions						
Assurance of God's Calling						

0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent

Social Adaptability	0	1	2	3	4	5
Cooperation						
Tactfulness						
Communication Skills						
Neatness of Person						
Respected by Peers						
Positive, Contagious Spirit						

Leadership Potential	0	1	2	3	4	5
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate						

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".

1. Does the applicant know Jesus as personal Lord and Savior? If yes, how do they display Christ in their everyday living? _____

2. Is the applicant reliable? Why or why not? _____

3. How does the applicant respond to designated authority and standards? _____

4. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

5. How does the applicant deal with relationships with the opposite sex? _____

6. Do you have reservations concerning the personal and financial integrity of the applicant? If yes, please explain: _____

7. Please comment on the applicant's family background. _____

8. Please summarize the applicant's suitability of missionary service, adding any consideration that may influence his/her effectiveness. _____

Please check all that apply:

- Please call me; I would like to discuss the applicant over the phone.
 I would like to receive further information about YWAM in general.

I declare that the contents of this confidential reference for are correct to the best of my knowledge

Signature

Date (Mo/Day/Yr)

**Youth With A Mission
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Confidential Reference-Pastor

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Applicant

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Address _____
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I, the above applicant, waive any right to have or obtain copies of the recommendation knowing that this waiver is not required as a condition for admission.

Signature _____

Phone _____

E-Mail _____

Relationship to the applicant:

What is your relationship to the applicant? (check all that apply)

- Acquaintance
 Close Friend
 Peer
 Mentor

How well do you know the applicant? (On a scale from 1 to 5 being very well)

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Tendencies

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Questionable Character						
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Respect for Others Convictions						
Assurance of God's Calling						

0=not known, 1= poor, 2= below average, 3= average, 4= above average, 5= excellent

Social Adaptability	0	1	2	3	4	5
Cooperation						
Tactfulness						
Communication Skills						
Neatness of Person						
Respected by Peers						
Positive, Contagious Spirit						

Leadership Potential	0	1	2	3	4	5
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate						

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".

1. Does the applicant know Jesus as personal Lord and Savior? If yes, how do they display Christ in their everyday living? _____

2. Is the applicant reliable? Why or why not? _____

3. How does the applicant respond to designated authority and standards? _____

4. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

5. How does the applicant deal with relationships with the opposite sex? _____

6. Do you have reservations concerning the personal and financial integrity of the applicant? If yes, please explain: _____

7. Please comment on the applicant's family background. _____

8. Please summarize the applicant's suitability of missionary service, adding any consideration that may influence his/her effectiveness. _____

Please check all that apply:

- Please call me; I would like to discuss the applicant over the phone.
 I would like to receive further information about YWAM in general.

I declare that the contents of this confidential reference for are correct to the best of my knowledge

Signature

Date (Mo/Day/Yr)

**Youth With A Mission
Salem, Oregon
DTS Application**

Confidential Health Form: PART A

Please Return To:
YWAM Salem ATTN: Registrar
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail: registrar@ywamsalem.org

Please print or type ALL answers to the following questions and take BOTH parts A&B to your physician. Comment on all positive (yes) answers on a separate sheet of paper as certain medical conditions may prelude acceptance. The omission of health history problems or incomplete explanation can lead to removal of acceptance status.

Name of Applicant _____
Last/Family First Middle Initial
 Birth Date ___/___/___ Beginning of School ___/___/___
 Name of School or Program applying for _____ (i.e. DTS, CDTS, IBC)

PART A: Medical History

Do you wear contact lenses or glasses? Yes ___ No ___

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)

Are you currently receiving or have you ever received any form of compensation for disability?

Yes ___ No ___

If yes, please specify: _____

Immunization Records

Childhood immunizations: Basics

Adult immunizations: Boosters

	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							
Hepatitis A&B							
Hepatitis C							

Personal History

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

Conditions	yes/no	Conditions	yes/no	Communicable Disease	yes/no
Mental/Nervous Disorder		Skin Condition		Chicken Pox	
Head Injury		Jaundice		Measles (Rubella)	
Paralysis		Rheumatism/Arthritis		Mumps	
Epilepsy		Back Problems		Pertussis	
Insomnia		Dislocation of Joints		Scarlet Fever	
Weakness		Broken Bones		Tuberculosis	
Fainting Spells		Heart Problems		Hepatitis	
Shortness of Breath		Diabetes		Venereal Disease	
Asthma		Anemia		Other(specify)	
Hay Fever		High Blood Pressure		Other(specify)	
Allergies(specify)		Low Blood Pressure			
Stomach/Duodenal Problems		Seeing Problems		FEMALES ONLY	yes/no
Intestinal Problems		Hearing Problems		Irregular Period	
Gall Bladder Problems		Speaking Problems		Severe Cramps	
Chronic Diarrhea		Chronic Headaches		Excessive Flow	
Kidney Disease		Chronic Ear Infections		Currently Pregnant?	
Tumor/Cancer		Chronic Nose Bleeds		Previous Pregnancy?	

Family History

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

Condition	yes/no	Relationship
Heart Disease		
Kidney Disease		
Stomach Disease		
Cancer		
Diabetes		
Arthritis		
Asthmas/Hay Fever		
Epilepsy/Convulsions		
Tuberculosis		

Surgeries Received

Date	Mo/Yr	Type of Surgery	Outcome/Long-Term Effects

X-Rays Performed

Date	Mo/Yr	Type of X-Ray	Outcome/Long-Term Effects

**Youth With A Mission
Salem, Oregon
DTS Application**

Confidential Health Form: PART B

Please Return To:
YWAM Salem ATTN: Registrar
7085 Battlecreek Rd. S.E.
Salem, OR 97317 USA
Phone (503) 364-3837 **Fax** (503) 378-7026
E-Mail: registrar@ywamsalem.org

To the applicant:

Upon acceptance, we recommend you obtain the following immunizations (before arrival to YWAM, Salem): Typhoid, Hepatitis A&B, and Tetanus Booster (if you have not received one in the last five years). These are usually recommended by health agencies (Center of Disease Control, etc.) regardless of where you travel. Due to varied outreach locations, other immunizations, and Malaria medication may be recommended and can be obtained before outreach. If you have ever been immunized for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional immunizations. If you decide NOT to receive the recommended immunizations, you will be asked to sign a waiver stating that you understand the specific immunizations recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations.

To the physician:

Please review the information in Part A, please treat all conditions that you feel require treatment and notify us of any problem that you feel we should know about following the medical evaluation. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that pertinent information in these areas have been included.

PART B: Physician's Evaluation

Name of Applicant _____

Date of Physical Last/Family ___/___/___ First _____ Middle Initial _____ Date of Application ___/___/___

Name of Physician (print) _____ Phone _____

Physician's Address _____
Street City State/Province Zip/Postal Code

How long has this patient attended your office? ___/___/___
Mo/ Day/ Yr

Immunizations

Patient has been immunized for the following: yes/no

Cholera			
Typhoid			
Yellow Fever			

___ Patient has chosen NOT to receive the recommended immunizations.

Tuberculosis Control

This must be done within 6 months of the school. If skin test is positive a chest x-ray is required.

	Date (Mo/Yr)	Result	Testing Facility
Skin Test			
Chest X-Ray			

Vital Signs

Height	
Weight	
Pulse	
Blood Pressure	
Blood Type	
Urinalysis	
Last Pap Smear (not compulsory)	

Systems Check

Are there any abnormalities of the following system?

System	yes/no		Comments
E.N.T			
Teeth			
Ophthalmologic			
Neurological			
Cardiovascular			
Respertory			
Musculoskeletal			
Endocrine			
Lymphatic			
Dermatological			
Hernial Orifice			
Urological			
Psychiatric			

Recommendations for follow-up tests or treatment: _____

Physician's Recommendation

Please check one:

- Acceptable without limitation
- Acceptable with limitation
- Should remain in areas where adequate medical care is provided
- Not acceptable
- Other

Additional comments: _____

Physician's Signature: _____