

# Youth With A Mission Salem, Oregon GP Application

Galilee Project  
**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). All husbands, wives and children must complete separate application forms.*

## Guidelines to completing application-

- ❖ **Application Form:** Fill this out completely, and sign the application form.
- ❖ **Photo:** Attach a recent photo of yourself.
- ❖ **Registration Fees:** If you have not attended a school at our campus before, there is a non-refundable application fee which must be forwarded with your application. There is also a refundable room deposit if it meets requirements upon departure for all students.
  - **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:** A confidential reference is enclosed. The reference should be given to your YWAM school leader or base director. 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:** You must fill out this form in its entirety. If any current or historical information is omitted, it will result in the acceptance of your application being denied. If you did your DTS outside of Salem, all childhood immunization records must be completed to the best of your ability along with updated adult boosters (within the last five years). You can have your documents sent over from your DTS application.
- ❖
- 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.**

*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.*

<h2 style="margin: 0;">Youth With A Mission</h2> <h3 style="margin: 0;">Salem, Oregon</h3> <h3 style="margin: 0;">GP Application</h3>	<p><b>Entry Form</b>  <b>Please Return To:</b>          YWAM Salem ATTN: Registrar          7085 Battlecreek Rd. S.E.          Salem, OR 97317 USA  <b>Ph. (503) 364-3837 Fax (503) 378-7026</b>  <b>E-Mail: registrar@ywamsalem.org</b></p>	<p>IMPORTANT          ATTACH          RECENT          PHOTO HERE</p>
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Name of Applicant \_\_\_\_\_  
Last/Family First Middle Initial

Date of Application \_\_\_/\_\_\_/\_\_\_ Beginning of School \_\_\_/\_\_\_/\_\_\_

Registration Fees Enclosed \$ \_\_\_\_\_

<p><b>General Information</b></p> <p>Age _____ Date of Birth ___/___/___</p> <p>Country of Birth _____</p> <p>City of Birth _____</p> <p>Country of Citizenship _____</p> <p>Do you have a passport? _____</p> <p>If yes, when does it expire? _____</p> <p>Name/birth date as it appears on you passport: _____</p> <p>If not a US citizen, do you have a Visa? _____</p> <p>If yes, what types? _____</p> <p>What are the dates/time periods? _____</p>	<p><b>Marital Status</b> (please circle one)</p> <p>single                      engaged                      married</p> <p>separated                      divorced                      widowed</p> <p>Maiden Name _____</p> <p>Spouse's Name _____</p> <p>Anniversary ___/___/___</p> <p>Number of children accompanying you _____</p> <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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<p><b>Present Address</b></p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Phone _____</p> <p>Cell/Mobile _____</p> <p>E-Mail _____</p>	<p><b>Mailing Address</b> (if different)</p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Current Address Until ___/___/___</p> <p>Phone _____</p> <p>Cell/Mobile _____</p> <p>E-Mail _____</p>
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<p><b>Emergency Contact</b></p> <p>Name _____</p> <p>Relationship _____</p> <p>Telephone _____</p> <p>Cell/Mobile _____</p> <p>Street/P.O. Box _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Zip/Postal Code _____ Country _____</p> <p>Phone _____</p> <p>E-Mail _____</p>
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**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) \_\_\_\_\_

**YWAM History (if applicable)**

	Name of School	Dates Attended	Location city/state/country
DTS/CDTS		/ /	
Secondary School		/ /	
Secondary School		/ /	
Staff		/ /	

**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**

<b>YWAM School Leader / Base Director</b>			
Name _____			
_____	_____	_____	_____
<small>Last/Family</small>	<small>First</small>	<small>Middle Initial</small>	
Address _____			
_____	_____	_____	_____
<small>Street/P.O. Box</small>	<small>City</small>	<small>State</small>	<small>Zip/Postal Code</small>
Phone _____		E-mail _____	

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

Release of Liability Form

**Please Return To:**

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**Phone** (503) 364-3837 **Fax** (503) 378-7026

**E-Mail:** registrar@ywamsalem.org

**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. Its 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)

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

\_\_\_\_\_  
Date (Mo/Day/Yr)

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Base Policy Agreement

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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 would you like to do following this school?
3. What's your greatest strength? What is your greatest weakness?
4. How would you describe your spiritual gifts, talents, and skills?
5. What is the last book that you've read or are currently reading now?

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. Have you been or are currently in a position of leadership? If so, what?
4. If you answered yes to the previous question, what has been your greatest struggle in leadership thus far?

General things we would like to know:

1. Do you have any questions for us?

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Confidential Reference-YWAM School  
Leader or Base Director

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*The following applicant has applied to volunteer at a University of the Nations, Youth With A Mission (YWAM) Salem, Oregon campus. 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 straight forward 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.

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Relationship to the applicant:**

My relationship to the applicant is: (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? \_\_\_\_\_

**Questionnaire**

*In answering the following questions, please comment base upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed".*

1. Is the applicant a reliable student/staff? Why or Why not?

2. How would you describe the applicant?

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

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5. Does the applicant have current commitments or responsibilities to your organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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6. Comment briefly on how the applicant responds to conflict.

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7. Has the applicant ever been a source of dissension or disunity in the organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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8. Describe the applicant's ability to relate to people (adults, youth and children).

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9. How would you describe the applicant's leadership abilities? \_\_\_\_\_

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10. Do you have reservations concerning the personal integrity of the applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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14. Do you think work with YWAM would be helpful or unwise for the applicant, at this point? Please explain:

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### Recommendation

- Great prospect
- Average prospect
- Good prospect, but I have my reservations
- Unsuitd

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 Health Form

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**E-Mail:** Registrar@ywamsalem.org

*Please print or type ALL answers to the following questions. Incomplete explanation of health or history of health problems can lead to removal of acceptance status.*

Name of Applicant \_\_\_\_\_  
Last/Family First Middle Initial

Birth Date \_\_\_/\_\_\_/\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

I have specific need for counseling in the following areas: \_\_\_\_\_  
\_\_\_\_\_

**Insurance Details**

Do you have medical insurance: Yes \_\_\_ No \_\_\_

Name of insurance company: \_\_\_\_\_

Group/insurance number: \_\_\_\_\_

Brief explanation of benefits: \_\_\_\_\_  
\_\_\_\_\_

**Personal History**

Have you ever had or do you now have any of the following? Please comment on the back of the form.

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		<b>FEMALES ONLY</b>	<b>yes/no</b>
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