



## YWAM SINGAPORE SCHOOL APPLICATION FORM A

### General information For YWAM Schools and Programs

**Directions:** All application forms are for official use and will be kept strictly confidential. Complete and mail them together to:

Youth With A Mission Training Centre

Attn: Member Care Department

Geylang P.O. Box 25

Singapore 913801

REPUBLIC OF SINGAPORE.

Please type or print in ink. Delete where applicable. Please send the appropriate registration fee with your application, made payable to "Youth With A Mission Training Centre". Please do not send cash. Note that the registration fee is nonrefundable.

[ Please include a recent  
portrait photo of yourself in this  
space]

School applying for	Missionary Care Course		
Start date	5 <sup>th</sup> – 30 <sup>th</sup> March 2007		
Registration fee	<input type="checkbox"/> One person S\$100.00	<input type="checkbox"/> Couple S\$150.00	

### **PERSONAL**

Mr/Dr./Mrs/Miss

\_\_\_\_\_

(Give complete Chinese name. Please underline surname.)

Address:

\_\_\_\_\_

Blk #

\_\_\_\_\_

Street name

\_\_\_\_\_

Unit number

\_\_\_\_\_

\_\_\_\_\_

City, State

\_\_\_\_\_

Postal code

\_\_\_\_\_

Country

Telephone:

Home \_\_\_\_\_

Work \_\_\_\_\_

Fax: \_\_\_\_\_

Pager \_\_\_\_\_

Hand phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day      month      year

Marital status:

Single/ Engaged/ Married/ Separated/ Divorced/ Remarried/ Widowed

Name of spouse

\_\_\_\_\_ Date of marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day      month      year

English speaking ability:

Excellent (native)

Good

Fair

Poor

English reading comprehension:

Excellent

Good

Fair

Poor

Other languages spoken:

\_\_\_\_\_

Place of birth:

\_\_\_\_\_



Passport No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Issued at: \_\_\_\_\_

Accommodation required: YES/NO If yes, then please circle: Single/ Couple/ Family

**FAMILY BACKGROUND**

If married, please indicate your spouse's and children's details. Singles, please indicate parents'/siblings' details.

NAME	SEX	RELATIONSHIP	DATE OF BIRTH

**EDUCATIONAL RECORD**

Please order your educational experience by date, the most recent first.

Name of School, country	Dates attended	Degree/certificate obtained

**PAST AND PRESENT EMPLOYMENT**

List all employment in order of date, most recent first.

Designation	Name of employer	From (month/year)	To (month/year)

**YWAM EXPERIENCE (OR EQUIVALENT)**

List previous YWAM experience/schools attended, if any.

School attended/ responsibility	From (month/year)	To (month/year)	Director in charge

**CHURCH AFFILIATION**

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Member since: \_\_\_\_\_

In your opinion, what are some of the abilities God has given you to minister to others?

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Please state your skills (i.e. plumbing, electrical work, sewing administration, carpentry, computer programming, etc.)





## YWAM Singapore School Application Form B

### Additional Information For YWAM Schools and Programs

**Directions:** On separate sheets of paper, please type or print answers to the following questions. Please write your name at the top. Write "Not Applicable" (NA) for those questions that do not apply. Submit this form together with Application Form A.

1. Describe your conversion experience and your present relationship with God.
2. Why did you apply for the Missionary Care Course?
3. Have you been involved in Missionary Care before? How?
4. Are you intending to be involved in Missionary Care in the future?
5. List your church work and/or leadership experience
6. All YWAM training exists to help you grow spiritually. Are there personal issues with which you are presently struggling? If you are open to sharing below, we would like to seek God with you so that you might experience God's wholeness.
7. If your pastor is not in agreement with your application to this school, please give details.
8. Indicate your financial position with regards to the School.
9. If you are married and are not planning to do this school with your spouse, please give reasons.

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### **DECLARATION**

I declare all information disclosed in this application form and its attachments to be true and correct. I have not withheld any relevant information. I agree to the use of the information (including the disclosure) by the staff of YWAM for any purpose pertaining to my training or well-being.

If I am accepted as a student of YWAM, I agree to abide by the regulations of the YWAM school. I hereby confirm that if I am accepted, unless otherwise arranged with the school leader, I will complete the entire school.

I also confirm that payment of the required fees will be made prior/ upon arrival, unless arranged with the school leader before my departure for YWAM Singapore.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature



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## **RELEASE OF LIABILITY**

I do hereby release Youth With A Mission Training Centre (Pte.) Ltd., its agent, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by me during the course of involvement with Youth With A Mission Training Centre.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
Name:

If the applicant is under 18 years of age, the consent of a parent or legal guardian is required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/legal guardian  
Name:  
Relationship:

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## **CONSENT FOR TREATMENT**

I do hereby agree to the performance of such treatment, anaesthetic and operation as in the opinion of the attending physician/surgeon is deemed necessary on (name) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
Name:

If the applicant is under 18 years of age, the consent of a parent or legal guardian is required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/legal guardian  
Name:  
Relationship:

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## **CONSENT FOR BURIAL**

In the case of accidental death, the law of the country may require that the body be buried or cremated. Whilst every attempt will be made to fulfill the family's wishes concerning the disposition of the deceased, this may not be possible.

I, the undersigned, hereby grant consent for the burial/cremation of my body in accordance with the law in that location, in the eventuality of my death while in the service of Youth With A Mission.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
Name:

If the applicant is under 18 years of age, the consent of a parent or legal guardian is required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/legal guardian  
Name:  
Relationship:





## YWAM SINGAPORE SCHOOL APPLICATION FORM C

### Confidential Reference For YWAM Schools and Programs

Dear Pastor/Elder/Deacon:

The below named applicant is applying for admission to a Youth With A Mission Training Centre (YWAM) training program. YWAM is an international, interdenominational Christian missionary organization founded in 1960. Its three-fold purpose is evangelism, training, and mercy ministry. May we request of you a confidential reference on the applicant's life?

Our programs can be stressful. There are physical, mental, and spiritual demands. We need your candid appraisal of the applicant's suitability for the program. The information you give will be kept strictly confidential.

**Directions:** As you carefully consider the questions below, place an "X" along the scale from 1 to 10 which you feel best describes the applicant. Please leave blank any question for which you feel you have inadequate knowledge. We will be grateful if you will please return this reference once completed to:

Youth With A Mission Training Centre; Attn: Registrar; Geylang P.O. Box 25; Singapore 913801; Republic of Singapore

YWAM Singapore is called to work with the local church to take the gospel to those who have not heard. If you would like to receive more information about YWAM's training schools or ministries, we will gladly forward them to you:

- Yes (please describe your request) \_\_\_\_\_
- No. I am already updated on your ministry.

Thank you on behalf of YWAM Singapore,  
Base Administrator, YWAM Singapore

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### ***Applicant's Particulars***

Applicant's Name	
School applying for	
Start date	

Pastor's Name: \_\_\_\_\_  
 Church fellowship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ years \_\_\_\_\_ months  
 The applicant has attended your church for \_\_\_\_\_ years \_\_\_\_\_ months

What role(s) does the applicant have in church? (i.e. church attendee, member, teacher, musician, etc.)

\_\_\_\_\_

Please comment on the applicant's family background

\_\_\_\_\_

How does the applicant usually react when subjected to stress or pressure?



**Instructions:** Please make an “X” along the scale for each heading.

<b>PERSONAL MATURITY</b> Emotional and interpersonal maturity										
	Immature		Average			Growing		Unusual insight		
<b>INITIATIVE</b> Proactivity undertaking new responsibilities										
	Poor		Average			Above average		Excellent		
<b>SOCIAL ACCEPTANCE</b> How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked		Sought after		
<b>SOCIAL AWARENESS</b> Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly responsive			Thoughtful		Usually considerate		
<b>EMOTIONAL STABILITY</b> How often emotionally balanced?	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually		Always		
<b>PERSONAL APPEARANCE AND MANNER</b>	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good		Well-groomed		
<b>POISE</b> Applicant's confidence in public?	1	2	3	4	5	6	7	8	9	10
	Lacks self-confidence				Moderate			Self-confident		
<b>LEADERSHIP</b> Evaluate leadership abilities.	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair		Average			Exceptional		
<b>RESPONSIBILITY</b> How faithful is applicant with assumed responsibilities?	1	2	3	4	5	6	7	8	9	10
	Unfaithful		Fairly responsible			Average		Very responsible		
<b>CO-OPERATION</b> Evaluate ability to lead through serving others	1	2	3	4	5	6	7	8	9	10
	Unwilling		Indifferent			Usually willing		Outstanding		
<b>TEAMWORK</b> Evaluate ability to work well with others on teams relationship	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>COMMUNICATION</b> Evaluate ability to present thoughts with logic & clarity	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>ABILITY TO ARTICULATE</b> Evaluate ability to present thoughts orally.	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		

If the applicant is admitted to YWAM, his/her need for personal development and help will be:

\_\_\_\_\_

Any other observations or comments?

\_\_\_\_\_

\_\_\_\_\_

