

Guidelines to Completing SST Phase 3 Application

Thank you for applying for SST Phase 3. In order for us to process your application, we must receive each of the following items (if you have already completed and submitted PART A, go straight to PART B):

PART A:

1. **School Application Form.** Please make sure Sections A–F are completed.
2. **One Recent Photo** (wallet-size).

PART B:

1. **Confidential Health Form.** A physician must sign this form. This form includes **Consent for Treatment/Liability Release** (each applicant must sign this; if the applicant is under 18 years of age, a parent or legal guardian must also sign) and **Legal Consent For Minors** for applicants under 18 years of age (a parent or legal guardian must sign this).
2. **One Reference Form.** Please fill out the top portion of the reference form. Give it to your pastor/youth minister/spiritual leader, or a teacher/employer, or a mature Christian friend. Provide them with a stamped envelope addressed to:

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771
3. **Outreach Agreement Form.**
4. **Photo/Testimony Release Form.** Each applicant must sign this form. If the applicant is under 18 years of age, a parent or legal guardian must also sign form.

YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE ONCE ALL PORTIONS OF THE APPLICATION HAVE BEEN RECEIVED AND REVIEWED BY THE SST LEADERSHIP TEAM.

Note For Non-U.S. Residents

All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

STEPS

TO GET YOU GOING

1. PRAY

This is very important. When you pray, expect God to open doors for you even when it seems impossible (Luke 18:27). Then get ready because you're about to embark on an exciting adventure of getting to know God.

2. CHOOSE

SOS (16+) - Missions exposure (1-3 weeks)

SST (13-18) - Missions and discipleship training (2 weeks)

DTS/CDTS (18+) - Missions and discipleship training (5 months)



3. BEGIN THE PROCESS

Complete and mail in your application and reference form(s) along with the registration fee of \$40 (singles) or \$50 (couples). Make checks payable to YWAM and make sure to specify which program you want to attend (the participant's name CANNOT appear anywhere on the check).

Note: a \$10 late fee is charged for applications received 15 days or less before programs begin.



4. AFTER YOUR ACCEPTANCE

You will receive more details about your selected program. We will also send you fundraising tips and ideas to help you share your plans with potential prayer and financial sponsors. If applying for an SOS program, please tell your sponsors to make checks payable to YWAM and to give them directly to you. You may send in checks to YWAM as you receive them if you wish (the participant's name CANNOT appear anywhere on the check). **Send checks to:**

YWAM Tyler Accounting Department
P.O. Box 3000
Garden Valley, TX 75771



DONATIONS TO YOUTH WITH A MISSION

Because YWAM is registered with the Internal Revenue Service as a 501(c) 3 non-profit organization, donations made for missions outreaches are tax-deductible and non-refundable. In order for supporters to receive a tax-deduction, checks must be made payable to YWAM and NOT to a specific participant. The participant's name MUST NOT appear anywhere on the check.

CANCELLATION POLICY

IRS regulations **do not allow** YWAM to refund contributions received for outreaches. If an applicant cannot go on his/her planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for the same applicant) for up to one year. Any funds received in excess of the amount needed for an outreach will be used for the ministry of Youth With A Mission Tyler, Texas.

**Please staple
wallet-size
photo here.**

PHASE 3 APPLICATION

Starting date _____

SECTION A: Personal Information

(Please print or type) Please be sure to include the non-refundable registration fee.

Name _____ Phone () _____
Last First Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Sex _____ Date of Birth _____

Emergency Contact _____
Name Relationship Phone #

Address _____
Street City State/Province Zip Country

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

Do you have previous YWAM experience? If so, when and where? _____

SECTION B: Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone () _____

SECTION C: Passport/Visa Information

Country of Citizenship _____

Name as it appears on passport _____

City and country where passport was issued _____ Passport # _____

Passport Expiry Date _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only

City and country where visa was issued _____ Visa Expiry Date _____

SECTION D: Education/Employment/Skills

Highest grade completed _____

What languages do you speak? (most fluent to least) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Present Employer _____ Position _____

Other Skills _____ Years Experience _____

Musical Abilities/Other Talents _____

SECTION E: Financial Information

Do you have the total Phase 3 fees? Yes No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

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

Non-U.S. Residents

All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars –the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.

SECTION F: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. Which SST and Phase 2 did you attend?
- B. Who was your small group leader in Phase 2?
- C. What did you learn most during Phase 2?
- D. What are some of your giftings?
- E. What are some of your challenges?
- F. What is God doing in your life now?
- G. Why do you want to come to Phase 3?
- H. What do you see as strengths and weaknesses in your relationship with God at this time?
- I. Do you have a long-term vision and if so, what is it?
- J. If you could do anything for God, what you you do?

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. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at YWAM. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____

CONFIDENTIAL HEALTH FORM

Name _____ Program applying for _____

In an emergency, contact _____ Phone () _____

Medical Insurance Co. _____

Insurance # _____ Medical Insurance Co. Phone () _____

PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE ANY OF THE FOLLOWING?

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Veneral disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Other/Explain _____

Are you now under doctor's care for any condition? Yes No (specify) _____

Are you taking any medication at this time? Yes No (specify) _____

Do you have any physical handicaps or health conditions which require special attention? Yes No (specify) _____

Do you have a history of receiving counseling or psychiatric treatment? Yes No (specify) _____

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: Excellent Good Fair Poor

FAMILY HISTORY

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

Yes	No	Relationship	Yes	No	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions, epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

TO THE PHYSICIAN

Name of Applicant _____

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

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 he/she be able to walk 3-4 miles per day? Yes No

Comments _____

PHYSICIAN RECOMMENDATION Acceptable Not acceptable Should remain in areas with adequate medical care

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LIABILITY RELEASE

I/we 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, INC. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LEGAL CONSENT FOR MINORS

You may disregard this section if the SST you plan on attending is not traveling outside of the USA.

I hereby give my consent for _____ to travel outside of the United States of America with YOUTH WITH A MISSION. (Name of minor)

Signature of parent/guardian

Date

Revised 05/2011

CONFIDENTIAL REFERENCE

Revised 05/2011

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to: **YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant _____ Phone () _____
 Address _____ City _____ State _____ Zip _____ Country _____
 Program applying for _____ Starting date _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend
 Past YWAM leader Other _____

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 as 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 hygiene					

Comments _____

Mental ability Quick to comprehend Average Slow
Industry Hard worker Average Lacks persistence
Reliability Meets obligations Average Neglects obligations
Teamwork Works well with others Average Often causes friction
Flexibility Open to change Average Unyielding
Christian character Well-balanced Average Unstable
Disposition Cheerful Average Passive
Punctuality Punctual Average Often late
Financial responsibility Honors obligations Average Neglectful

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and growing Over-emotional Superficial
Comments _____

2. With reference to his/her Christian service, is he/she Dedicated Average Casual
Comments _____

3. Does he/she display high moral standards? Yes No Explain _____

4. What do you feel are the applicant's motives in applying to this program?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 Other (Specify) _____

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

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

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) _____

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

9. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

10. Would you recommend the applicant for acceptance to this YWAM program?
 Yes With some reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

O U T R E A C H

AGREEMENT

Revised 05/2011

Because my purpose in joining Youth With A Mission is to take the gospel to the nations, I agree to submit to its leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that outreach destinations and dates are subject to change and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis, and/or ministry-related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses.

In case of accidental death, Youth With A Mission, Tyler, Texas cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

Because YWAM is registered with the Internal Revenue Service as a 501(c)3 non-profit organization, donations made for school fees are considered tuition and are NOT tax-deductible. However, donations made for missions outreaches are tax deductible and non-refundable. In order for supporters to receive a tax deduction, checks must be made payable to YWAM and NOT to a specific participant (applies only to outreach fees not tuition fees e.g. SST, DTS, CDTS, SOE tuition). The participant's name MUST NOT appear anywhere on the check.

I understand that IRS regulations prohibit YWAM from refunding contributions it receives for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferable and any funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission, Tyler, Texas.

I understand that if I fail to abide by this agreement I will be asked to leave the field at my own expense.

My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

Signature of Participant

Date

Signature of Parent or Guardian
(for participants under 18)

Date

