

# SST Program

## Youth With A Mission — Tyler, Texas

**Do you understand what it means to truly know God?**

**Do you long to hear the Lord's voice daily?**

**Do you desire to make an impact on your world?**

**Do you want to know the destiny God has for your life?**

**Do you want to be ruined for the ordinary?**

**Do you want to have a summer you'll never forget?**

If your answer to any of the above questions is "Yes," then join us for YWAM Tyler's missions training: SST.

SST is two weeks of getting to know God that will change your life forever. In just seven days SST will kindle the flame you already have, and then send you off to Houston, TX to spread that fire. The SST program emphasizes heart transformation and character development, not the accumulation of knowledge. It's a journey to discover the heart of God and learn His ways. In SST, knowing God personally and intimately is the bottom line. This intense, two week, spiritual "boot camp" is designed to lay a foundation in your life which will equip you to make a dynamic difference in your world!

### **COURSE CONTENT**

The SST is divided into two phases: A seven day lecture phase followed by a seven-day outreach phase.

#### **I. LECTURE PHASE**

The first week of the SST includes the following aspects:

##### **A. CLASSROOM CURRICULUM**

You will receive powerful teaching from Christian leaders and experienced missionaries on topics such as:

1. Hearing God's voice
2. The character and ways of God
3. How to know God personally
4. Dating, sex, and love
5. Worship and spiritual warfare
6. How do I pray and get answers?
7. Who am I and how do I find my identity?

#### **B. SMALL GROUPS**

Purposes of the small groups are:

1. To build deeper relationships with one of the staff members and several other students
2. To create an opportunity for students to ask questions regarding the teaching, share what God is doing in his/her life, and receive prayer and support from the group

#### **C. INTERCESSION GROUPS**

Intercession is prayer where we put ourselves in the place of identification with existing needs, seeking the Lord's direction on how to pray, and seeking His intervention in that particular situation. During these times we mainly focus on outreach, and on needs other than our own.

#### **D. QUIET TIMES**

Time is set aside each day for you to be alone with God. It's the most important time of the day for personal growth.

#### **E. MINISTRY PREP**

In preparation for outreach in Houston, TX, we will train you in the ministry of your choice including:

- Children's Ministry/Vacation Bible School
- Worship
- Drama
- Dance
- Prison Ministry
- Clowns

## F. DAILY SCHEDULE

An average day during the lecture phase might look like this:

7:00 AM	Wake up and get ready
7:45	Breakfast
8:15	Worship
8:45	Quiet Time (QT)
9:15	QT sharing
9:30	Small Group discussion
10:15	Class
11:30	Intercession (prayer) groups
12:00 PM	Intercession sharing time
12:15	Lunch
1:30	Ministry Prep
3:00	Challenge Course
4:15	Swim in the lake
5:00	Dinner
6:00	Free time
7:00	Worship
7:30	Class
9:30	Get ready for bed
10:00	Curfew
10:30	Lights out

## II. OUTREACH PHASE

The seven-day SST outreach is to Houston, TX. The outreach is designed to expose you to various needs of the people of this world.

Applying the principles and perspectives learned during the lecture phase, you will see how God can use you to show His love to others and extend His kingdom on earth!

You will be able to deliver the message of His life and hope that brings healing to the nations. You will share Christ's love in various ways: child evangelism, dramas, music, sharing testimonies, church ministry, and practical help for the poor and needy.

Whenever possible, teams work alongside an existing fellowship, usually referring new believers to that church. After the outreach, the team returns to our base for a time of sharing what God has done.

## TUITION PAYMENT POLICY

All students are expected to pay the full tuition amount at SST registration (during the first day of the program).

## AFTER SST TRAINING

SST is only the beginning of the missions training opportunities available through YWAM Tyler. The Phase 2 and Phase 3 programs that follow are a must, as well as our long-term college age training.

There are a variety of opportunities to serve as a full-time staff member with Youth With A Mission. Whether here in Tyler, or at one of over 1,100 YWAM centers around the world, we can help prepare you for what God is calling you to do.

*Revised 05/2011*



# Guidelines to Completing SST Application

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

- 1. School Application Form.** Please make sure Sections A–G are completed. If you do not have a passport, please apply for one and indicate that you have done so in the appropriate section.
- 2. One Recent Photo** (wallet-size).
- 3. 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).
- 4. 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
- 5. Outreach Agreement Form.**
- 6. 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.
- 7. Registration Fee.** A non-refundable registration fee of \$40 for singles or \$50 for married couples must be sent with the application. There will be a late fee of \$10 for applicants registering less than 15 days prior to the beginning date of the SST program. For non-U.S. residents, please see note below.

## 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

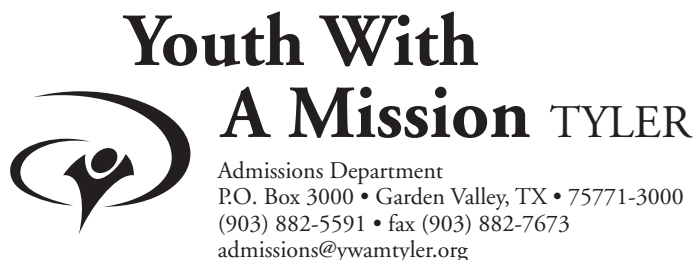


#### DONATIONS TO YOUTH WITH A MISSION

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.

# SST 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 \_\_\_\_\_

SSN # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type/Class \_\_\_\_\_  
Please attach photocopy of driver's license

Marital Status:    Single    Engaged    Married    Separated    Divorced

List full name, age, schooling grade level and sex of children accompanying you \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: Confidential Health Form See attached.

### SECTION E: Education/Employment/Skills

Highest level of education completed \_\_\_\_\_

Post-secondary school(s) attended \_\_\_\_\_

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

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Military service?  Yes  No (specify) \_\_\_\_\_

Present Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Other Occupational Skills \_\_\_\_\_ Years Experience \_\_\_\_\_

Musical Abilities/Other Talents \_\_\_\_\_

Are you presently ordained or licensed?  Yes  No (specify) \_\_\_\_\_

What are your plans after you complete this training?

Full-time missions  YWAM Tyler staff  Back to job  Further education  Work with home church

Construction  Teaching  Refugee work  Mercy Ships  Uncertain

### SECTION F: Financial Information

Do you have the total school 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

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### SECTION G: Supplemental Questions

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

- A. Describe your conversion experience and present relationship with the Lord.
- B. Describe 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. Please relate pertinent details of any past marriages or present marital separation.
- D. Describe your relationship with your local church. Include areas of service and leadership.
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
- G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
- H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultic activities, petty theft, homosexual practices, or have you ever suffered from an eating disorder? Explain.
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about the YWAM campus in Tyler, Texas? Why do you desire to attend this program?
- K. Please list any special circumstances or situations we should know about.
- L. Please list the name, address and phone number of your reference.

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"/>	<b>FEMALES ONLY</b>		
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



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

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(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

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# 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

