



Guide to Completing Application

We want to thank you for your interest in the School of Biblical Foundations & Missions (formerly the School of Acts)! We pray God will give you the wisdom and guidance as you fill out this application. If you have any questions, please feel free to contact us here in Maui. God Bless you as you begin in this exciting new adventure!

How to Complete This Application

The following forms must be submitted with applications, and all applicable questions answered before a decision will be made. If a question does not apply, write N/A in the space provided. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper

References

Enclosed with this application are three Reference Forms, which should be sent to the referees you have selected (one friend, one teacher/employer, one Spiritual Leader (preferably your DTS outreach leader). Please fill in your name and address, and school dates for the SBFM – and give the forms to the three referees. Please ask that they return the forms directly to us in a sealed envelope as soon as possible.

Administration Fee

A non-refundable fee of \$40.00 USD (which covers the cost of processing your application) should be included when you return this form

Upon receipt of the completed (including photos and registration fee) application and references, Youth With A Mission – Maui will prayerfully consider the application and notify the applicant of their decision. We recommend that applications be submitted at least 6 weeks prior to the beginning of the school.

Checklist:

- _____ Application Form
- _____ Health Form
- _____ Financial Form
- _____ Reference Forms
 - _____ Pastor/Spiritual Leader
 - _____ YWAM Leader/Employer/Teacher
 - _____ Friend

In the interest of confidentiality, please give those who fill out your confidential reference forms a stamped envelope, addressed directly to YWAM – Maui, Registrar.

- _____ Personal History
- _____ SBFM Questionnaire
- _____ Photos (two 2x2 Passport Quality color photos)
- _____ Registration Fee: \$40.00 USD per individual - \$50.00 USD for married couples

Please direct all forms and correspondence to:

Youth With A Mission – SBFM Registrar
PO Box 790237
Paia, Maui – HI
96779
Ph: (808) 575-9460
Fax: 808-575-9476
Email: sbfm@ywammaui.com



CONFIDENTIAL APPLICATION FORM

School you are applying for: School of Biblical Foundations & Missions

Starting Date: _____

1) PERSONAL INFORMATION

NAME: _____

(Title, First Name, Last Name)

Permanent Address: (*Street/Box #, City, State/Province, Zip/Postal Code, Country*)

_____ Country: _____

Phone: _____ Fax: _____ Email: _____

Current Mailing Address (if different than above): valid until _____

_____ Country: _____

Phone: _____ Fax: _____ Email: _____

DATE OF BIRTH (mm/dd/yy): ____/____/____ AGE: _____ CITIZENSHIP: _____

Place of Birth (City and Country) _____

2) MARITAL STATUS

_____ Single _____ Engaged _____ Divorced _____ Separated _____ Remarried _____ Married _____ Widowed
Children? _____ If yes, please indicate names and ages.

Also, are you involved in any other long-term relationship that we should be aware of (i.e. Boyfriend/girlfriend)?

3) CHURCH INFORMATION (*Street/PO Box #, City, State/Province, Postal Code/Zip*)

MAILING ADDRESS: _____

_____ Country: _____

PASTOR'S NAME (Name & Title): _____

Phone: _____ Fax: _____ Email: _____

4) EDUCATIONAL & SKILLS

I have completed: _____ High/Secondary School _____ Equivalent of High/Secondary School

a) High/Secondary/College/University/Seminary attended:

NAME OF ESTABLISHMENT	DATES ATTENDED	GRADUATION DATE & MAJOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Previous YWAM Programs/Schools Attended:

SCHOOL/PROGRAM	LOCATION	OUTREACH DESTINATION	DATES ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____

c) Occupations/Job Experience:

OCCUPATION/TITLE:	LOCATION	LENGTH OF EMPLOYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) Personal Skills:

PROFESSIONAL LICENSES/QUALIFICATIONS: _____

MUSICAL/OTHER TALENTS: _____

LANGUAGE: _____

If English is your second language, how proficient are you? (Please rate from 1-10; 10 being fluent)

_____ Reading _____ Speaking _____ Writing _____ Understanding

5) REFERENCE LIST:

Pastor/Spiritual Leader:

Mr/Mrs/Miss: _____

Mailing address: (Street/Box #, City, Prov/State, Postal Code/Zip) _____

Phone: _____ Fax: _____ Email: _____

Employer/Teacher/YWAM Leader:

Mr/Mrs/Miss: _____

Mailing Address: (Street/Box #, City, Prov/State, Postal Code/Zip) _____

Phone: _____ Fax: _____ Email: _____

Friend:

Mr/Mrs/Miss: _____

Mailing Address: (Street/Box #, City, Prov/State, Postal Code/Zip) _____

Phone: _____ Fax: _____ Email: _____

HEALTH FORM

School Applying For (Location & Date): _____

Name in Full: _____

Mailing Address (Street/Box #, City, State/Prov., Zip/Postal Code): _____

Country: _____

Phone: _____ Fax: _____ Email: _____

Date of Birth (mm/dd/yr): ____/____/____ Social Security #: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Mr/Mrs/Miss: _____

Mailing Address: (Street/Box #, City, Prov/State, Postal Code/Zip) _____

Phone: _____ Fax: _____ Email: _____

Do you have Medical Insurance (REQUIRED): ____ Yes ____ No

Name of Insurer: _____ Medical Insurance #: _____

PERSONAL HISTORY

Height: _____ Weight: _____ Blood Type: _____

You would rate your health condition as: ____ Excellent ____ Good ____ Fair ____ Poor

Do you now or have you ever had any involvement with any of the following? If yes – explain and list most recent dates of use.

Alcohol: _____

Smoking: _____

Illegal Drugs: _____

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet of paper. Have you ever had any of the following?

YES	NO		YES	NO		YES	NO	
		Skin Conditions			Heart Trouble			Jaundice
		Eye Trouble			High Blood Pressure			Hepatitis
		Ear Trouble			Low Blood Pressure			Intestinal Trouble
		Head Injury			Arthritis			Recurrent Diarrhea
		Recurrent Headaches			Back Problems			Diabetes
		Epilepsy			Dislocation of Joint			Kidney Disease
		Fainting Spells			Tumor/Cancer			Anemia
		Mental Disorders			Stomach Ulcer			Venereal Disease
		Nervous Disorders			Gall Bladder Problems			A.I.D.S.
		Paralysis			Surgery			FEMALES ONLY
		Insomnia			Appendectomy			Irregular Periods
		Shortness of Breath			Tonsillectomy			Severe Cramps
		Hay Fever/Asthma			Hernia Repair			Excessive Flow
		Allergies (specify)			Other (specify)			Are you pregnant?

If yes, please explain: _____

Have you ever had any of the following communicable diseases?

YES	NO		YES	NO		YES	NO	
		Chickenpox			Mumps			Tuberculosis
		Measles (Rubella)			Pertussis			Other (Specify)
		Measles (Rubeola)			Scarlet Fever			

WAIVER OF LIABILITY & RELEASE

I, the undersigned, individually hereby release YOUTH WITH A MISSION (herein after YWAM), it's staff, agents, employees, and representatives, from all claims, causes of action or lawsuits relating to or resulting from activities or events involving YWAM. I hereby acknowledge and agree that I am personally aware of all risks associated with or related to missions work, sporting events, training, travelling, interaction with foreign people and nations and all other activities which are part of the YWAM program. I agree to assume all risk of injury or loss that may occur or be related to in any other manner to YWAM or the activities I may engage in while with YWAM.

This Release shall apply to all claims for physical and/or mental injury, attorney's fees, costs and expenses of litigation, claims for loss of consortium, **medical expenses**, loss of earning, punitive damages, and all other claims whatsoever, which may result from or be in any manner related to YWAM.

I further promise to agree to indemnify, defend, and forever hold harmless YWAM, it's staff, agents, employees and representatives against all claims, actions, cross-claims, or third-party claims arising from or in any manner related to YWAM – whether such actions are brought by third-party claims arising from or in any manner related to YWAM or whether such actions are brought by third parties or anyone acting on behalf of myself.

In the event that YWAM files any action to enforce the provisions, releases and covenants of this agreement, YWAM shall be entitled to all reasonable attorney's fee and costs of such enforcement proceeding.

BY SIGNING THIS RELEASE, I UNDERSTAND THAT I AM RELEASING ALL CLAIMS FOR INJURY OR DAMAGE.

Date

Applicant's Signature

Date

Parent or Legal Guardian if applicant is under 18 years of age

3) Describe your present relationship with your local church.

4) How would you describe your relationship with your family? How do they feel about your involvement with YWAM?

Please note: Answering YES to the following questions will not automatically exclude you from the SBFM. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.

5) Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism? If so – please explain. _____

6) Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending? If so, please explain. _____

7) Please list anything else we should know about you and your situation.

School of Biblical Foundations & Missions

Application Questions Please feel free to use the backside of this sheet or additional paper to respond to these questions.

- 1. What interested you in the School of Biblical Foundations & Missions?**
- 2. Do you have a desire to be involved in overseas missions or to be involved in the discipleship and training of the Body of Christ? Please explain.**
- 3. Do you have a desire to be involved with a particular area of ministry or people group?**
- 4. Do you feel that the SBFM will contribute to the purpose or direction that God is leading you in your life?**
- 5. What areas of your life would you like to grow in during this school?**
- 6. Describe your previous outreach experiences; what aspect did you enjoy the most? What aspect do you find the most challenging? Is there any experience that you think had a life-long impact on you?**

PASSPORT/VISA INFORMATION

School applying for: _____

Please note: You must have a **valid passport** prior to the beginning of the school.

Name as listed on passport: _____

Place of Birth: _____
(City) *(Country)*

Citizenship/Nationality: _____

Passport Number: _____

Place of Issue: _____
(City) *(Country)*

Date of Issue: _____ / _____ / _____ Date of Expiry: _____ / _____ / _____
(mm/dd/yy) *(mm/dd/yy)*

Please return to:
YWAM Maui – SBFM Registrar
PO Box 790237
Paia, Maui – HI
96779
USA

SBFM CONFIDENTIAL REFERENCE FORM FRIEND

NAME OF APPLICANT: _____ School Applying For: _____
 Street/Box # _____ City _____ State/Province _____
 Zip/Postal Code _____ Country _____ Phone _____ Email _____

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

APPLICANT'S SIGNATURE: _____ Date: _____

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an International movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the program applied for. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

1) How long have you known the applicant? _____

2) On a scale of 1-10, how well do you feel you know the applicant (1 being very little, 10 being intimately)?

Circle one: 1 2 3 4 5 6 7 8 9 10

8) In your opinion, in which of the following areas of ministry is the applicant gifted?

Communication	Preaching	Drama	Secretarial work
One-on-one	Music	Worship	Discipleship
Pastoring	Counseling	Prayer	Carpentry
Children's work	Nurse	Doctor	Youth Work
Teaching	Art	Plumbing	Servant hearted
Evangelism	Hospitality	Encourager	Administration

According to your observations - which of the above mentioned areas would you consider your friend to be especially gift? _____

9) Please describe in **your own words** how you would rate the applicant in the following areas:

Health _____	Mental Ability _____
Initiative _____	Social Adaptability _____
Reliability _____	Ability to Cope with Stress _____
Personal Appearance _____	Co-operation _____
Concern for Others _____	Self-Discipline _____
Leadership _____	Christian Character _____
Emotional Stability _____	Temperament _____
Ability to follow _____	Punctuality _____
Flexibility _____	Perseverance _____

10) Does the applicant now or have they ever had any involvement with: ___ smoking ___ alcohol ___ drugs

If yes - please explain: _____

11) As far as you know, has the applicant ever been arrested for any offenses? _____ Yes _____ No

12) Please circle any words or descriptions which pertain to the applicant:

- | | | |
|---------------------------|----------------------------|---------------------------------|
| Impatient | Intolerant | Argumentative |
| Domineering | Critical of others | Easily embarrassed |
| Offended | Discouraged | Frequently worried |
| Anxious | Nervous or tense | Given to moods |
| Prejudiced towards groups | Prejudiced towards races | Prejudiced toward nationalities |
| Addictive behavior | Unable to cope with stress | Erratic in attitudes |

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.

- 8) Is the applicant faithful in church attendance? _____ Yes _____ No
 Is the applicant active in church activities/programs? _____ Yes _____ No
- 9) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
 _____ Yes _____ No If yes. Please explain: _____

- 6) Does the applicant respond well to authority? _____ Yes _____ No
 If no, please explain: _____

- 7) In your consideration, which of the following would best describe the applicant's Christian experience?
 ___ Mature ___ Contagious ___ Genuine & Growing ___ Over-emotional ___ Superficial
- 8) Please comment briefly on the applicant's family background (if known): _____

- 9) Have we overlooked anything which you consider relevant to this application? (use separate sheet if necessary)

FINALLY...

What is your overall evaluation of the applicant's promise as a YWAM worker?

- | | |
|---|------------------------------------|
| ___ Definitely unsuited | ___ Average prospect |
| ___ At this time, he/she is definitely unsuited | ___ Above average prospect |
| ___ Good prospect, but I have some reservations | ___ Unusually exceptional prospect |

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

Name: _____ Relation: _____
 Street/Box # _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Phone _____ Fax _____ Email _____
 Signature: _____ Date: _____

Please send the completed form in a sealed envelope to:

SBFM Registrar – YWAM, Maui
PO Box 790237
Paia, Maui – HI
96779 – USA
Phone: 808-575-9460 Fax: 808-575-9476

SBFM CONFIDENTIAL REFERENCE FORM
YWAM Leader (DTS leader or most recent YWAM leader)
or Employer/Teacher (if not possible to get reference from YWAM leader)

NAME OF APPLICANT: _____ School Applying For: _____
 Street/Box # _____ City _____ State/Province _____
 Zip/Postal Code _____ Country _____ Phone _____ Email _____

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

APPLICANT'S SIGNATURE: _____ Date: _____

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1) How long have you known the applicant? _____
 In what capacity? _____

2) On a scale of 1-10, how well do you feel you know the applicant (1 being very little, 10 being intimately)?
 Circle one: 1 2 3 4 5 6 7 8 9 10

3) Please describe in **your own words** how you would rate the applicant in the following areas:

Health _____	Mental Ability _____
Initiative _____	Social Adaptability _____
Reliability _____	Ability to Cope with Stress _____
Personal Appearance _____	Co-operation _____
Concern for Others _____	Self-Discipline _____
Leadership _____	Christian Character _____
Emotional Stability _____	Temperament _____
Ability to follow _____	Punctuality _____
Flexibility _____	Perseverance _____

4) Does the applicant now or have they ever had any involvement with: ___ smoking ___ alcohol ___ drugs
 If yes – please explain: _____

5) Please circle any words or descriptions which pertain to the applicant:

Impatient	Intolerant	Argumentative
Domineering	Critical of others	Easily embarrassed
Offended	Discouraged	Frequently worried
Anxious	Nervous or tense	Given to moods
Prejudiced towards groups	Prejudiced towards races	Prejudiced toward nationalities
Addictive behavior	Unable to cope with stress	Erratic in attitudes

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.

6) As far as you know, has the applicant ever been arrested for any offenses? _____ Yes _____ No

7) Evaluation of Emotional Ability: Due to the cultural & environmental context of the school, adjustments have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity & stability: (please check one)

- Outstandingly mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Doubtful. Experience has shown that the applicant might not be able to endure stress
- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

7) How does the applicant usually react in trying situations? (please check one)

- Withdrawals Gets discouraged Gets angry
- Meets constructively Accepts patiently Other _____

8) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

Yes No If yes. Please explain: _____

9) Is the applicant punctual? Yes No

10) Is the applicant dependable and trustworthy with the responsibility given to him/her?

Yes No If no, please explain: _____

11) Have we overlooked anything you consider relevant to this application?

FINALLY...

What is your overall evaluation of the applicant's promise as a YWAM worker?

- Definitely unsuited Average prospect
- At this time, he/she is definitely unsuited Above average prospect
- Good prospect, but I have some reservations Unusually exceptional prospect

If you have any reservations, your comments would be helpful: (use separate sheet of paper if necessary)

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

Name: _____ Relation: _____
Street/Box # _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Phone _____ Fax _____ Email _____

Signature: _____ Date: _____

Please send the completed form in a sealed envelope to:

SBFM Registrar – YWAM, Maui
PO Box 790237
Paia, Maui – HI
96779 – USA
Phone: 808-575-9460 Fax: 808-575-9476

SBFM CONFIDENTIAL REFERENCE FORM

Pastor/Spiritual Leader

NAME OF APPLICANT: _____ School Applying For: _____
 Street/Box # _____ City _____ State/Province _____
 Zip/Postal Code _____ Country _____ Phone _____ Email _____

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

APPLICANT'S SIGNATURE: _____ Date: _____

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an International movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the program applied for. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

1. How long have you known the applicant? _____

2. On a scale of 1-10, how well do you feel you know the applicant (1 being very little, 10 being intimately)?

Circle one: 1 2 3 4 5 6 7 8 9 10

3. How long has the applicant attended your church? _____

In your association with the applicant – what has been the level of commitment you have seen exemplified?

_____ Faithful _____ Inconsistent _____ Other

4. In your opinion, in which of the following areas of ministry is the applicant gifted?

Communication	Preaching	Drama	Secretarial work
One-on-one	Music	Worship	Discipleship
Pastoring	Counseling	Prayer	Carpentry
Children's work	Nurse	Doctor	Youth Work
Teaching	Art	Plumbing	Servant hearted
Evangelism	Hospitality	Encourager	Administration

In which of the above areas or any other has the applicant participated in since attending your church?

5. Does the applicant now or have they ever had any involvement with: ___ smoking ___ alcohol ___ drugs

If yes – please explain: _____

6. Please circle any words or descriptions which pertain to the applicant:

Impatient	Intolerant	Argumentative
Domineering	Critical of others	Easily embarrassed
Offended	Discouraged	Frequently worried
Anxious	Nervous or tense	Given to moods
Prejudiced towards groups	Prejudiced towards races	Prejudiced toward nationalities
Addictive behavior	Unable to cope with stress	Erratic in attitudes

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.

7. Check any of the following which you feel are motivating the applicant to attend a YWAM school.
 Christian Service Desire to help others Receive help, ministry & discipleship
 Travel Desire to spread the Gospel Adventure
 Escape an unpleasant home situation Other: _____

8. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
 Yes No If yes. Please explain: _____

9. As far as you know – has the applicant ever been arrested for any offenses? Yes No

10. Does the applicant respond well to authority? Yes No
If no, please explain: _____

11. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine & Growing Over-emotional Superficial

12. Is your congregation standing behind the applicant with total enthusiasm? _____
Would you like more information on YWAM? _____

13. Please comment briefly on the applicant's family background (if known): _____

14. Have we overlooked anything, which you consider relevant to this application? (use separate sheet of paper if necessary)

FINALLY...

What is your overall evaluation of the applicant's promise as a YWAM worker?

Definitely unsuited Average prospect
 At this time, he/she is definitely unsuited Above average prospect
 Good prospect, but I have some reservations Unusually exceptional prospect

If you have any reservations, your comments would be helpful: (use separate sheet of paper if necessary)

<i>I declare that the contents of this reference are correct to the best of my knowledge.</i>		
Name: _____	Relation: _____	
Street/Box # _____	City _____	
State/Province _____	Zip/Postal Code _____	Country _____
Phone _____	Fax _____	Email _____
Signature: _____		Date: _____

Please send the completed form in a sealed envelope to:
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Paia, Maui – HI
96779 – USA
Phone: 808-575-9460 Fax: 808-575-9476

Information of English Language Ability

All students who do not have English as their first language must complete this form and return it to our office before their application can be considered.

Name: _____

Address: _____

1. How long have you studied English? _____ Years

2. Have you ever had a native English speaker as a teacher? YES NO

If yes, when? _____

For what class? _____

For how long? _____

3. Have you ever studied in an English-speaking country? YES NO

If yes, where? _____

For how long? _____

4. Have you ever lived or worked in an English-speaking country? YES NO

If yes, where? _____

For how long? _____

5. Describe the help you would need to complete written and reading assignments and to understand lectures in an English-speaking classroom.
