

Please print this application form

- Please complete all the required questions - if a question does not apply to you enter N/A (Not Applicable) in the space.
- Husbands and wives must submit separate application forms.
- If you have further questions, e-mail us at: chatel@uofn.ch

Use this as your checklist:

A. Application form

(this form here)

B. Registration fee

(A non-refundable Registration fee of CHF 25.00 / \$20.00 {singles} and Chf30.00 / \$24.00 {couples} to be sent with your application. Your application won't be processed without it.

C. Personal History

Please prayerfully and concisely answer the following questions on a separate piece of paper and attach it to your application form.

1. How did you hear about this school or course?
2. What makes you interested in applying for this particular school?
3. What counseling experience have you had in or out of missions?
4. In what ways do you plan to use the skills and principles that you will learn on this school in missions or otherwise?
5. Do you have an interest in pursuing counseling in the future?
6. What are your thoughts / desires concerning the outreach?
7. Do you have any counseling needs that you desire help in during this school?
8. List your leadership experience and length of time for any office or positions held both Christian and non-Christian.
9. Do you feel called to a particular ministry and how do you see God's call on your life?
10. Describe your relationships within your family.

D. Reference forms

One of these forms is to be given to your Pastor or a spiritual leader, one to your previous YWAM leader (a friend for CDTS applicants)

Fill your name in the top yourself and ask these people to complete it and mail it directly to The Registrar, JEM Châtel, 1186 Essertines-sur-Rolle, Switzerland.

F. Photograph

A recent passport size photo of yourself attached to the application form.

Please mail everything to:

The Registrar
JEM Châtel
1186 Essertines-sur- Rolle
Switzerland

School Applying for: _____

Month / Year: _____

Application Fee Enclosed:

Photo included.

Mr, Mrs, Miss: _____

(Last, (Family Name/First Name/Preferred Name/Middle)

Address for correspondence:

Phone: _____ Fax: _____

E-mail: _____

Age: _____ Birth Date: _____ Sex: _____

Birth Place (city/country): _____

In Case of Emergency - Contact

Person: _____

Contact Address: _____

Predominant Ethnic Background: _____

e.g. European; Maori; Chinese; Korean; African etc.

Passport Information

Country of Citizenship: _____

Name (as on passport): _____

City & Country issued: _____

Passport N°: _____

Date Issued: _____ Expire Date: _____

Visa Information: Type of Visa: _____

Date visa issued: _____ Date visa expires: _____

City and Country where visa issued: _____

Have you ever been refused a visa? No Yes
(Give nation and details)

Marital Status

Current status (circle): Single / Engaged / Married / Separated / Divorced / Widowed
Dates if applicable: _____

Do you expect any change to the above status in the near future? No Yes
Details: _____

Names of children accompanying you:

Name: _____ Sex: _____ Birth Dates (dd/mm/yy)

Church Information

Church Name: _____

Pastor Name: _____

Address: _____

Tel: _____ E-mail: _____

How long have you been attending? _____

Does your pastor know you are applying for this program: Yes No

Signature: _____ Date: _____

Health Declaration

Are you currently on any kind of medication? No
Yes (if yes please state)

Do you consider your health to be: Excellent Good Fluctuating Bad

Are there specific health problems (allergy, diet, back problems, etc...) that we should be aware of: No

Yes (Please give details):

I hereby certify that the above declaration is correct:

Name: _____ Signature: _____

Date: _____

Financial Information

Do you currently have any debts we should be aware of: No Yes (Please give details)

Will you have all the finances necessary for the school on arrival? (Total amount of school fees are payable on arrival unless other arrangements have been made with the school leader)

Lecture Phase: Yes No

Outreach Phase: Yes No

Consent for Treatment

I hereby agree to the performance of such treatment, anaesthetics and operations as the attending physician deems necessary.

Name: _____ Signature: _____

Date: _____

Languages

What Languages do you speak, read and write (circle):

_____ fluent / conversational / rudimentary

_____ fluent / conversational / rudimentary

_____ fluent / conversational / rudimentary

Educational and Professional Background

Which schools have you completed with Youth With A Mission?

School	Date	Place	Outreach	Date	Credits
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Which studies have you completed outside of YWAM?

What is your professional background?

Skills

Occupational skills: _____

Years of Experience: _____

Musical ability or other skills: _____

Liability Release

Please complete and sign the following sections. Understand that they are necessary to protect us from possible legal action.

I/we hereby release Youth With A Mission, its agents, employees and volunteer assistants, from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with "Youth With A Mission"

Name: _____ Signature: _____

Date: _____ Place: _____

Declaration

I confirm that I have understood the "Youth With A Mission" tuition policy. I commit myself to paying all expenses incurred during my involvement with "Youth With A Mission". I have completed all parts of the application for admission to "Youth With A Mission" and if I am accepted, I will abide by the spirit, policy, and schedule of the program.

Name: _____ Signature: _____

Date: _____ Place: _____