

YOUR ENROLMENT NUMBER

YOUTH WITH A MISSION CHENNAI
MLDS SCHOOL APPLICATION FORM
Personal Statistics

DO NOT WRITE IN THIS BOX

Lecture grade _____ Univ.No. _____
O/reach grade _____
Pyr _____
Pyr _____
Pyr _____

Attach a recent photo here.

(not older than 3 months)

Do not cover any print below.

Date school begins: _____

Miss/Mrs. /Mr.: _____
(YOUR FULL NAME - UNDERLINE SURNAME) NAME YOU LIKE TO BE CALLED

Your present mailing address: _____

City: _____ State: _____ Pincode: _____ Telephone: _____

Email: _____

In case of emergency contact: Miss/ Mrs./ Mr. _____

Relationship: _____ Emergency address: _____

City: _____ State: _____ Pincode: _____ Telephone: _____

Pastor's name: _____

Name of Church: _____ Address: _____

City: _____ State: _____ Pincode: _____ Telephone: _____

Mother's Name: _____ **Father's Name :** _____

Parent's address: _____

City: _____ State: _____ Pincode: _____ Telephone: _____

List languages you speak in decreasing order of fluency: _____

Your age: _____ Sex: _____ Weight: _____ Height: _____ Birthdate: _____

Occupation: _____ Birth place: _____ City: _____

State: _____ Country: _____

Marital status: single, married, separated, divorced, widowed (circle one)

If married, is your spouse applying for the school? Yes _____ No _____

Spouse's name: _____

Applicant's passport No. _____ Expiration date: _____

Country of issue: _____ Citizenship:

YOUR ENROLMENT NUMBER

**Youth with A Mission
Chennai
REQUIREMENTS**

The requirement for attending MLDS course is :

1. **Successful completion of DTS**
2. **Have at least three quarters (3/4) of the school fees at the time of Registration.**
3. **Release by your Pastor/Ministry Leader to do the course.**

APPLICANT'S PRINTED NAME _____ DATE _____

SIGNATURE _____

If you cannot obey one or more of the requirements, please state the number of the one you cannot comply with below. Then explain in full detail why you cannot obey it.

AGREEMENT

I understand that my school certificate will be given only on full payment of all my school fees and successful graduation of the school. I confirm that I am fully aware of my financial obligation both to the Lord and to the students and staff at the school. I, therefore, commit myself to paying all personal expenses incurred during my involvement with YOUTH WITH A MISSION. I have completed all portions of this application for admission to the school, course or outreach for which I am applying; and if I am accepted by YOUTH WITH A MISSION, I will abide by the spirit, rules and schedules of the school.

PRINTED NAME _____ SIGNATURE _____ DATE _____

CONSENT AND AGREEMENT

I/we do hereby release YOUTH WITH A MISSION, it's 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.

APPLICANT'S SIGNATURE _____ DATE _____

PARENTS'/GUARDIANS' SIGNATURES(S) _____

CONSENT FOR TREATMENT

I/we do hereby agree to the PERFORMANCE OF SUCH TREATMENT, ANAESTHETICS AND OPERATIONS as, in the opinion of the attending physician, is deemed necessary on:

APPLICANT'S PRINTED NAME _____ SIGNATURE _____

PARENTS'/GUARDIANS' SIGNATURES(S) _____ DATE _____

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CONFIDENTIAL HEALTH FORM

This information is treated confidentially. Please answer all items in English. Use ink, please print in BLOCK LETTERS

NAME _____ Name you like to be called _____
your full name - underline surname

In the case of emergency contact: (This should be the same person as n page 3)

Name _____ Relationship _____

Address _____ City _____ Telephone _____

Do you have any physical or mental conditions that require special attention, medication, diet or doctor's care such as:

	NO	YES		NO	YES		NO	YES
DIABETES			ASTHMA			GASTRIC		
EPILEPSY			KIDNEY AILMENT			HIV POSITIVE		
BACK TROUBLE			LOW BLOOD PRESSURE			JAUNDICE		
STOMACH ULCERS			FAINTING SPELLS			HEPATITIS A,B,C		
HEART TROUBLE			TUBERCULOSIS					

Do You Have Any Other Physical Problems? Please Specify.

Are you at present under a doctor's care? No Yes
 Are you taking any medicine at this time? No Yes
 Have you ever had psychiatric treatment? No Yes
 Are you allergic to any medication? No Yes

(If you answered yes to any of the questions above, please explain fully and give names of all medications you are presently taking.)

What is your blood group? _____

SPECIAL DIET OR MEDICAL CARE

If you have need of a special diet or special medical care, please describe below:

PLEASE BRING ALL THAT YOU NEED FOR YOUR SPECIAL DIET OR MEDICAL CARE.

Please answer the following questions on a separate sheet of paper.

1. In a paragraph of words not more than 250, describe your salvation experience and your present walk with God.
2. Please tell us where and when you did your DTS, where did you go for your outreach and who was the Director/Leader of your school? Was your school fees completed paid? Please attach a Xerox copy of your DTS certificate and a reference from your school leader.
3. Explain your goals and expectation from God through the Ministry Leadership Development School (MLDS).
4. Describe your long-term (3 - 5 year) ministry goals.
5. Explain your purpose for attending MLDS school?
6. In the last 6 months to 1 year, have you undergone any medical treatment, surgery or psychiatric treatment?
YES or NO If yes, please explain.
7. In the last 6 months to 1 year, have you taken any drugs, alcohol or any form of tobacco?
YES or NO If yes, please explain.
8. Will you have the full amount of money for the course upon your arrival?
YES or NO If no, how do you plan to pay your course?
9. What type of ministry do you feel God is calling you function in after MLDS?
10. What type of ministry or employment are you presently involved in? Describe your present role in the ministry or employment.
11. Can you preach, share your testimony and pray publicly in English? YES or NO
(The MLDS is conducted in English. If you do not fully understand and speak English, you will not benefit from the course.)
12. A written reference and a letter of release from your Pastor / Ministry Leader / Employer to attend MLDS.
13. Have you been release by your Pastor to join YWAM for the next one year (MLDS Lecture Phase – 3 months Internship – 9 months)?

Youth With A Mission
Zion arcade – one
#12, Jaganathan Street,
Lashkmana I Nagar,
Kottivakkam, Chennai -41
INDIA

Phone Number: 044 – 24511724
Email: beachcenter1@gmail.com

The **cost** of the school is **Rs** _____ for the Lecture Phase (**3 months**) this amount does not include the **9 months** internship which will be extra.

Closing date for this school application is _____

The next MLDS School begins on 15 July 2014

We look forward to hearing from you soon. If you have any questions, please do not hesitate to write to us.

Please enclose/send **RS.250** Registration **Fee** (not refundable), together with your application form

YOUR ENROLMENT NUMBER

**YOUTH WITH A MISSION CHENNAI
CONFIDENTIAL EVALUATION**

by **Pastor/Spiritual Leader**

APPLICANT: Please fill in your name and the dates of the school for which you are applying. Then give this form to your pastor or spiritual leader.

APPLICANT'S NAME _____

SCHOOL YOU ARE APPLYING FOR _____ BEGINNING DATE _____

THIS FORM IS NOT TO BE FILLED OUT BY THE PERSON WHO IS APPLYING FOR THE SCHOOL

The above applicant is applying to study in a YOUTH WITH A MISSION (YWAM) training program. YWAM is a Christian organization which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. Are you his/her pastor? _____ spiritual leader? _____ If not, how do you know the applicant?

2. How long have you known the applicant? Years _____ Months _____

3. Has the applicant received Jesus Christ as his/her Lord and Savior and experienced a change of life?
Yes _____ No _____ Please comments:

4. Does this person regularly attend your church services? Yes _____ No _____

5. In your opinion is the applicant spiritually ready to attend the YWAM training school? Please comment.

6. Does the applicant have a hunger for spiritual growth? Please comments:

7. After each of the qualities below, please tick the rating that most closely fits your opinion of the applicant

	Excellent	Good	Average	Below Average	Poor
Willingness to work hard					
Leadership					
Willingness to follow a leader's orders					
Ability to work with others					

8. Does this person become easily angry with others when wronged? Comment:

9. Can the applicant speak, pray and give his/her testimony in English? Please comment on the extent of his/her ability in speaking and understand English.

10. In your opinion why does this person want to attend this YWAM School? Please comment.

11. Is there any Christian leader or family member who does not want the applicant to study in this YWAM school?
Yes _____ No _____ If yes, please explain.

The foregoing information filled in by me is correct and true to the best of my knowledge.

SIGNATURE _____ DATE _____

NAME _____

ADDRESS _____

PLEASE RESPOND AS SOON AS POSSIBLE TO:

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YOUTH WITH A MISSION CHENNAI
CONFIDENTIAL EVALUATION

by **Employer / Spiritual Mentor**

APPLICANT: Please fill in your name and the dates of the school for which you are applying. Then give this form to your pastor or spiritual leader.

APPLICANT'S NAME _____

SCHOOL YOU ARE APPLYING FOR _____ BEGINNING DATE _____

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1. Are you his/her employer? _____ spiritual leader? _____ If not, how do you know the applicant?

2. How long have you known the applicant? Years _____ Months _____

3. Has the applicant received Jesus Christ as his/her Lord and Saviour and experienced a change of life?

Yes _____ No _____ Please comments:

4. Does this person regularly attend your church services? Yes _____ No _____

5. In your opinion is the applicant spiritually ready to attend the YWAM training school? Please comment.

6. Does the applicant have a hunger for spiritual growth? Please comments:

7. After each of the qualities below, please tick the rating that most closely fits your opinion of the applicant

	Excellent	Good	Average	Below Average	Poor
Willingness to work hard					
Leadership					
Willingness to follow a leader's orders					
Ability to work with others					

8. Does this person become easily angry with others when wronged? Comment:

9. Can the applicant speak, pray and give his/her testimony in English? Please comment on the extent of his/her ability in speaking and understand English.

10. In your opinion why does this person want to attend this YWAM school? Please comment.

11. Is there any Christian leader or family member who does not want the applicant to study in this YWAM school?

Yes _____ No _____ If yes, please explain.

12. Please comment briefly on the parents' occupation, religion and social background.

13. Does the applicant have skills such as mechanics, music, carpentry, arts, sports etc?

14. Is the applicant presently:

a) smoking or chewing tobacco?

Yes _____ No _____

b) consuming alcohol?

Yes _____ No _____

c) using harmful drugs?

Yes _____ No _____

Has the applicant ever used any of these vices

YES _____ NO _____

If yes, how long has he/she been off

a) tobacco? _____ b) alcohol? _____

c) drugs? _____

15. Has the applicant suffered from any psychiatric or mental disorder(s)? Yes _____ No _____

Comments: _____

16. Does this person have the discipline and health to undergo a demanding schedule from early morning to late evening for the full course? Yes _____ No _____ Comments

17. Does this person show discipline of behavior in conduct towards the opposite sex?

Yes _____ No _____ Please comments.

18. Does this person have the full fees for the course? Yes _____ No _____ If not how does he/she plan to pay for this amount if accepted? (Scholarships are not available through YWAM) Comments:

19. Does the applicant accept his/her responsibility on financial debts? Yes _____ No _____ Comments:

20. Is the church willing to pray for him and help support him/her financially? Yes _____ No _____

Comments: _____

21. What does the applicant intend to do after the course?

22. Are you willing should God lead, to have this person stay on long term in full time missionary service?

Yes_____ No_____ Please comment:

23. Are you willing to release this person to do the school? Yes_____ No_____

Comments:_____

The foregoing information filled in by me is correct and true to the best of my knowledge.

SIGNATURE_____ DATE_____

NAME_____

ADDRESS_____

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