

\_\_\_\_\_

**YOUR ENROLMENT NUMBER**

**YOUTH WITH A MISSION CHENNAI  
SCHOOL OF WORSHIP APPLICATION FORM  
Personal Statistics**

Attach a recent photo here.  
(not older than 3 months)  
  
Do not cover any print below.

DO NOT WRITE IN THIS BOX  
  
Lecture grade \_\_\_\_\_ Univ.No. \_\_\_\_\_  
O/reach grade \_\_\_\_\_  
Pyr \_\_\_\_\_  
Pyr \_\_\_\_\_  
Pyr \_\_\_\_\_

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: \_\_\_\_\_

**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 **SOW** 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.**
4. **You must be born again.**
5. **You must not be on any addictive substance.**

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 \_\_\_\_\_



# 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			FAINING SPELLS			HEPATITIS A,B,C		
HEART TROUBLE			TUBERCULOSIS					

Do You Have Any Other Physical Problems? Please Specify.

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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:

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**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. Please tell us what God has done to you in your DTS?
4. Explain your goals and expectation from God through the School of Worship (SOW).
5. Describe your long-term (3 - 5 year) ministry goals.
6. Explain your purpose for attending School of Worship ?
7. 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.
8. 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.
9. 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 for your course?
10. What type of ministry do you feel God is calling you function in after SOW?
11. What type of ministry or employment are you presently involved in? Describe your present role in the ministry or employment.
12. Can you preach, share your testimony and pray publicly in English? YES or NO  
(The SOW is conducted in English. If you do not fully understand and speak English, you will not benefit from the course.)
13. A written reference and a letter of release from your Pastor / Ministry Leader / Employer to attend SOW.
14. Have you been released by your Pastor to join YWAM for the next one year (SOW Lecture Phase – 3 months outreach – 3 months ?
15. Do you play a musical instrument? If yes name the instrument?
16. Are you in Debt of any kind? How do you plan to meet that responsibility?

Youth With A Mission,  
Zion Arcade one,  
12,Jaganathan street  
Lakshmana Nagar,  
Kottivakkam, Chennai - 600041 INDIA

Phone Number: 044 – 24511724  
Email: [sowywamindia@gmail.com](mailto:sowywamindia@gmail.com) or  
[beachcenter1@gmail.com](mailto:beachcenter1@gmail.com)  
Mobile phone : +91-8056088529

The **cost** of the school is \_\_\_\_\_ for the Lecture Phase (3 months) This amount does not include the 3-month outreach and the students project, which will be extra, depends on the location.

**Closing date** for this school application is \_\_\_\_\_

The next SOW. school begins on \_\_\_\_\_

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

Please enclose/send **Rs250.00 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 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?

- a) smoking or chewing tobacco?
- b) consuming alcohol?
- c) using harmful drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. Is the applicant presently:

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 \_\_\_\_\_

PLEASE RESPOND AS SOON AS POSSIBLE TO:

Youth With A Mission,  
Zion Arcade one,

12,Jaganathan street  
Lakshmana Nagar,  
Kottivakkam, Chennai - 600041 INDIA

YOUR ENROLMENT NUMBER

**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 \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

23. Are you willing to release this person to do the school? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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