



YOUTH WITH A MISSION STRATEGIC FRONTIERS

"The nations on every shore will worship Him, every one in its own land." Zephaniah 2:11

INTERNSHIP APPLICATION

GUIDE TO COMPLETING THE APPLICATION

Thank you for your interest in and applying for Overseas Internships with YWAM Strategic Frontiers in Colorado Springs! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive ALL the following completed forms & application fees. If a question does not apply to you, write N/A in the blank. Husbands and wives applying as interns must complete separate applications.

- 1. Main Application Form (SFA 1-5)
- 2. Application Fee: A non-refundable application fee of US \$45 for singles and US \$65 for couples is to be sent in with your application. For those who have completed a DTS at our campus, YWAM SF, or for those who are staff with us here at YWAM SF, the application fee is US \$25.
- 3. Personal History: Please prayerfully answer the following questions on a separate sheet of paper and attach it to the application form. Your answers will be significant in the application process. Please write or type no more than 2 pages total.
 - a) Describe your spiritual & ministry goals.
 - b) Describe your professional, Christian ministries and missions experiences.
 - c) Explain the reasons for applying to the internship and how it might benefit your ministry goals.
 - d) List any personality profile/ behavior/ strength finder tests you have taken, and the results.
- 4. Health Form (SFHF 1-2): Please complete all questions on the health form. A child health form must also be filled out and sent in for any children coming with you.

*** If you have completed a DTS within the past year at our YWAM SF campus or are staff with YWAM-SF, you do not need to complete a new health form for yourself or your children.

- 5. Reference Forms:

Are you applying for the internship and did your DTS at another YWAM campus OR over a year ago? If yes, then you need to have reference forms completed by 1) your most recent YWAM ministry leader, if you've served on staff with YWAM, 2) DTS school leaders and 3) your pastor.

Are you applying for the internship and did your DTS/secondary school within the last year at our YWAM-SF campus and/or are currently enrolled in a secondary school at our YWAM-SF campus? If yes, you need to have reference forms completed by 1) your current school leader and 2) your last outreach leader.

Are you on staff with YWAM-SF? If yes, you need to have reference forms completed by 1) your current ministry leader and 2) one Leadership Team member.

Are you applying for the internship in conjunction to your church STO trip? If yes, then you need to have reference forms completed by 1) your pastor 2) your employer or teacher and 3) your YWAM STO Team leader.

- 6. Internship Agreement:

Please prayerfully read over YWAM-SF's expectations and requirements for the Overseas Internship



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Youth With A Mission To Know God and To Make Him Known

A vision of waves

It began in 1960 with an ordinary young man and an extraordinary vision. Loren Cunningham described it as a waking dream. He saw a map of the world with waves crashing onto the continents, advancing inland until all the nations were covered.

Loren says, "As I watched, the waves became young people of all races...talking to people on street corners and outside bars. Going from house to house. Helping the lonely and the hungry. Caring for people everywhere they went..." That God-given vision has become a reality. Loren started Youth With A Mission in 1960. Since then, thousands have been involved worldwide in fulfilling Christ's commandment to, "Go into all the world and preach the Gospel to every creature" (Mark 16:15)

YWAM is people

YWAMers are all ages -- young people, families, and retired persons. We come from many ethnic and educational backgrounds, from many denominations and countries. We love Jesus and thank God for allowing us to play a part in helping to fulfill the Great Commission. YWAM has over 15,000 full-time staff and annually trains approximately 25,000 short-term workers to minister in over 1000 operating locations in 140 countries.

Three-fold thrust

There are three main ways we are involved in the goal of taking the Gospel to all the world: Evangelism - spreading God's message, Training -preparing workers to reach others, and Mercy Ministries-showing God's love through practical assistance. These three ministries are carried out in many different ways by the basic unit of YWAM -- teams, which can be small or large, mobile or localized, made up of short-term volunteers or long-term staff. Each of these teams is committed to a specific goal of evangelism, training or mercy ministry, working in cooperation with local churches and sister organizations.

Statement of purpose

Youth With A Mission is an international movement of Christians from many denominations dedicated to presenting the Gospel of Jesus Christ personally to this generation, to mobilize 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. As Christians for God's Kingdom, we are called to love, worship, and obey our Lord, to love and serve His Body, the Church, and to present the whole Gospel for the whole man throughout the whole world.

We, of Youth With A Mission, believe that the Bible is God's inspired and authoritative Word, revealing that Jesus Christ is God's Son, that man is created in God's image, that He created us to have eternal life through Jesus Christ, that although all men have sinned and come short of God's glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ, that repentance, faith, love and obedience are fitting responses to God's initiative of grace towards us, that God desires all men to be saved and to come to the knowledge of the truth, and that the Holy Spirit's power is demonstrated in and through us for the accomplishing of Christ's last commandment, "Go ye into all the world and preach the Gospel to every creature" (Mark 16:15).

YWAM Strategic Frontiers, Colorado Springs

Our Vision:

Using Everything We've Got to Get the Gospel to the Least Reached.

Our Mission:

Following God is Our Passion!

As a community of YWAM missionaries, we listen to His voice and obey Jesus to make disciples of every nation by:

- Mobilizing the Church into Missions
- Training new YWAM Missionaries
- Sending and sustaining Field Teams to live among the 127 Gateway Least Reached People Groups;

> to plant the whole church, to bring the whole gospel, to the whole world

Our Motto:

Another World is Possible.



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Date of Application (day)_____ (mo)_____ (yr)_____

Application fee enclosed? (circle one) \$45/Single \$65/couple \$25/DTS alumni or YWAM SF staff Yes

Internship Location/Ministry Applying for: _____

Starting Date (mo)_____ (yr)_____ Second Choice (mo)_____ (yr)_____

Are you pursuing a U of N degree? No Yes

IMPORTANT
PLEASE ATTACH
RECENT PHOTO
HERE

PERSONAL INFORMATION

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ This Address Until: (day)_____ (mo)_____ (yr)_____

Permanent Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Fax: _____

Phone Number 1: _____ Phone Number 2: _____

Email: _____

Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Birthplace: _____

Sex: M F US Social Security Number: _____ SSN Date: (day)_____ (mo)_____ (yr)_____

FAMILY INFORMATION

Marital Status

Single Engaged (Date of wedding _____) Married (Date _____) Separated (Date _____)

Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Spouse's Information

Last Name: _____ First: _____ Middle: _____

Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Birthplace: _____

Dependent Children Accompanying You

Name: _____ Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Sex: M F

Name: _____ Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Sex: M F

Name: _____ Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Sex: M F

Name: _____ Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Sex: M F

Name: _____ Date of Birth: (day)_____ (mo)_____ (yr)_____ Age: _____ Sex: M F

EMERGENCY INFORMATION

IN CASE OF EMERGENCY, CONTACT: Full Name: _____ Relationship: _____

PO Box /Street Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ - _____ Fax: _____ - _____

Office: _____ - _____ Email: _____



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HOME CHURCH

Name: _____ Pastor's Name: _____

Denomination: _____

PO Box /Street Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ - _____ Fax: _____ - _____

EDUCATIONAL INFORMATION

I have not completed high school/secondary school. Highest educational level completed: _____

I have a GED

High School/Secondary School/College/University/Seminary Attended:

Name: _____ City: _____

Dates Attended: _____ Major: _____ Degree Graduated With: _____

Name: _____ City: _____

Dates Attended: _____ Major: _____ Degree Graduated With: _____

Name: _____ City: _____

Dates Attended: _____ Major: _____ Degree Graduated With: _____

NOTE: If you intend to pursue a U of N degree, transcript(s) of your record(s) at each High School /Secondary School or College/University /Seminary you have attended must be submitted to the U of N Registrar by the institution.

LANGUAGES

English Proficiency (please indicate proficiency using the number scale below) _____

- 1. Elementary Speaking 2. Limited Word Proficiency 3. Minimum Professional Proficiency 4. Full Professional Proficiency
- 5. Native Speaking Proficiency 6. Mother Tongue

Other Languages and Proficiency _____

YWAM WORK EXPERIENCE

Have you ever been on YWAM staff? No Yes (If yes, please list below.)

Location: _____ Job Title: _____ Ministry Leader: _____

Location: _____ Job Title: _____ Ministry Leader: _____

Location: _____ Job Title: _____ Ministry Leader: _____

Location: _____ Job Title: _____ Ministry Leader: _____

YWAM U of N SCHOOL EXPERIENCE

Have you previously attended a YWAM or U of N school(s)? No Yes If Yes:

School: _____ Location: _____ Lecture Phase Dates: _____

Field Assignment Location: _____ Dates: _____

School: _____ Location: _____ Lecture Phase Dates: _____

Field Assignment Location: _____ Dates: _____

School: _____ Location: _____ Lecture Phase Dates: _____

Field Assignment Location: _____ Dates: _____



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GIFTINGS, SKILLS, AND ABILITIES

Describe your spiritual and natural giftings, specific skill and/or abilities. List any work experience you have. This will be helpful in understanding how you could serve and support the front-line team and ministry.

Past Employment History (List most recent jobs first)

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Skill experience Levels (Leave blank if you have no experience in a category)

1: Little 2: Some 3: Considerable 4: Extensive 5: Professional

_____ Cooking / Baking	_____ Musical skills	_____ Desktop Publishing	_____ Computer programming
_____ Clerical Work	_____ Child Care	_____ Auto Repair	_____ Electrical
_____ Worship Leading	_____ Accounting	_____ Heating Repair	_____ Painting
_____ Receptionist	_____ Sound equipment	_____ Carpentry	_____ Plumbing
_____ IT skills	_____ Graphics	_____ Landscaping	_____ Heavy equipment operator
_____ Administration	_____ Preaching	_____ Teaching (Topics: _____)	
_____ Science & Tech	_____ Counseling	_____ Business	_____ Medical

PASSPORT/VISA INFORMATION

I do not have a valid passport but have applied for a passport _____ (date)

(You need to have a passport in order to apply for a visa (if necessary) and travel overseas.)

Name as Listed on Passport _____

Country/Countries of Citizenship _____

Passport # _____

City and Country Where Passport Was Issued _____

Date of Issue: (day) _____ (mo) _____ (yr) _____ Date of Expiration (day) _____ (mo) _____ (yr) _____

Birthplace: (City) _____ (State/Prov) _____ (Country) _____

(Non-U.S. students only) Visa Type _____

Date Visa Issued (day) _____ (mo) _____ (yr) _____ Visa Expiration Date (day) _____ (mo) _____ (yr) _____

City and Country Where Visa Issued _____

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

PREDOMINANT ETHNIC BACKGROUND

Predominant Ethnic Background of Student – This information is used for statistical purposes only and will not be used to determine eligibility for admission. The federal government requires that we supply ethnic enrollment data. Please identify or indicate on the line below.

Please specify ethnic background _____



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CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____

Signature of parent or guardian required if applicant is under 18 years of age:

Signature _____ Date _____ Relationship _____

RELEASE OF LIABILITY

I/We do hereby release University of the Nations, and Youth With A Mission Strategic Frontiers, its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, death, or loss which may be sustained by said person(s) during the course of involvement with University of the Nations.

Applicant's Signature _____ Date _____

Signature of parent or guardian required if applicant is under 18 years of age:

Signature _____ Date _____ Relationship _____

I certify that all information in this application is complete and accurate.

Applicant's Signature _____ Date _____

STATEMENT OF BURIAL AND MEDIATION

We, at Youth With A Mission Strategic Frontiers, encourage each YWAM student and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. YWAM Strategic Frontiers does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem.

We endeavor to maintain a Christian view of death, in that we believe it is not the final step, but just a passage. The person is not in the coffin, but only his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In the case of death, YWAM Strategic Frontiers cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries, as well as having someone accompany the coffin on the return journey. If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well. Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not YWAM Strategic Frontiers.

I agree that in the case of my death while on outreach in conjunction with Youth With A Mission Strategic Frontiers, that they may carry out the burial in the location of my decease. If my family desires to see my body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With A Mission Strategic Frontiers, its staff and associates, from any responsibility for burial costs.

Applicant's Name and Signature: _____ Date: _____

If applicant is under 18 years of age, the signature of a parent or responsible party is required.

Parent/Guardian Signature: _____ Relationship: _____

Children: _____

SFA-4



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PHOTO RELEASE FORM

I, the undersigned, hereby give permission to Youth With A Mission Strategic Frontiers to use my name and photographic likeness taken, while participating in any school/community or ministry activity, in all forms of media for advertising, trade, and any other lawful purpose.

Printed Name: _____

Signature: _____ Date _____

FINANCIAL INFORMATION

Do you have your complete Internship fees? Yes No

If No, how much do you have at this time? \$ _____ From what source will they come? _____

Do you have any outstanding debt? (If so, please explain) _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: I understand that payments of the required Internship fees must be made in U.S. currency prior to my departure from Colorado Springs. Further, I agree to meet all personal expenses incurred during my involvement with Youth With A Mission Strategic Frontiers and University of the Nations, in a timely manner. If I am accepted by YWAM Strategic Frontiers, I will abide by the Spirit, rules, and schedule of the base.

Signature _____ Date _____

INTERNSHIP REFUND POLICY

Before the internship begins, any money that you have paid in toward the internship that can be refunded to you will be. However, if airline tickets or visas have already been purchased and for some reason cannot be refunded in whole by the agency of purchase, you will only be refunded the money that the purchasing agent will refund.

If you are on the field location and have to return home for an emergency, you will be refunded any housing or food money that you have already paid in and will not use. Airline tickets will not be refunded at this point. You will be responsible for any additional costs to fly you home early.

I have read the above Internship Refund Policy and agree to its provisions. Should it become necessary to leave the internship early for any reason, I agree to the refund amount stated in the above policy of YWAM Strategic Frontiers.

Printed Name: _____

Signature _____ Date _____

Parent's Signature (if under 18 years of age): _____ Date _____



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CONFIDENTIAL HEALTH FORM

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to ALL questions in English. As certain medical conditions may preclude acceptance, Part B (Pages SFHF-2) must be completed by your physician or physician's assistant. (Other health forms done for other YWAM bases are not acceptable.)

INTERNSHIP LOCATION YOU ARE APPLYING FOR: _____ STARTING DATE: _____

Last/Family Name: _____ First: _____ Middle: _____

Date of Birth: _____ (day) _____ (month) _____ (year) Age: _____ Birthplace: _____

Please rate your health: Excellent Good Fair Poor

Do you have medical insurance? No Yes Name of Insurer _____ Med. Ins. No. _____

Med. Insurance coverage (briefly): _____

PART A: PERSONAL HISTORY

Please answer all questions and take both Part A and Part B to your physician. Comment on all "yes" answers on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status. Have you ever had, or do you now have, any of the following:

	NO	YES		NO	YES	Have you ever had any of the following?	NO	YES
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	COMMUNICABLE DISEASES?		
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	OTHER (specify) _____		
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY:	NO	YES
Allergy: Serum	<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Severe Cramps	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Flow	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>			
Dislocation of Joints	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>			
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>			
Allergy: Food (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any other illnesses, conditions, or surgeries you have had or are going through currently: _____

Are you presently under a doctor's care for any condition? No Yes Specify: _____

Are you presently taking any medication? No Yes Specify: _____

PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU

Are you allergic to any not listed above drugs? No Yes Specify: _____

Do you have a history of emotional instability or psychiatric treatment? No Yes

If "Yes", when: _____ For how long: _____ Still in treatment? No Yes

Please explain _____

Do you have any history with: Eating disorders No Yes Drug or alcohol abuse No Yes Sexual issues No Yes

If "Yes" to any above, when: _____ For how long: _____ Currently? No Yes

Please explain _____

Do you have any physical impairments, handicaps, or health conditions which requires special attention? No Yes Specify: _____

Have you been diagnosed as having HIV/AIDS? No Yes

Your response to the above questions will not necessarily determine admission considerations.

SFHF 1



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CONFIDENTIAL HEALTH FORM

PART B: PHYSICIAN'S EVALUATION

Applicant's Name _____ Date of Application _____

TO THE PHYSICIAN: Please review the information in PART A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

TO THE APPLICANT: All the following immunizations MUST BE COMPLETED BEFORE YOUR INTERNSHIP DEPARTURE: The following is what's most recommended for traveling overseas. Other immunizations, injections and malaria medication may be required and can be obtained beforehand. Please be prepared financially to cover the cost of additional injections. You need to have a Diptheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles.

Diptheria	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Tetanus	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Typhoid	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Polio	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Measles	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Mumps	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
Rubella	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
HepatitisA	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____
HepatitisB	(day)	_____	(month)	_____	(year)	_____	(day)	_____	(month)	_____	(year)	_____

TUBERCULOSIS CONTROL Applicant has to be tested 6 months before school starts by 1 of the following:

Chest X-ray Date _____ Result _____ Examination Facility _____

Skin Test* Date _____ Result _____ Examination Facility _____

*If your skin test is positive you MUST have a chest X-ray.

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses) R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

Are there any abnormalities of the following systems? Please describe fully.

E. N. T. _____

Ophthalmological _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Recommendations For Follow-up Tests / Treatment: _____

Would he/she be able to walk 3 - 4 miles per day? No Yes

Additional Comments: _____

How long has this patient attended your office? Years _____ Months _____ Weeks _____

PHYSICIAN'S RECOMMENDATION:

Acceptable Without Limitations Not Acceptable Should Remain In Areas Where Adequate Medical Care Is Provided

Acceptable With Limitations (specify) _____

PHYSICIAN'S NAME: (print) _____ DATE: _____

ADDRESS: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____



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PARENT INFORMATION: Please print or type answers to ALL questions in English.

CHILD HEALTH FORM

INTERNSHIP LOCATION YOU ARE APPLYING FOR: _____ STARTING DATE: _____

Last/Family Name: _____ First: _____ Middle: _____

Child's Name: _____ First: _____ Middle: _____

Child's Date of Birth: (day) _____ (month) _____ (year) _____ Age: _____ Birthplace: _____

Do you have medical insurance? No Yes Name of Insurer _____ Med. Ins. No. _____

Do you have medical insurance coverage for your child? (briefly explain): _____

CHILD'S PERSONAL HISTORY

Comment on all "yes" answers on a separate sheet of paper.

Has your child ever had, or now have, any of the following:

- | | NO | YES |
|--------------------------|--------------------------|--------------------------|
| Skin Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy: Bee Stings | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear Trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy: Penicillin | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy: Sulfonamides | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy: Serum | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy: Food (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting Spells | <input type="checkbox"/> | <input type="checkbox"/> |
| Tumor/Cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatism/Arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Nervous Disorders | <input type="checkbox"/> | <input type="checkbox"/> |

- | | NO | YES |
|------------------------|--------------------------|--------------------------|
| Paralysis | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Insomnia | <input type="checkbox"/> | <input type="checkbox"/> |
| Dislocation of Joints | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of Breath | <input type="checkbox"/> | <input type="checkbox"/> |
| Broken Bones | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Stomach/Duodenal Ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Gall Bladder Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Jaundice | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Intestinal Troubles | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Anemia | <input type="checkbox"/> | <input type="checkbox"/> |

Has your child ever had any of the following?

- | | NO | YES |
|-----------------------|--------------------------|--------------------------|
| Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> |
| Measles (Rubella) | <input type="checkbox"/> | <input type="checkbox"/> |
| Measles (Rubeola) | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> |
| Pertussis | <input type="checkbox"/> | <input type="checkbox"/> |
| Scarlet Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER (specify) _____ | | |

Other illnesses or conditions: _____

Is your child presently under a doctor's care for any condition? No Yes Specify: _____

Is he/she presently on any medication? No Yes Specify: _____
(PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU.)

Is he/she allergic to any drugs? No Yes Specify: _____

Does he/she have any physical impairments, handicaps, or health conditions which require special attention? No Yes Specify: _____

Is he/she underweight? No Yes Overweight? No Yes If so, how much? _____

Child's Blood Type: _____ O, A, B, AB (+ or -)

SFHF - C



YOUTH WITH A MISSION STRATEGIC FRONTIERS

"The nations on every shore will worship Him, every one in its own land." Zephaniah 2:11

EMPLOYER / TEACHER / OUTREACH LEADER CONFIDENTIAL REFERENCE FORM (Please circle which is filling out this form)

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to the above address for the person filling out this form.

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____

Internship Location: _____

Date Applying For: _____

Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

The above applicant has applied for admission to YWAM-SF Overseas Internships. Youth With A Mission (YWAM) is an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 900 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please check the following and comment where necessary:

How long have you known the applicant? _____ How well do you know the applicant? Very Well Well Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Below Average	Inferior
Initiative	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Basic Living Skills	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____

COMMENTS _____

Mental ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial Responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

COMMENTS _____



YOUTH WITH A MISSION STRATEGIC FRONTIERS

"The nations on every shore will worship Him, every one in its own land." Zephaniah 2:11

EMPLOYER / TEACHER / OUTREACH LEADER CONFIDENTIAL REFERENCE FORM (Please circle which is filling out this form)

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No Comment: _____

Is he/she prejudiced against groups, races, or nationalities? Yes No Please explain: _____

With reference to his/her Christian service, do you consider the applicant to be: Dedicated Average Casual

Please explain _____

In your consideration, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

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

In your opinion, what are the applicant's reasons for applying for the Overseas Internships with YWAM-SF? _____

What could YWAM-SF do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them) _____

Would you recommend the applicant for acceptance into the Overseas Internships with YWAM-SF?

Yes With some reservation (please explain) No (please explain)

I have known _____ for _____ years and believe that he/she possesses the qualities indicated above.

Signed : _____ Date: _____

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Please send me more information about YWAM.

UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor, & Master), BUT IS NOT ACCREDITED BY ANY ACCREDITING AGENCY OR ASSOCIATION RECOGNIZED BY THE UNITED STATES COMMISSIONER OF EDUCATION. University of the Nations (U of N) admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



YOUTH WITH A MISSION STRATEGIC FRONTIERS

"The nations on every shore will worship Him, every one in its own land." Zephaniah 2:11

PASTOR/MINISTRY LEADER CONFIDENTIAL REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to the above address for the person filling out this form.

Last/Family Name: _____ First: _____ Middle: _____

Current Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____

Internship Location: _____

Date Applying for: _____

Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date _____

The above applicant has applied for admission to YWAM-SF Overseas Internships. Youth With A Mission (YWAM) is an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 900 locations on all six continent. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

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Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Basic Living Skills	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____

COMMENTS _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Cooperativeness | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids group activity |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial Responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

COMMENTS _____



YOUTH WITH A MISSION STRATEGIC FRONTIERS

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PASTOR/MINISTRY LEADER CONFIDENTIAL REFERENCE FORM

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No Comment: _____

Is he/she prejudiced against groups, races, or nationalities? Yes No Please explain: _____

With reference to his/her Christian service, do you consider the applicant to be: Dedicated Average Casual
Please explain _____

In your consideration, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

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

In your opinion, what are the applicant's reasons for applying for the Overseas Internships with YWAM-SF?

What could the U of N do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them) _____

Would you recommend the applicant for acceptance into the Overseas Internships with YWAM-SF?

Yes With some reservation (please explain) No (please explain)

I have known _____ for _____ years
and believe that he/she possesses the qualities indicated above.

Signed : _____ Date: _____

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Please send me more information about YWAM.

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REF. P/M - 2



YOUTH WITH A MISSION STRATEGIC FRONTIERS

"The nations on every shore will worship Him, every one in its own land." Zephaniah 2:11

INTERNSHIP AGREEMENT

The Field Office will begin communicating with the front-line team, once all the forms are handed in.

The front-line is the decision-maker on IF and WHEN a person comes. The applicant will proceed with the field-bound process only after the front-line has accepted the candidate.

Goal of our front-line internships are:

- 1) To release people interested in missions onto the mission field in order to gain real experience of a location or missions in general, for the duration of 6 to 12 months.
- 2) To allow for ministry opportunities under supervision and evaluation, that will benefit the intern, front-line team and nationals

Interns are expected to:

- 1) Submit to front-line leadership
- 2) Serve the field ministries and projects and team
- 3) Attend team meetings and gatherings
- 4) Commit to language learning and cultural adaptation
- 5) Send in Frontline Monthly Report

The applicant is responsible for all the financial requirements for the internship, for the entire duration on the field:

- 1) Airfare
- 2) Visa
- 3) Ground-fee Budget: Housing, Food, Local Transportation (location specific)
- 4) Travel & Health Insurance Cost
- 5) Internship Application Fee

I, _____, understand the above-mentioned expectations and requirements and accept the terms in applying for the internship.

Signature: _____ Date: _____