

GUIDE TO COMPLETING THE FCM APPLICATION

PLEASE NOTE: In order to complete this application, you will ALSO need to print out:

3 CONFIDENTIAL REFERENCE FORMS,

1 CONFIDENTIAL HEALTH FORM and

1 ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY/RELEASE FORM.

PLEASE INCLUDE A CURRENT PHOTOGRAPH WITH THE COMPLETED APPLICATION.

The following items must be submitted before your application for YWAM's Foundations in Counseling Ministry school can be processed. All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives need to complete separate application forms.

1. APPLICATION FORM: Please fill out completely, attach recent photo of yourself (one you would like displayed), and sign the application form. Be sure to answer all the questions, using a separate piece of paper if necessary.

2. PROCESSING FEE: A one time processing fee of RM \$35 (\$10 USD) per applicant will be collected upon your arrival at YWAM Penang.

3. CONFIDENTIAL REFERENCES: Please complete the top portion of the three confidential reference forms and give them to the appropriate people to complete and return to YWAM Penang. Please note the reference forms required for each YWAM school/ministry.

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|----------------------|-------------------------------------|
| Applying for: | Send Reference Forms to: |
| CDTS/DTS/SOE Seminar | Pastor, Employer/Teacher and Friend |
| SOE (full school) | Pastor, most recent YWAM |
| SBS | Leader, Employer/Teacher or |
| BCC | Friend |
| FCM | |
| SoFM | |

Your pastor would appreciate you sharing your plans with him, thus enabling him to advise you as you consider your future. (Please explain if you do not have local church leadership that can fill out this form.) We request that both references be completed and mailed directly to YWAM Penang.

4. CONFIDENTIAL HEALTH FORM: Please fill in the Personal / Family History section of the form and then have your physician complete the Physician's Evaluation section. If you have had a physical examination within the last year, you do not need to have another one. Send our medical form to the doctor who performed the physical and ask him to complete it according to his records. We recommend having an updated adult booster every five years. Please note that the Health Form is very important and your application cannot be processed without it.

5. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY/LIABILITY RELEASE FORM: This form must be signed and returned with the rest of the application.

6. PASSPORT: Those who do not have a passport should apply for one immediately. If your passport is expiring soon, please renew it before you come. A passport valid for at least six months is required to enter Malaysia.

IMPORTANT: As soon as we receive all of the above information we will process your application. Please allow 2-3 weeks for a response to your application. Upon acceptance we will send all additional information necessary for your preparation to come to Penang.

Please send in your application as soon as possible. The earlier you apply, the easier it is for us to plan as a base and prepare for your arrival. Thank you.

Please mail all forms to:
 YWAM Penang
 P.O. Box 451
 10750 Penang, Malaysia
 Tel: 6.04.263.8748 Tel/Fax: 6.04.263.8724,
 E-Mail: penangywam@gmail.com

DATE OF FCM YOU ARE APPLYING FOR (Month/Year):

PERMANENT ADDRESS

Mr/Mrs/Miss (Last/First):

Address/PO Box:

City: State/Province:

Zip/Postal Code: Country:

Phone: Fax:

E-mail:

PRESENT ADDRESS

Address/PO Box:

City: State/Province:

Zip/Postal Code: Country:

Phone: Fax:

E-mail:

IN CASE OF EMERGENCY, CONTACT

Full Name:

Relationship:

Address/PO Box:

City: State/Province:

Zip/Postal Code: Country:

Phone: Fax:

E-mail:

HOME CHURCH INFORMATION

Pastor's Name:

Address/PO Box:

City: State/Province:

Zip/Postal Code: Country:

Church Phone: Church Fax:

E-mail:

PERSONAL INFORMATION

Citizenship:

Passport Number:

Date of Issue (M /D/Y): Date of Expiration (M /D/Y):

Date of Birth (M /D/Y): Age:

Place of Birth:

Level of English Proficiency: Minimal (M), Basic (B), Good (G), Fluent (F) in

Understanding; Speaking; Reading; Writing

Present Employment/Occupation:

Marital Status (Please Tick):

Single Married Separated Divorced Engaged Remarried

Spouse's Name:

Will your spouse accompany you to YWAM Penang? Yes No

If so, what will his/her role be on base?

Number of children accompanying you:

1. Child's Name:

Date of Birth (M /D/Y): Passport Number:

2. Child's Name:

Date of Birth (M /D/Y): Passport Number:

3. Child's Name:

Date of Birth (M /D/Y): Passport Number:

Please list the YWAM School(s) that you have completed:

1. School: Location: Date:

2. School: Location: Date:

3. School: Location: Date:

4. School: Location: Date:

Have you previously attended another Christian Training Course? Yes No

If yes, which: (School/Location/Dates)

Have you previously attended college/university? Yes No

If yes, which: (School/Location/Dates)

Are you pursuing a University of the Nations Degree?

PLEASE WRITE/TYPE ANSWERS TO THE FOLLOWING QUESTIONS:

(Use a separate sheet(s) of paper)

1. Describe your present relationship with the Lord.
2. What spiritual gifts do you feel you have or what gifts are you developing?
3. What do you feel is God's calling on your life and how have you come to know this calling?
4. What area(s) of your personal life have you recently seen growth in?
5. How did you hear about the FCM course in Penang?
6. Have you received any previous counselling or prayer ministry training? If so, please give type of training, qualification(s) gained, location and dates.
7. What counselling/prayer ministry or other ministry are you currently involved in (or have been recently)? Please give details of type of ministry, location, length of involvement and frequency (hours/week).
8. What do you hope and expect to gain from the FCM school?
9. Do you have any counselling/ministry needs that you want help with during the school?
10. How do you plan to use the FCM training in the future?
11. Please describe your present relationship with your family? Please give a detailed answer.
12. How do you plan to care for and/or educate your children while you're attending FCM?
13. Do you plan to go on outreach? If not, why not? Will your spouse and/or children accompany you on outreach?
14. Please list staff positions you have held within YWAM, including locations, dates and responsibilities.
15. List other talents, abilities and skills that you have not mentioned previously.
16. List academic and professional qualifications, plus current and/or past work experience and responsibilities.
17. Do you have any outstanding debts? Will you continue to pay these debts off while you are attending the school?
18. How much money do you currently have to pay the fees for Phase 1 of FCM? How do you plan to raise the remainder of the fees? Do you have any money for Phase 2 – outreach?
19. Have you ever been involved in or had a conviction for violent, drug related, alcohol related, sexual abuse/assault or any crime? Please list all involvement and convictions with dates and country(s).

PLEASE LIST NAMES AND CONTACT INFORMATION FOR THOSE WHO HAVE RECEIVED YOUR CONFIDENTIAL REFERENCE FORMS

Before we are able to process / pray through this application we need to receive all three reference forms. (see cover page for references needed for this school). Please provide the following information for those who have received your reference forms: name, relationship, e-mail, and phone number.

1. _____

2. _____

3. _____

PLEASE INCLUDE A CURRENT PHOTOGRAPH WITH THE COMPLETE APPLICATION

Acknowledgment of Financial Responsibility

I agree to pay all the fees for the lecture phase on my arrival in Penang and will inform my School leader four weeks in advance of the start of the school of my inability to meet this requirement. I understand that failure to pay the fees as required may prevent me from completing the lecture phase. I also agree to pay all outreach fees before I embark on outreach. Lastly, I agree to meet in a timely manner, prior to the completion of school, all personal expenses I incurred during my involvement with the YOUTH WITH A MISSION training program.

If I am accepted into the YOUTH WITH A MISSION training program, I will abide by the Spirit, rules and schedule of the school.

Applicant's Signature:

Date:

Liability Release

I/we do hereby release YWAM, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with YWAM. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, directors, or staff by means of reconciliation or arbitration: and waive any right to pursue action by way of litigation.

Applicant's Signature:

Date:

Parent or Guardian's Signature if applicant is under 21:
(Please include relationship to applicant)

Date:

Consent For Treatment

I/we hereby agree to the performance of such treatment, aesthetics and operations as in the opinion of the attending physician is deemed necessary on the named person.

Applicant's Signature:

Date:

Parent or Guardian's Signature if applicant is under 21:
(Please include relationship to applicant)

Date:

Legal Consent for Minors (If applicant is under 21)

I hereby give my consent for _____ (complete name of minor) to travel outside Malaysia with YOUTH WITH A MISSION.

Parent or Guardian's Signature:

Date: