

GUIDE TO COMPLETING THE SoFM APPLICATION

PLEASE NOTE: In order to complete this application, you will ALSO need to print out 2 Confidential Reference Forms and 1 Confidential Health form.

PLEASE INCLUDE A CURRENT PHOTOGRAPH WITH THE COMPLETED APPLICATION.

The following items must be submitted before your application for YWAM School of Frontier Missions 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 two 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.
- 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.

Applying for:	Send Reference Forms to:
DTS	Pastor and Parents or Close Business Associate
SBS/SBSCC	Pastor and DTS Leader
BTPS	Pastor and SBS Leader or Academic Counselor
Staff/SoFM	Pastor and most recent YWAM Leader

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.

IMPORTANT: As soon as we receive all of the above information we will process your application. Please allow 1-3 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: 6.04.899.0663 Tel/Fax: 6.04.890.2214,
E-Mail: SBS-Penang@msn.com

DATE OF SoFM 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:

Languages Spoken (Students must have a working knowledge of English):
.....

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 attended:

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 conversion experience and your present relationship with the Lord.
2. Describe what you have been doing since your DTS. If you have not attended a DTS, please describe your previous church, ministry, and/or missions experience.
3. What is your present understanding of your gifts and calling from God?
4. Do you have a vision/calling to be involved in church planting?
If yes:
 - When did you receive this calling?
 - Is it a long-term calling? (How many years?)
 - Is your calling for a specific country, people-group, or area?
 - Is your calling for a specific religion? (Hindu, Muslim, Buddhist, Animistic, other)
 - Please show how you received this calling. (Please include scripture verses if you received any.)If no:
 - Please explain your vision and how you see it fitting into frontier missions.
5. Have you received any previous Theological/Bible training? If so, where?
6. Describe your present and previous involvement with your home/sending church. Include details of ministries you were involved in, length of involvement, and your role in the ministry.
7. Have you discussed your calling and application for the SoFM with your pastor and/or church leadership? Do they agree with your decision to attend the course? Are they willing to support you in prayer or through financial giving? What is the level of their commitment?
8. Describe your present relationship with your family? (Please give a detailed response.) How does your family feel about your participation in YWAM and the SoFM?
9. Are there any areas of your character that you are presently seeking God to further develop and improve?
10. Describe your expectations of this SoFM and state your reasons for applying.
11. How did you hear about YWAM Penang?
12. Do you have any difficult situations to deal with before coming to the SoFM?
13. Are there any areas we can assist you in?
14. Do you have any outstanding debts or restitution to pay? Please state your present financial situation regarding paying student fees and other costs that may be incurred during your SoFM.

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

1. Name:
Address:
.....
Phone: Fax:
E-mail: Relationship:

2. Name:
Address:
.....
Phone: Fax:
E-mail: Relationship:

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Acknowledgment of Financial Responsibility

I/we understand that payment of the required school tuition fees must be made prior to or upon my arrival, unless otherwise approved by the School Director before my departure to Penang, Malaysia. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses 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: