

YOUTH WITH A MISSION SHILLONG

School Application

Dear Applicant,

Greetings to you in the name of our Lord and Savior Jesus Christ. Thank you for your interest in our upcoming school in Shillong.

YWAM Youth With A Mission is a non-profit, International, Interdenominational Christian Missions organization. Since YWAM was founded in 1960 by Loren Cunningham, thousands have been involved worldwide in fulfilling Christ's command to *"Go into all the world and preach the good news to all creation."* (Mark 16:15)

YWAM draws people from a great diversity of backgrounds to work in a wide variety of ministries. Young people, families, retired persons, and professionals from more than 100 nations are among our ranks. Each year about 30,000 Christians are involved in YWAM's short-term projects the world over. Over 12,000 permanent staff are working at 750 centers in 135 nations.

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
- * **Mercy Ministries** - showing God's love through practical assistance

SOFM The School Of Frontier Mission is a three-month classroom training where you learn how to be effective among unreached peoples in a different country or culture. It can save you years of frustration and lay a sound foundation for effective long-term ministry. Teachings on language learning, church-planting, team dynamics, cross-cultural adjustment, and how to research & understand your new people group prepare you to think and act strategically with regards to God's calling and the missionary task. During your lecture phase, you choose which long-term team you will join for a two-year field placement among an unreached people group. There you can practically implement what you have learn about frontier mission work while being guided by more experienced leaders.

OUR VISION YWAM Shillong's Vision is to help reach the "Tibeto-Burman Region". There are 1,294 Tibeto-Burman people groups in this region which stretches over parts of 8 deifferent countries, India, Bhutan, China, Myanmar, Laos, Thailand, Vietnam. Over half of these tribes do not have one church in their midst, many of whom have no known Christians. The Tibeto-Burman peoples are of the Mongoloid race, and are often called the "Hill tribes". Here at YWAM Shillong, our vision is to train and send Asian young people to present these unreached peoples with the gospel. Our goal is to send long-term workers to reach at least 10 Tibeto-Burman tribes.

We look forward to working with you to extend the kingdom of God.

Blessings,

Registrar,
for YWAM Shillong

To KNOW GOD AND To MAKE HIM KNOWN

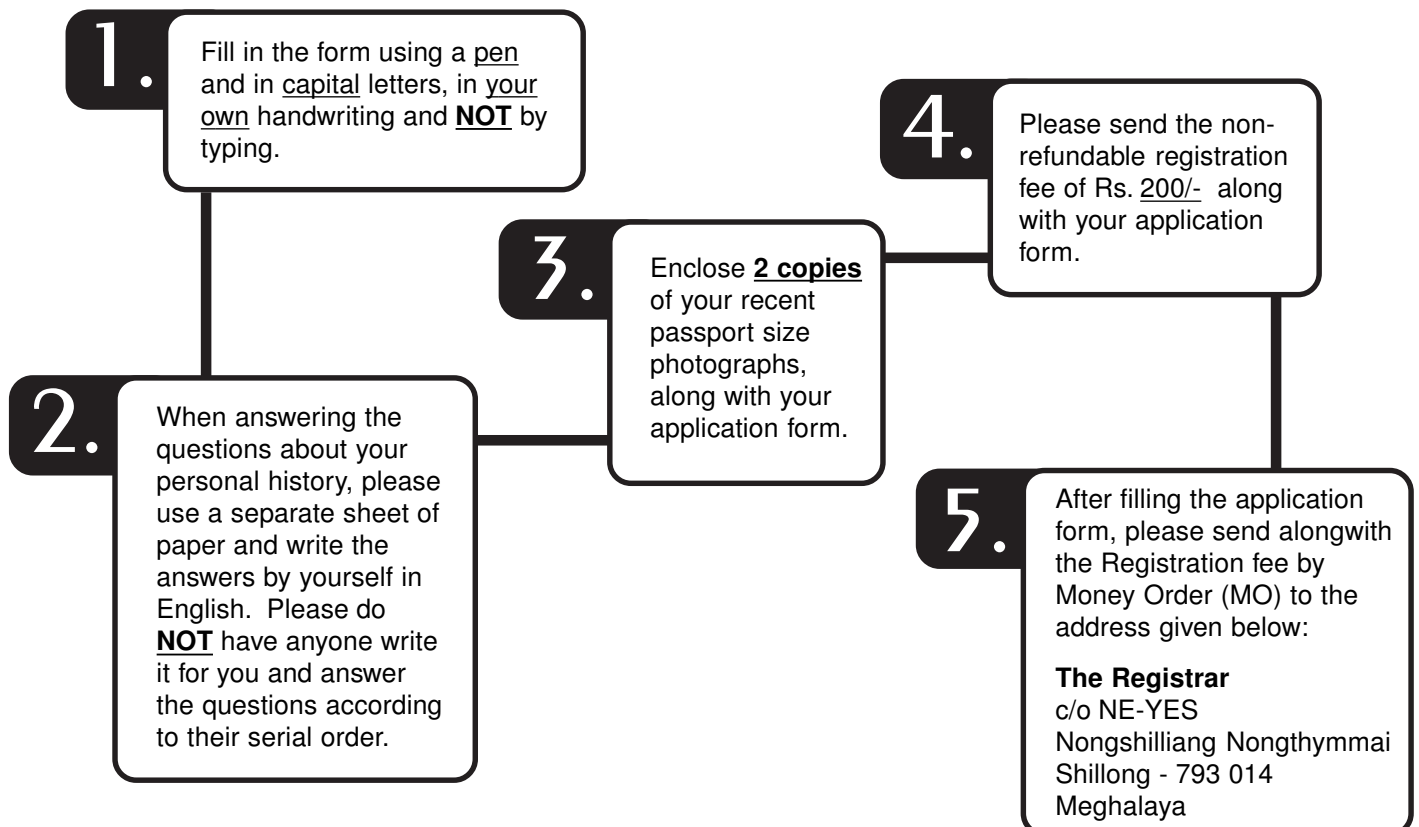


YWAM Shillong Application Form
C/O THEJA LOHE GPO BOX 123 SHILLONG 793001 MEGHALAYA INDIA
Phone: (0364) 2521876 Email: ywamshillong@gmail.com
Website: www.ywamshillong.tk

GUIDELINES To Apply For SOFM

1. You must have successfully completed a DTS.
2. You must be able to read, write, speak and understand English.
3. You must agree to attend the full program without interruptions of any sort.
4. The use of alcohol, tobacco and/or drugs of any sort (including addictive medicines without a doctor's prescription) are **NOT** allowed during this program.
5. During the time of your internship, you will be responsible to raise your own support. We recommend that you raise at least Rs. 2,500 per month.
6. As you will be responsible to raise the support you need, we encourage you to pray about it and start your support-raising now. Your local church and family should be aware of what you are planning to do. Even if they don't give financially, their prayers and encouragement will enable you to be successful in your ministry.

INSTRUCTIONS





YWAM Shillong SCHOOL Application FORM

For application in a YWAM school.

Please fill up in CAPITAL LETTERS and CLEAR handwriting.

Please Paste Recent Photo Here

1 REGISTRATION

Applying for (please circle) DTS / SOFM Starting Date _____

Rs 200/- Non-refundable registration fee enclosed.

Are you pursuing a U of N degree? Yes No

2 PERSONAL INFORMATION

Name _____
First Name Surname/Family Name/Title Preferred Name

E-mail ID (which you check at least once a week) _____

Permanent Address _____

City/Town _____ State _____

Country _____ PIN/ZIP _____

Tel. No.: Residence _____ Mobile _____
(Area code)

Date of Birth -- Birth Place _____ Male Female
Day / Month / Year

3 FAMILY INFORMATION

Marital Status Single Married Engaged Widowed Divorced

Spouse's/Fiancée's Name _____ Date Of Wedding --
Day / Month / Year

Are you bringing your family with you? Yes No If "Yes", how many? _____

4 LANGUAGE PROFICIENCY

List the languages you can speak fluently _____

English Speaking Ability Excellent Good Fair Poor

English Reading Comprehension Excellent Good Fair Poor

Date Received

Application Complete / Incomplete

Registration Fee Received

Course Fee Received

Reference A: Pastor Received / Did not received

Reference B: Friend Received / Did not received

Reference C: Employer/Leader Received / Did not received

DTS Leader & Staff:

APPLICATION Accepted / Declined

OTHER REMARKS:

5 HOME CHURCH INFORMATION

Name of church _____ Denomination _____

Address _____ City/Town _____

State/Country _____ PIN/ZIP _____ Church Phone _____

Pastor's Name _____ Pastor's Phone _____
Residence / Mobile

To whom do you feel most spiritually accountable? _____

6 EMPLOYMENT AND WORK HISTORY

List most recent employment, the **most recent** first:

Designation / Position	Company / Employer	City/State	From Month/Year	To Month/Year

Have you ever been on staff with Youth With A Mission? Yes (List below) No

Location	Country	Position	Director/Leader	From Month/Year	To Month/Year

7 EDUCATIONAL INFORMATION

Completed High/Secondary School Yes No If "**No**", highest education completed _____

List High/Secondary School, College, University, or Seminary attended, the **most recent** first:

Name of School/University	Country	From Month/Year	To Month/Year	Degree/Certificate Obtained

8 YWAM EXPERIENCE

List YWAM and/or **U of N** schools you have attended, if any. Please send a Reference Form to your most recent YWAM School Leader.

School Attended	Location/Country	Director/Leader	From Month/Year	To Month/Year

If you intend to pursue a U of N degree, copies of your records from each school you have attended must be submitted to the Registrar. Also attach copies of school and college certificates. If you are accepted for the course, for which you are applying, must bring your original school or college certificates with you, to the YWAM school location.

9 PASSPORT AND VISA INFORMATION

Name As On Passport (First Name) _____ (Surname/Family Name/Title) _____

Passport Number _____ Nationality _____ Place Of Issue _____

Passport Issue Date - -
Day / Month / Year

Passport Expiry Date - -
Day / Month / Year

Please answer the following questions if known. **For non-Indian citizens only. All foreigners must obtain a visa for entrance into India.**

Visa Type _____ Visa Issued From _____

Issue Date - -
Day / Month / Year

Expiry Date - -
Day / Month / Year

10 FINANCIAL INFORMATION

Do you have your complete school fees?

Yes No If "No", how do you plan to pay the amount? _____

Do you have any outstanding debts?

Yes No If "Yes", how much do you owe? _____

Explain _____

DECLARATION

I, _____ the applicant, declare the information I have provided on the application forms is correct, and all questions have been answered truthfully. I understand that YWAM reserves the rights to take necessary disciplinary action, including my being dismissed from the course/school, if any information(s) provided by me are found to be untrue.

Applicant's Signature

Date

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school fees must be made prior to or upon my arrival, unless otherwise approved in writing by the School Director before my arrival. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission. If I am accepted by Youth With A Mission, I will abide by the Spirit, rules and schedule of the school.

Applicant's Signature

Date

RELEASE OF LIABILITY

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

Applicant's Signature

Date

Please direct all forms to:
The Registrar
c/o Theja Lohe GPO BOX 123
Shillong - 793 001 Meghalaya, NE India

Please prayerfully answer the following questions and attach it to your complete application form. You may attach additional paper if you need more space to write. You must do this without any help in your own handwriting. Try to be specific.

1. Describe your conversion experience and present relationship with the Lord. Please limit this to one page but not less than 75 words. *(Please use separate sheet if necessary.)*

2. Do you have a personal daily devotional time?

Yes No If "**Yes**", what do you do during this time? _____

3. What areas of your character are you presently seeking God to further develop and improve?

4a. What are your giftings? (e.g. healing, teaching, encouragement, giving, etc.)

1) _____ 2) _____ 3) _____

4b. What are your abilities/skills? (e.g. music, counseling, administrative, teaching, etc.)

1) _____ 2) _____ 3) _____

4c. What other experience do you have? (like business, professional, mission, etc.)

5. Describe how and how long you have been active in your local church.

Ministries _____

Leadership roles _____

6a. Describe your relationship with your family.

6b. How does your family feel about your participation in YWAM?

7. Have you discussed your calling and application for this school with your pastor, & how does he feel about it?

8. Who is going to support you financially?

Church Family Friends

9. Describe how you decided to apply to this YWAM training school.

10. Do you have a long-term call to missions?

Yes No If "**Yes**", please describe HOW & WHEN you got this calling.

11. Do you have a vision/calling to do church planting work?

Yes No If "**Yes**", do you have a specific country/people group/area? _____

12. If you are married and you are not planning to do this school with your spouse, please give reasons.

13. Is there any other information that you feel would be helpful in processing your application?



YWAM Shillong EMERGENCY FORM

For all staff and students of YWAM Shillong

Name _____

First Name

Surname/Family Name/Title

Preferred Name

Date of Birth

- -
Day / Month / Year

Birth Place

Male Female

Nationality _____ Passport Number _____

Father's Name _____

Residential Address _____

City/Town _____ State _____ Country _____ PIN/ZIP _____

Residential Phone _____ E-mail ID (which is checked at least once a week) _____

EMERGENCY CONTACTS

1. Whom should we contact in emergency?

Name _____ Relationship _____

Phone Numbers (country code, area code): Residence _____ Mobile _____ Office _____

E-mail ID (which is checked at least once a week) _____

Address _____

City/Town _____ State _____ Country _____ PIN/ZIP _____

2. Please give a second person to contact:

Name _____ Relationship _____

Phone Numbers (country code, area code): Residence _____ Mobile _____ Office _____

E-mail ID (which is checked at least once a week) _____

Address _____

City/Town _____ State _____ Country _____ PIN/ZIP _____

3. Your doctor's Information (if any):

Name _____ Relationship _____

Phone Numbers (country code, area code): Residence _____ Mobile _____ Office _____

E-mail ID (which is checked at least once a week) _____

Address _____

City/Town _____ State _____ Country _____ PIN/ZIP _____

INSURANCE INFORMATION

Do you have medical insurance? Yes No If "Yes", please provide details below.

Insurance Company _____ Policy Number _____

Describe type and extent of coverage _____

PERSONAL MEDICAL HISTORY

Rate your health condition: Excellent Good Fair Poor

Other than minor ailments, have you had any accident or illness which required medical or surgery?

Yes No If "Yes", please give details: _____

Are you on any form of medication or doctor's care?

Yes No If "Yes", please give details: _____

Do you have any physical impairments, handicaps, or health conditions that require special attention? (NOTE: Your response to this question will not affect admission consideration.)

Yes No If "Yes", please give details: _____

Do you suffer from or have you been treated for any of the following? (Please tick and give details below.)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Recurring Headache/Migraine | <input type="checkbox"/> Appendectomy | <u>Females Only:</u> |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Mental or Nervous Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Irregular Periods |
| <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Hay Fever/Asthma | <input type="checkbox"/> Anemia | <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Excessive Flow |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Are you Pregnant? |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatism/Arthritis | <input type="checkbox"/> Heart Problems | |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Stomach/Duodenal Ulcer | <input type="checkbox"/> Tumor/Cancer | |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Gall Bladder Problems | <input type="checkbox"/> Venereal Disease | |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Recurring Diarrhea | <input type="checkbox"/> HIV/AIDS | |

Please tick the vaccinations you have had:

Month / Year of last vaccination

- | | |
|--|-------|
| <input type="checkbox"/> Typhoid | _____ |
| <input type="checkbox"/> Hepatitis A | _____ |
| <input type="checkbox"/> Hepatitis B | _____ |
| <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Tetanus | _____ |
| <input type="checkbox"/> Encephalitis | _____ |
| <input type="checkbox"/> Cholera | _____ |
| <input type="checkbox"/> Tuberculosis (TB) | _____ |
| <input type="checkbox"/> Other vaccinations? | _____ |

Have you had these illnesses?

- Dengue Fever
- Chicken pox
- Mumps
- Measles
- Typhoid
- Malaria
- Tuberculosis (TB)

Do you have any allergies?

- Drug Allergy
- Food Allergy
- Others (eg. Fur, Dust, etc.):

If "Yes" to any of the above, please give details: _____

Have you ever consumed the following substances?

Drugs (including addictive medicine of any kind) Alcohol Cigarettes or Tobacco (including chewing tobacco)

If "Yes", Please give the following details: a) What age were you when you started and how did you happen to start?
b) When did you quit?

Is there anything more about your health or physical condition that you feel we should know about?

CONSENT FOR TREATMENT

I, _____ do hereby agree to the performance of such treatment, anaesthetic and operation as in
(Full Name)
the opinion of the attending physician/surgeon is deemed necessary.

Applicant's Signature

Date

Name Of Applicant _____ Are you related to the Applicant? If YES, how? _____

Course Applying For DTS / SOFM Starting Date Of Course _____

A REFERENCE FORM: PASTOR

Dear Pastor/Elder/Deacon,

This is a reference for admission to a Youth With A Mission (YWAM) training program. YWAM is an international, interdenominational Christian missionary organization founded in 1960. Its three-fold purpose is evangelism, training, and mercy ministry. We request of you a confidential reference on the applicant's life.

Our programs can be stressful. There are physical, mental, and spiritual demands. We need your candid appraisal of the applicant's suitability for the program. The information you give will be kept strictly confidential.

Please leave blank any question for which you feel you have inadequate knowledge. We will be grateful if you will please return this reference once completed to:

The Registrar
c/o Theja Lohe
GPO Box 123
Shillong - 793001
Meghalaya, NE India

YWAM Shillong is called to work with the local church to take the gospel to those who have not heard. If you would like to receive more information about YWAM's training schools or ministries, we will gladly forward them to you:

Yes (please describe your request) _____

No, I am already updated on your ministry.

Thank you on behalf of YWAM Shillong
The Registrar

Pastor's Name _____ Church Phone _____

Name Of Church _____ Denomination _____

Address _____

City/Town _____ Country _____ PIN/ZIP _____

How long have you known the applicant? _____ (No. of) Months _____ (No. of) Years

Is the applicant a member of your church? Yes No If "Yes", no. of years: _____

How well do you know the applicant? Very well Well Casually

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

Is or has the applicant ever used tobacco, alcohol or drugs? Please comment. If "Yes", how long has it been since the applicant stopped using the substance?

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

Yes No If "Yes", please explain. _____

Is the applicant active in the local church?

Yes, very Somewhat No If "No", please explain. _____

Describe the applicant's overall christian service: Dedicated Average Casual

A CONT'D FROM REFERENCE FORM: PASTOR

Please comment briefly on the parents' occupational, religious and social background.

What do you feel YWAM can do to aid the applicant's personal, spiritual development?

Does the applicant have a long term call and commitment to Missions?

Does the applicant mix well with other tribes/people groups? Do you know if the applicant has any problems with other tribes/people group before?

If you are the pastor, what expectations do you have of the applicant after the school?

In what ways is your church willing to support the applicant in Missions?

1. Prayers Yes No 2. Encouragement Yes No 3. Finance Yes No 4. Others _____

If "No", please explain. _____

ASSESSMENT OF APPLICANT: Please circle or tick along the scale for each heading.										
PERSONAL MATURITY Emotional & interpersonal maturity	1	2	3	4	5	6	7	8	9	10
	Immature		Average			Growing			Unusual insight	
INITIATIVE Undertakes new responsibilities without being asked	1	2	3	4	5	6	7	8	9	10
	Poor		Average			Above average			Excellent	
SOCIAL ACCEPTANCE How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked			Sought after	
SOCIAL AWARENESS Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly responsive			Thoughtful		Unusually considerate		
EMOTIONAL STABILITY How often emotionally balanced?	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually			Always	
PERSONAL APPEARANCE & MANNER	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good			Well-groomed	
POISE Applicant's confidence in public?	1	2	3	4	5	6	7	8	9	10
	Lacks self-confidence					Moderate			Self-confident	
LEADERSHIP Evaluate leadership abilities	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair			Average			Excellent	
RESPONSIBILITIES How faithful is applicant with assumed responsibilities?	1	2	3	4	5	6	7	8	9	10
	Unfaithful		Fairly responsible			Average			Very responsible	
CO-OPERATION Evaluate ability to lead through serving others	1	2	3	4	5	6	7	8	9	10
	Unwilling		Indifferent			Usually willing			Outstanding	
TEAMWORK Evaluate ability to work well with others on teams relationship	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	
COMMUNICATION Evaluate ability to present thoughts with logic & clarity	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	
ABILITY TO ARTICULATE Evaluate ability to present thoughts orally	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	

I _____ hereby confirm that the above information given by me is correct and true to the best of my knowledge.

(Full Name)

Signature

Date

Name Of Applicant _____ Relationship to the Applicant _____

Course Applying For DTS / SOFM Starting Date Of Course _____

B REFERENCE FORM: FRIEND

Dear Friend of the Applicant,

This is a reference for admission to a Youth With A Mission (YWAM) training program. YWAM is an international, interdenominational Christian missionary organization founded in 1960. Its three-fold purpose is evangelism, training, and mercy ministry. We request of you a confidential reference on the applicant's life.

Our programs can be stressful. There are physical, mental, and spiritual demands. We need your candid appraisal of the applicant's suitability for the program. The information you give will be kept strictly confidential.

Please leave blank any question for which you feel you have inadequate knowledge. We will be grateful if you will please return this reference once completed to:

The Registrar
c/o Theja Lohe
GPO Box 123
Shillong - 793001
Meghalaya, NE India

YWAM Shillong is called to work with the local church to take the gospel to those who have not heard. If you would like to receive more information about YWAM's training schools or ministries, we will gladly forward them to you:

Yes (please describe your request) _____

No, I am already updated on your ministry.

Thank you on behalf of YWAM Shillong
The Registrar

Friend's Name _____ Phone _____

Address _____

City/Town _____ Country _____ PIN/ZIP _____

Company/Organisation _____ Position/Occupation _____

Name Of Church _____ Denomination _____

How long have you known the applicant? _____ (No. of) Months _____ (No. of) Years

In what situations have you observed the applicant? (Tick one or more): Home/Family Work Social Church

How well do you know the applicant? Very well Well Casually

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

Is or has the applicant ever used tobacco, alcohol or drugs? Please comment. If "Yes", how long has it been since the applicant stopped using the substance?

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

Yes No If "Yes", please explain. _____

Is the applicant active in the local church?

Yes, very Somewhat No If "No", please explain. _____

Describe the applicant's overall christian service: Dedicated Average Casual

B CONT'D FROM REFERENCE FORM: FRIEND

Please comment briefly on the parents' occupational, religious and social background.

What do you feel YWAM can do to aid the applicant's personal, spiritual development?

Does the applicant have a long term call and commitment to Missions?

Does the applicant mix well with other tribes/people groups? Do you know if the applicant has any problems with other tribes/people group before?

In what ways are you willing to support the applicant in Missions?

1. Prayers Yes No 2. Encouragement Yes No 3. Finance Yes No 4. Others _____

If "No", please explain. _____

ASSESSMENT OF APPLICANT: Please circle or tick along the scale for each heading.										
PERSONAL MATURITY Emotional & interpersonal maturity	1	2	3	4	5	6	7	8	9	10
	Immature		Average			Growing		Unusual insight		
INITIATIVE Undertakes new responsibilities without being asked	1	2	3	4	5	6	7	8	9	10
	Poor		Average			Above average		Excellent		
SOCIAL ACCEPTANCE How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked		Sought after		
SOCIAL AWARENESS Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly responsive			Thoughtful		Unusually considerate		
EMOTIONAL STABILITY How often emotionally balanced?	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually		Always		
PERSONAL APPEARANCE & MANNER	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good		Well-groomed		
POISE Applicant's confidence in public?	1	2	3	4	5	6	7	8	9	10
	Lacks self-confidence				Moderate			Self-confident		
LEADERSHIP Evaluate leadership abilities	1	2	3	4	5	6	7	8	9	10
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RESPONSIBILITIES How faithful is applicant with assumed responsibilities?	1	2	3	4	5	6	7	8	9	10
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I _____ hereby confirm that the above information given by me is correct and true to the
(Full Name)

best of my knowledge.

Signature

Date

Name Of Applicant _____ Relationship to the Applicant _____

Course Applying For DTS / SOFM Starting Date Of Course _____

REFERENCE FORM: EMPLOYER/LEADER

Dear Employer/Leader of the Applicant,

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Yes (please describe your request) _____

No, I am already updated on your ministry.

Thank you on behalf of YWAM Shillong
The Registrar

Employer/Leader's Name _____ Phone _____

Address _____

City/Town _____ Country _____ PIN/ZIP _____

Company/Organisation _____ Position/Occupation _____

Name Of Church _____ Denomination _____

How long have you known the applicant? _____ (No. of) Months _____ (No. of) Years

In what situations have you observed the applicant? (Tick one or more): Home/Family Work Social Church

How well do you know the applicant? Very well Well Casually

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

Is or has the applicant ever used tobacco, alcohol or drugs? Please comment. If "Yes", how long has it been since the applicant stopped using the substance?

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Yes No If "Yes", please explain. _____

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Describe the applicant's overall christian service: Dedicated Average Casual

CONT'D FROM REFERENCE FORM: EMPLOYER/LEADER

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Does the applicant mix well with other tribes/people groups? Do you know if the applicant has any problems with other tribes/people group before?

In what ways are you willing to support the applicant in Missions?

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PERSONAL APPEARANCE & MANNER	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good			Well-groomed	
POISE Applicant's confidence in public?	1	2	3	4	5	6	7	8	9	10
	Lacks self-confidence					Moderate			Self-confident	
LEADERSHIP Evaluate leadership abilities	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair			Average			Excellent	
RESPONSIBILITIES How faithful is applicant with assumed responsibilities?	1	2	3	4	5	6	7	8	9	10
	Unfaithful		Fairly responsible			Average			Very responsible	
CO-OPERATION Evaluate ability to lead through serving others	1	2	3	4	5	6	7	8	9	10
	Unwilling		Indifferent			Usually willing			Outstanding	
TEAMWORK Evaluate ability to work well with others on teams relationship	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	
COMMUNICATION Evaluate ability to present thoughts with logic & clarity	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	
ABILITY TO ARTICULATE Evaluate ability to present thoughts orally	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good			Excellent	

I _____ hereby confirm that the above information given by me is correct and true to the
(Full Name)

best of my knowledge.

Signature

Date