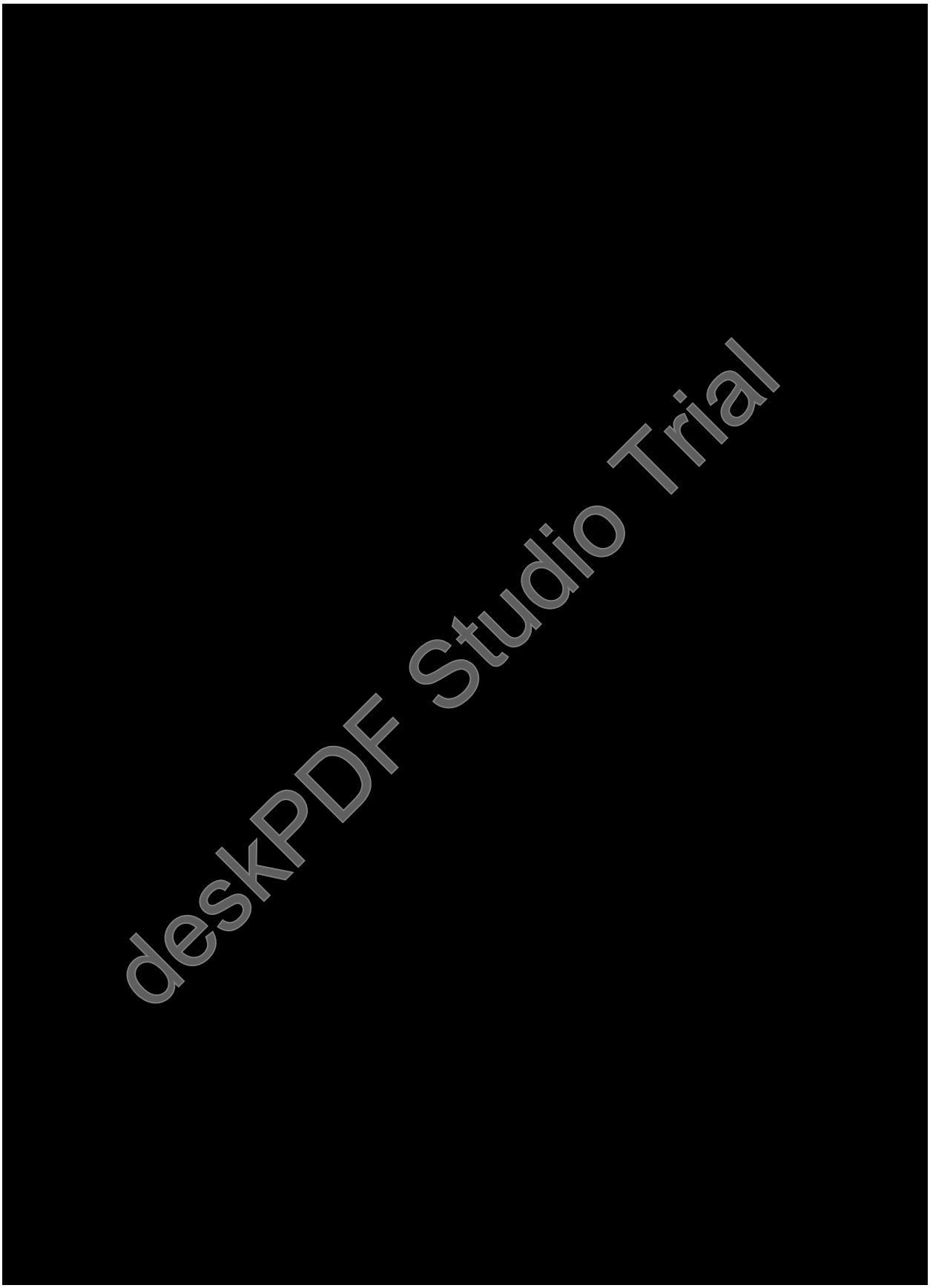
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# Youth With A Mission Toronto

School of Biblical Studies Application

PLEASE READ THIS SUMMARY/ INFORMATION PAGE FIRST

**Greetings from YWAM Torontos! Thank you for your interest in our SBS. We are excited that you are considering our location for this school and will be happy to answer any questions you have.**

YWAM's University of The Nations (U of N) is comprised of seven Colleges that offer courses designed to equip the student to serve God more effectively in fulfilling the Great Commission. YWAM Toronto is registered to offer the SBS for credit through the U of N's College of Christian Ministries.

## Guide to completing the supplement forms

*The following items must be submitted before your application can be processed. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable).* ***Husbands and wives must complete separate forms.***

**We need each item to complete your application:**

- ☐ Application Submitted (first 2 pages)
- ☐ $30 Registration Fee (checks payable to YWAM Toronto)
- ☐ SBS Supplemental Questions
- ☐ YWAM Leader Reference
- ☐ Pastor Reference
- ☐ Medical Forms (including your TB test result)
- ☐ Release Form
- ☐ Language Forms (International Applicants Only*)

**Application:** Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

**Registration Fee:** Each applicant must pay a non-refundable $30 CAD registration fee ($50 per married couple). Your application cannot be processed without it. Please make checks/money orders (Can Dollars only) payable to 'YWAM' including a note saying who it is for.

**SBS Supplemental Questions:** Please prayerfully answer the SBS Supplemental Questions. Make your answers as detailed as you like.

**Confidential References:** Two confidential references are enclosed. One reference should be given to your most recent YWAM leader and one to your Pastor. Please request that they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with our address on it.

**Medical Requirements:** The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of all those living here in community together. ***Documentation must clearly indicate the TB test performed and the results.*** Fill out the childhood immunization records as completely as possible. ***Any boosters should be received within the last five years. These details are very important—your application cannot be processed without them.***

***English Language Forms:** If your first language is *not* English, we require these forms to complete your application. One is for you, and one is for your evaluator. You must return both before your application can be processed. These are available from the Registrar.

***If you require another copy of any of the forms please email the Registrar .***

*Youth With A Mission (YWAM) admits students of any race, color, national and ethnic origins to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national and ethnic origin in administration of its educational policies, admission policies and school-administered program.*

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**Youth With A Mission Toronto**

School of Biblical Studies Application

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6
Canada

**Phone:** 1-519-938-9840
**Email:** ywamtosbs@gmail.com

**Important! Attach Recent Photo Here**
(or email one to the Registrar)

Date of Application MM ____ DD _____Y YYY_____
I wish to attend the SBS beginning: MM ____ DD _____YYYY _____

Registration Fee enclosed: ☐ Yes ☐ No
*$30 per adult or $50 per married couple*

**Name:** _____ _____ _____ _____
Mr./Mrs./Miss last name first name middle name prefer to be called

Age: _____ Date of Birth: MM ____ DD _____YYYY _____ Country of Citizenship: _____

## Present Address

PO Box/Street _____
Town _____
City _____
State/Province _____
Postal Code _____ Country _____
Home Phone *(include country code)* _____
Cell /Mobile *(include country code)* _____
Email _____

## Permanent Address

☐ Same as present ☐ Different:

PO Box/Street _____
Town _____
City _____
State/Province _____
Postal Code _____ Country _____
Home Phone *(include country code)* _____
Cell /Mobile *(include country code)* _____
Email _____

## Emergency Contact

Name _____
Relationship _____
PO Box/Street _____
Town _____
City _____ State/Province _____
Postal Code _____ Country _____
Emergency Number *(include country code)* _____
Email _____

## Home Church

Name _____
Pastor's Name _____
Church Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Phone _____
Church Email _____
Length of Attendance _____

## Marital/Family Status

*Please circle one:* Single Engaged Married Separated Divorced Widowed

Maiden Name _____
Anniversary MM ____DD_____YYYY_____
Name of 1st child _____M____ F _____
Birth date :MM ____DD_____YYYY_____ School grade _____
Passport? ☐ Yes ☐ No ☐ In Process

Spouse's Name _____
Number of children accompanying you* _____
Name of 2nd child _____M____ F _____
Birth date :MM ____DD_____YYYY_____ School grade _____
Passport? ☐ Yes ☐ No ☐ In Process

**If both you and your spouse are taking SBS, you must arrange for a nanny to care for children under 5 .*

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## Passport/Visa Information

Age _____ City of Birth _____ Country of Birth _____

Country of Citizenship _____

Do you have a passport? ☐ Yes ☐ No ☐ In process If yes, when does it expire? MM _____DD _____YYYY _____

Full name as it appears on your passport: _____

Birth date as it appears on your passport: _____

Visa issuing Country (non US citizens only) _____ Visa type (non US citizens only) _____

## Educational History

**Secondary/High School or equivalent, from which you graduated:**

Name _____ Location_____

Date of Graduation: MM _____DD _____YYYY _____ GED Certificate: MM _____DD _____YYYY _____

☐ I did not complete high school.

**College/University/Vocational School/Seminary Attended:**

Name _____ Location _____ From _____ to _____ Degree _____

Name _____ Location _____ From _____ to _____ Degree _____

## Occupational Skills _____ Years Experience _____

_____ Years Experience _____

## Musical Ability or other Talents _____ Years Experience _____

_____ Years Experience _____

## Criminal Record (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony? ☐ Yes ☐ No If so, when and where? _____

Have you ever been convicted of a sexual crime? ☐ Yes ☐ No If so, when and where? _____

Do you consent to a background check? ☐ Yes ☐ No

## Financial Support:

Do you have your complete school fees?** ☐ Yes ☐ No working on it.

If no, how much do you have at this time? $ _____ in U.S. Dollars Amount Still Needed $_____

If no, how do you plan to pay for your schooling? _____

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

Note: International Students must arrive with a round-trip ticket.

***Please keep in mind that complete school fees for the first quarter are due the first day of class or a payment plan must be pre-approved by YWAM Ozarks before arrival.*

**Please read, then sign and date:**

## Acknowledgement of Financial Responsibility

***I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless a Payment Plan has been approved by the School Director before my departure to Ozark, AR. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, guidelines and schedule of the school.***

Signature _____ Date_____

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**Youth With A Mission**
**Toronto**

**www.ywamtoronto.org**

## SBS Supplemental Questions

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6 **Phone:** 1-519-938-9840
Canada **Email:** ywamtosbs@gmail.com

# School of Biblical Studies Application Questions

*Instructions: In order for us to get to you know better; please prayerfully answer the following questions in as much detail as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on paper with the rest of your documents.*

**PERSONAL HISTORY**

1. In a page or less, describe your conversion experience and present relationship with the Lord.
2. What areas are you presently seeking growth and/or development in your life.
3. What are your expectations of SBS? What are your reasons for applying?
4. What is your ultimate purpose upon completion? Where do you see yourself in the future? What are your ministry goals?
5. Are you willing to invest the necessary time to complete this intensive course? Our experience is that it typically entails 60 plus hours of work per week. This includes lectures, work duties and independent studies.
6. Will you be completing all three quarters at this time?
7. Do you have a personal computer? It is a requirement for the course. There is also a $25 fee per quarter for use of printer and paper.
8. Have you received any previous theological / Bible training? If so, which institute, school or seminary?
9. Describe your relationship with your local church, pastor or elders, and congregation, including areas of ministry, service and leadership experience. Are they supportive of your involvement in mission work?
10. Do you have any physical disabilities that we should be aware of? Have you had any mental illness? If yes, please explain. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (e.g., vegetarian, food allergies, etc.)
11. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
12. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco, snuff)
13. Do you have any difficult situations to deal with in regard to attending the SBS? How can we pray for you?

QUESTIONS 14-20 ARE FOR MARRIED COUPLES AND/OR FAMILIES:

14. At YWAM Ozarks we believe couples should not be separated while one receives training. Is your spouse planning to accompany you to this school?
15. Does your spouse share a mutual desire to do SBS?
16. If you have children, do any of them have disabilities that we should be aware of? (See questions #10 and #11.)
17. Describe your relationship with your spouse and children.
18. How do your spouse and children feel about your plans to enroll in SBS?
19. If your spouse and/or children do not live with you, please explain.
20. If only one spouse enrolls in the SBS, are you aware that campus responsibilities of the other spouse will need to be defined prior to arrival?

**FINANCES**

21. Upon acceptance, a deposit of US$475 will secure your place in the school. Is this amount available?
22. Do you have any outstanding debt at other YWAM locations?
23. International students may not arrive with a one-way ticket. If you are an international student, will you have the funds to purchase a roundtrip ticket?

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**Youth With A Mission Toronto**

**www.ywamtoronto.org**

# Confidential Reference: Pastor

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6
Canada
**Phone:** 1-519-938-9840
**Email:** ywamtosbs@gmail.com

**To the applicant:** *Please sign this and give with a stamped envelope to your pastor to complete.*

Name _____

School you are applying for _____

Address _____

_____

*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.*

Signature _____

**To the Pastor filling out this form:**

Name _____

Address _____

_____

Phone _____

Email _____

☐ Please send me information on YWAM Toronto

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The above named applicant has applied for admission to a University of the Nations registered school at the Youth With A Mission (YWAM) Toronto campus.YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Toronto is a training center from which workers are sent out into all the world.

***It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!***

## Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Sr. pastor Youth pastor Small Grp. Ldr. Mentor
2. How long has the applicant attended your church?_____
3. In your association with the applicant, what has been the level of commitment you have seen exemplified?
   (Please circle one) Faithful Inconsistent Other _____
4. Did you know prior to receiving this form of the applicant's intention to attend this program? ☐ Yes ☐ No
5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

_____

6. Do you believe that the applicant has a call to missions at this time?_____
7. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain.

_____

8. In what areas of ministry has the applicant participated in your church?_____

_____

# Character Evaluation

*Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.*

| Personal Character | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Self-discipline | | | | | | | |
| Teachability | | | | | | | |
| Flexibility | | | | | | | |
| Perseverance | | | | | | | |
| Reliability | | | | | | | |
| Punctuality | | | | | | | |
| Common sense | | | | | | | |
| Integrity | | | | | | | |
| Academic | | | | | | | |
| Financial responsibility | | | | | | | |
| Stewardship | | | | | | | |
| Industriousness | | | | | | | |
| Response to authority | | | | | | | |
| Health | | | | | | | |

| Social Adaptability | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Cooperation | | | | | | | |
| Tactfulness | | | | | | | |
| Communication skills | | | | | | | |
| Personal neatness | | | | | | | |
| Respected by peers | | | | | | | |
| Positive, contagious spirit | | | | | | | |

| Emotional Maturity | | | | | | | |
|---|---|---|---|---|---|---|---|
| Self-confidence | | | | | | | |
| Self-esteem | | | | | | | |
| Ability to deal with stress | | | | | | | |
| Accurate view of personal strengths/weaknesses | | | | | | | |
| Ability to deal w/ interpersonal problems | | | | | | | |
| Overall emotional maturity | | | | | | | |

| Spiritual Maturity | | | | | | | |
|---|---|---|---|---|---|---|---|
| Knowledge of the Bible | | | | | | | |
| Consistency of Christian walk | | | | | | | |
| Able to share Christ with others | | | | | | | |
| Concern for others | | | | | | | |
| Assurance of God's calling | | | | | | | |
| Respects convictions of others | | | | | | | |
| Overall spiritual maturity | | | | | | | |

| Leadership Potential | | | | | | | |
|---|---|---|---|---|---|---|---|
| Initiative | | | | | | | |
| Willingness to serve | | | | | | | |
| Decision making ability | | | | | | | |
| Organizational skills | | | | | | | |
| Ability to follow | | | | | | | |
| Ability to motivate others | | | | | | | |

| Have you noticed these tendencies? | Not Known | | Very Apparent | Frequently | Sometimes | Rarely | Never Apparent |
|---|---|---|---|---|---|---|---|
| Critical | | | | | | | |
| Argumentative | | | | | | | |
| Domineering Manner | | | | | | | |
| Procrastination | | | | | | | |
| Impracticality | | | | | | | |
| Irritability | | | | | | | |
| Anxiety/Worry | | | | | | | |
| Moody | | | | | | | |
| Dependent relationships | | | | | | | |
| Homosexual relationships | | | | | | | |
| Eating disorders | | | | | | | |
| Behavioral disorders | | | | | | | |
| Drug abuse | | | | | | | |
| Close-minded | | | | | | | |
| Emotional instability | | | | | | | |
| Flirting | | | | | | | |
| Sexual immorality | | | | | | | |
| Easily embarrassed | | | | | | | |
| Easily discouraged | | | | | | | |
| Prejudice | | | | | | | |
| Impatience | | | | | | | |
| Gives in to peer pressure | | | | | | | |
| Arrogant | | | | | | | |
| Frequent exaggeration | | | | | | | |
| Lack of humor | | | | | | | |
| Infatuations | | | | | | | |
| Dishonest or questionable character | | | | | | | |
| Involvement with the occult | | | | | | | |

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## Applicant's Giftings

*Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."*

| | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Administration | | | | | | | |
| Counseling | | | | | | | |
| Hospitality | | | | | | | |
| Motivating & training others | | | | | | | |
| Music | | | | | | | |
| One-on-one discipleship | | | | | | | |
| Personal evangelism | | | | | | | |

| | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Prayer | | | | | | | |
| Speaking/Teaching | | | | | | | |
| Working with adults | | | | | | | |
| Working with teens | | | | | | | |
| Working with children | | | | | | | |
| Worship | | | | | | | |
| Other _____ | | | | | | | |

## Questionnaire

*In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."*

1. How does the applicant respond to designated authority and standards?_____

2. Can the applicant take responsibility and demonstrate leadership? Give examples._____

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others._____

4. Please comment on the applicant's ability to establish close, healthy relationships with others._____

5. How does the applicant deal with relationships with the opposite sex?_____

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain)_____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use?_____

9. Has the applicant ever been arrested?_____

10. Please comment on the applicant's family background. _____

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11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. _____

_____

12. Would you recommend the applicant for the SBS program? (please mark one and comment if needed)

_____ Unsuited

_____ At this time, he/she is unsuited

_____ Good prospect, but I have reservations

_____ Average prospect

_____ Great prospect

☐ Please call me, I would like to discuss the applicant over the phone. **U.S. and Canadian residents only**

*Please give up to 2 contact numbers including the area code. Please circle which type it is.*

Cell / Work / Home # _____

Cell / Work / Home # _____

## Additional Comments

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*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Name: _____

Signature: _____ Date: _____

**Youth With A Mission**
**Toronto**

**www.ywamtoronto.org**

# Confidential Reference: YWAM Leader

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6
Canada
**Phone:** 1-519-938-9840
**Email:** ywamtosbs@gmail.com

**To the applicant:** *Please sign & give with a stamped envelope to your most recent YWAM leader to complete.*

Name _____

School you are applying for _____

Address _____

_____

*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.*

Signature _____

**To the YWAM Leader filling out this form:**

Name _____

Address _____

_____

Phone _____

Email _____

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***It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!***

## Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) School Leader Small Group Leader Outreach Leader

2. Dates the applicant was under your leadership. _____

3. How did the applicant function on outreach? _____

_____

4. Would you enjoy working on staff with the applicant? (please explain) _____

_____

5. Please comment on the applicant's participation in YWAM ministry opportunities & small groups. _____

_____

6. How did the applicant respond to correction? _____

_____

7. Does the applicant tend to determine his/her self-worth by performance or approval from others? _____

_____

8. How did the applicant deal with community living? _____

9. In your opinion, is the applicant called to a career in Christian service? _____

# Character Evaluation

*Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.*

| Personal Character | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Self-discipline | | | | | | | |
| Teachability | | | | | | | |
| Flexibility | | | | | | | |
| Perseverance | | | | | | | |
| Reliability | | | | | | | |
| Punctuality | | | | | | | |
| Common sense | | | | | | | |
| Integrity | | | | | | | |
| Academic | | | | | | | |
| Financial responsibility | | | | | | | |
| Stewardship | | | | | | | |
| Industriousness | | | | | | | |
| Response to authority | | | | | | | |
| Health | | | | | | | |

| Social Adaptability | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Cooperation | | | | | | | |
| Tactfulness | | | | | | | |
| Communication skills | | | | | | | |
| Personal neatness | | | | | | | |
| Respected by peers | | | | | | | |
| Positive, contagious spirit | | | | | | | |

| Emotional Maturity | | | | | | | |
|---|---|---|---|---|---|---|---|
| Self-confidence | | | | | | | |
| Self-esteem | | | | | | | |
| Ability to deal with stress | | | | | | | |
| Accurate view of personal strengths/weaknesses | | | | | | | |
| Ability to deal w/ interpersonal problems | | | | | | | |
| Overall emotional maturity | | | | | | | |

| Spiritual Maturity | | | | | | | |
|---|---|---|---|---|---|---|---|
| Knowledge of the Bible | | | | | | | |
| Consistency of Christian walk | | | | | | | |
| Able to share Christ with others | | | | | | | |
| Concern for others | | | | | | | |
| Assurance of God's calling | | | | | | | |
| Respects convictions of others | | | | | | | |
| Overall spiritual maturity | | | | | | | |

| Leadership Potential | | | | | | | |
|---|---|---|---|---|---|---|---|
| Initiative | | | | | | | |
| Willingness to serve | | | | | | | |
| Decision making ability | | | | | | | |
| Organizational skills | | | | | | | |
| Ability to follow | | | | | | | |
| Ability to motivate others | | | | | | | |

| Have you noticed these tendencies? | Not Known | | Very Apparent | Frequently | Sometimes | Rarely | Never Apparent |
|---|---|---|---|---|---|---|---|
| Critical | | | | | | | |
| Argumentative | | | | | | | |
| Domineering Manner | | | | | | | |
| Procrastination | | | | | | | |
| Impracticality | | | | | | | |
| Irritability | | | | | | | |
| Anxiety/Worry | | | | | | | |
| Moody | | | | | | | |
| Dependent relationships | | | | | | | |
| Identity issues | | | | | | | |
| Eating disorders | | | | | | | |
| Behavioral disorders | | | | | | | |
| Drug abuse | | | | | | | |
| Close-minded | | | | | | | |
| Emotional instability | | | | | | | |
| Flirting | | | | | | | |
| Sexual immorality | | | | | | | |
| Easily embarrassed | | | | | | | |
| Easily discouraged | | | | | | | |
| Prejudice | | | | | | | |
| Impatience | | | | | | | |
| Gives in to peer pressure | | | | | | | |
| Arrogant | | | | | | | |
| Frequent exaggeration | | | | | | | |
| Lack of humor | | | | | | | |
| Infatuations | | | | | | | |
| Dishonest or questionable character | | | | | | | |
| Involvement with the occult | | | | | | | |

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## Applicant's Giftings

*Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."*

| | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Administration | | | | | | | |
| Counseling | | | | | | | |
| Hospitality | | | | | | | |
| Motivating & training others | | | | | | | |
| Music | | | | | | | |
| One-on-one discipleship | | | | | | | |
| Personal evangelism | | | | | | | |

| | Not Known | | Poor | Below Average | Average | Above Average | Excellent |
|---|---|---|---|---|---|---|---|
| Prayer | | | | | | | |
| Speaking/Teaching | | | | | | | |
| Working with adults | | | | | | | |
| Working with teens | | | | | | | |
| Working with children | | | | | | | |
| Worship | | | | | | | |
| Other _____ | | | | | | | |

## Questionnaire

*In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."*

1. How does the applicant respond to designated authority and standards?_____

2. Can the applicant take responsibility and demonstrate leadership? Give examples._____

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others._____

4. Please comment on the applicant's ability to establish close, healthy relationships with others._____

5. How does the applicant deal with relationships with the opposite sex?_____

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain)_____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use?_____

9. Has the applicant ever been arrested?_____

10. Please comment on the applicant's family background. _____

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11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness. _____

_____

12. Would you recommend the applicant for the SBS program? (please mark one and comment if needed)

_____ Unsuited

_____ At this time, he/she is unsuited

_____ Good prospect, but I have reservations

_____ Average prospect

_____ Great prospect

☐ Please call me, I would like to discuss the applicant over the phone. **U.S. and Canadian residents only**

*Please give up to 2 contact numbers including the area code. Please circle which type it is.*

Cell / Work / Home # _____

Cell / Work / Home # _____

## Additional Comments

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*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Name: _____

Signature: _____ Date: _____

**Youth With A Mission**
**Toronto**

**www.ywamtoronto.org**

# Confidential Health Form

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6
Canada

**Phone:** 1-519-938-9840
**Email:** ywamtosbs@gmail.com

**To the Applicant: This information is treated as confidential.**

*Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant.* ***Less inclusive medicals done for other YWAM bases are not acceptable.***

School you are applying for: _____ Starting Month : MM ____ DD _____YYYY_____

**Name** _____ Date of Birth: MM ____ DD _____YYYY_____
(last) (first) (m.i.)

**Health Insurance Info**

Insurance Company _____

Policy Number _____

Policy in whose name _____

Restrictions or regulations _____

Contact Information _____

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## Part A: Personal History

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or 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 |
|---|---|---|
| Skin condition | | |
| Eye trouble | | |
| Ear trouble | | |
| Head injury | | |
| Recurrent headaches | | |
| Epilepsy | | |
| Fainting spells | | |
| Mental/Nervous disorders | | |
| Weakness | | |
| Paralysis | | |
| Insomnia | | |
| Shortness of breath | | |
| Hay fever | | |
| Asthma | | |
| Hepatitis | | |
| Recurrent diarrhea | | |
| Kidney disease | | |
| Venereal disease | | |
| High blood pressure | | |
| Low blood pressure | | |

| | NO | YES |
|---|---|---|
| Allergy: Bee stings* | | |
| Allergy: Penicillin | | |
| Allergy: Sulfonamides | | |
| Allergy: Serum | | |
| Allergy: Other (specify) | | |
| Allergy: Food (specify) | | |
| Tumor/Cancer | | |
| Heart trouble | | |
| Rheumatism/Arthritis | | |
| Back problems | | |
| Dislocation of joints | | |
| Broken bones | | |
| Stomach/Duodenal ulcer | | |
| Gall Bladder problems | | |
| Jaundice | | |
| Intestinal troubles | | |
| Diabetes | | |
| Anemia | | |
| Clinical Depression | | |
| Anorexia/bulemia | | |

**Have you ever had any of the following communicable diseases?**

| | NO | YES |
|---|---|---|
| Chicken Pox | | |
| Measles (Rubella) | | |
| Measles (Rubeola) | | |
| Mumps | | |
| Pertussis | | |
| Scarlet Fever | | |
| Tuberculosis | | |
| Anorexia/bulimia | | |
| Other (specify) | | |

Females Only:

| | NO | YES |
|---|---|---|
| Irregular periods | | |
| Severe cramps | | |
| Excessive flow | | |
| Are you pregnant? | | |
| Previous pregnancies | | |

*If you answered* **YES** *to any of the questions, please explain:*

_____

_____

_____

_____

_____

**If you are allergic to bee stings, you must bring your own up-to-date reaction kit.*

I have specific need for counseling in the following area(s): _____

_____

Have you been tested for HIV? ☐ Yes ☐ No If yes, what was the result? ☐ Negative ☐ Positive

**Surgeries Performed:**

| Date (month/yr) | Type of surgery | Outcome & long-term effects |
|---|---|---|
| | | |
| | | |
| | | |

**X-Rays Performed:**

| Date (month/yr) | Type of X-ray | Result |
|---|---|---|
| | | |
| | | |
| | | |

Are you presently under a doctor's care for any condition? ☐ Yes ☐ No If yes, please specify _____

_____

Are you taking any medication at this time? ☐ Yes ☐ No If yes, please specify _____

_____

***Please arrange to bring all necessary long-term medications with you.***

Do you now have, or have you ever received, any compensation for disability from any sources? ☐ Yes ☐ No

If yes, please specify _____

Do you have any physical impairments, handicaps or health issues which require special attention? ☐ Yes ☐ No

If yes, please specify _____

**Family History**

Have any of your relatives ever had any of the following:

| | NO | YES | Relationship |
|---|---|---|---|
| Tuberculosis | | | |
| Diabetes | | | |
| Kidney disease | | | |
| Heart disease | | | |
| Arthritis | | | |
| Asthma, Hay fever | | | |
| Stomach disease | | | |
| Epilepsy, convulsions | | | |
| Cancer | | | |
| Hypertension | | | |

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# Part B: Physician's Evaluation

Applicant's Name: _____ Date: _____
(last) (first) (middle initial)

**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 a health service. As certain conditions such as Diabetes, Epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

**To the applicant:**
Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/ injections (before arrival to YWAM Toronto):Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. 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. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

☐ I have been vaccinated for the following:
☐ Cholera ☐ Typhoid ☐ Yellow Fever

☐ I am choosing NOT to receive the recommended immunizations/injections.

**Childhood Record of Immunizations: Basic** **Adult Immunizations: Booster**

| | MM/DD/YY | MM/DD/YY | MM/DD/YY | | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|---|---|---|---|---|---|---|---|
| Diphtheria | | | | | | | |
| Tetanus | | | | | | | |
| Pertussis | | | | | | | |
| Polio | | | | | | | |
| Rubella | | | | | | | |
| Measles | | | | | | | |
| Mumps | | | | | | | |

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**Tuberculosis Control**
***Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.***

| | Date | Result | Examination Facility |
|---|---|---|---|
| Skin Test* | | | |
| Chest X-ray | | | |

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

**Date of last DT (Diphtheria/Tetanus) booster:** Month _____ Day _____ Year _____
*(Must be within the last 5 years.)*

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: _____

_____

_____

Additional Comments: _____

_____

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

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## Physician's Recommendation

(check one)

- ☐ Acceptable without limitations.
- ☐ Acceptable with limitations (specify) _____
- ☐ Should remain in areas where adequate medical care is provided (specify) _____

  _____
- ☐ Not acceptable.

Physician's Name (print): _____

Address: _____

Phone: _____ Date: _____

Physician's Signature: _____

**Youth With A Mission**
**Toronto**

**www.ywamtoronto.org**

**Please return this form to:**
YWAM Toronto
1 Catherine St.
Caledon, Ont., L7K 2N6
Canada

**Phone:** 1519-938-9840
**Email:** ywamtorsbs@gmail.com

# Release Form

## 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 any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.***

Applicant's Full Name _____

Applicant's Signature _____ Date _____

## Consent for Treatment

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

Applicant's Signature _____ Date _____

***I declare that the contents of this application form are correct to the best of my knowledge.***

Applicant's Signature _____ Date _____

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