



YOUTH WITH A MISSION
SWAZILAND

PROCEDURE FOR APPLICATION

Thank you for applying to **YOUTH WITH A MISSION Swaziland!**
May you know God's grace as you seek His direction for your life.

In order for us to process your application, we must receive **all** the following completed forms.
If a question does not apply to you, please write N/A in the space.
Husbands and wives enrolling, as students must complete separate applications.

1. **Application form / Health form / Physicians Evaluation.** These forms must be completed by you / your doctor for any *initial* school you wish to do at YWAM, Swaziland.
2. **Life questions.** Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence. These only have to be completed for every initial school you do at YWAM, Mbabane.
3. **Financial agreement.** Please read carefully, complete and sign the **Financial Policy** and **Indemnity Form**. Please note that signing this form commits you to payment of the fees as set out in the **Financial Policy**.
4. **Reference forms.** On **each** of the **three Confidential Reference Forms** fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. **If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor.** Ask them to complete the form and post it directly to YWAM Swaziland.
5. **Photographs.** Please submit a recent **passport-size** photograph with your application.

Foreign Students: To study in Swaziland you have to apply for a study permit visa, which may take some time. Therefore we may not be able to accept you if your forms arrive **less than one month** before the school. Should the time you have to return your forms be limited, we suggest you fax the forms and post the originals, plus photograph and application fee.

These applications are only available in English. As we are an international mission, we have found it necessary to restrict all our lectures, information and correspondence to English as it is the most universally understood language.

All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course.

Please send all forms or address inquiries to:

YWAM Registrar
P.O. Box 4823
Mbabane, H100 - Swaziland
Tel: (+268) 76775806
E-Mail: dts@ywamswaziland.org



6. **We desire to know the Lord Jesus** and grow in relationship with Him.
7. **As a unique base we are excited about culture and the fulfilling of the great commission.** We believe that God has placed a part of himself in every culture and that each people group has its own unique way of sharing the gospel.
8. **We are an international base.** We believe that God has created all nations, and that each culture carries a part of the picture of what God is like. When the nations come together we get to see a more accurate picture of God's character.
9. **We believe that God has placed a calling on each person's life** and that this calling can be known! We desire to see individuals discover their God given identity and destiny, as they grow closer to the Lord Jesus and learn to hear his guiding voice.
10. **We are a training base.** Our goal is to see people equipped and mobilized into world missions. We run Discipleship Training Schools (DTS) through which students learn about the character and nature of God.
11. **We love Swaziland** and believe that it is time for the Swazi to not just respond to the gospel for salvation, but to take their rightful place in world missions.
12. **We believe in unity** and desire to impact our community and other local ministries through partnership and sharing of our time and resources. Simunye!



LOCATION

Swaziland is an independent country in southern Africa. It borders South Africa to the North and west, and Mozambique to the east. It is approximately a five-hour drive from Johannesburg and is accessible by car.

Reaching Swaziland by air at present is only possible from Johannesburg, flying to King Mswati III international airport on Airlink.



YOUTH WITH A MISSION
SWAZILAND

STUDENT APPLICATION FORM

School being applied for: _____ Starting month: _____

PERSONAL INFORMATION

Mr/Mrs/Miss _____
Surname First name Middle name Preferred name

Current address: _____

Postal Code: _____ Country: _____ Valid until: _____

Phone: _____ Fax: _____ E-Mail: _____

Permanent address: _____

_____ Postal Code: _____ Valid until: _____

Phone: _____ Fax: _____ E-Mail: _____

Date of Birth: ____/____/____ Age: _____

Birthplace: _____ Sex: () Male () Female

CHURCH DETAILS:

Church Name: _____

Denomination: _____

Pastor's name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

PASSPORT INFORMATION:

Name as listed on Passport: _____

Passport No.: _____

Nationality: _____

Country and City where issued: _____

Date Issued: ____/____/____
dd mm yy

Date of Expiry: ____/____/____
dd mm yy

NB: If your spouse is accompanying you, and **not** also applying for a YWAM school please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.

MARITAL STATUS

Single Engaged Married Separated Divorced Remarried Widowed

Spouse's name: _____

Date of Birth: ____/____/____ Age: ____
 dd mm yy

DEPENDENTS

Names of children accompanying you:

Surname	First name	Birthdate	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION

In case of an emergency, contact: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Please return completed form to:

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YOUTH WITH A MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The school programs are not subsidized from outside sources and the costs are met entirely by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

As you do the possible - use savings, earn money, sell things you do not need - God will do the impossible as you trust and have faith in Him. Where God guides, He also provides.

Students are advised that they are required to vacate YWAM accommodation on the day the school ends.

THE COSTS We have a category system in operation on this campus which aims to enable all students regardless of social or economic backgrounds to attend our training programs. Please refer to the chart to see your category and corresponding fees.

Lecture Phase (IDS 701) fees (Please note this is subject to change)		
A	E15 950,00	All first world nations (e.g., European countries, Northern America, Australia & New Zealand, South Korea)
B	E9 950,00	All second world nations (e.g., South Africa, Botswana, South America)
C	E8 000,00	All developing nations (e.g., African Nations)
SWAZIS	E6000,00	Reserved for Swazis

We believe that this fee scale reflects an understanding of a loving God who is fully committed to justice and meeting people within the reality of their circumstances. The reality in the world is that not all currencies have equal value, yet our desire is to see people from all over the world receive quality training. In order to do this, we have scaled the fees so that category B is the average fee required to train students in Swaziland. Category A is still cheaper than anywhere in the first world, yet it affords us the ability to subsidize third world students, thereby empowering them to participate in a high standard school without any compromising necessary. We believe that this financial scale is an attempt to act justly according to an internationally recognized non-arbitrary standard.

Please note:

The school fees are for a **three-month semester** and include **accommodation, meals and tuition**.

Costs for the outreach (IDS 702), after the lecture phase (IDS 701), are **in addition to** the school fees. They are determined during the lecture phase, and are dependent on the location of outreach. *(The fees for OUTREACH can be anything from R4000 to R7000.) Please prepare for these costs in advance*, as there is limited time during the first phase (3 months) of the school to raise this money. The DTS Outreach (IDS 702) is required for successful completion of the DTS (IDS 701/702)

Other costs:

Cost per spouse not attending the lecture phase E 3 000.00

Costs for children per 3 month semester Under 2 years Free

	A	B & C
2 - 12 years	E 2100	E 1200
13 years & over	E 2800	E 2 150

An airport/station collection fee: (Johannesburg) E 500,00 / Matsapha – Swaziland E 200,00)

PAYMENT - Fees must be paid in full on the registration day for each school, *unless a prior written arrangement has been made with the Training Director.*

(In line with the policy of the University of the Nations, students who are unable to meet their financial obligations will not be allowed on any school. Please contact us before you arrive.)



YOUTH WITH A MISSION
SWAZILAND

FINANCE AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form

FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

1. Do you have any outstanding debt? NO YES If yes,
 - a. How much does it total? _____
 - b. How and by when will it be repaid? _____
2. Do you have sufficient finance to pay for your training? YES NO
If no, how do you intend raising it?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of YWAM Swaziland. I/We understand that the payment of the required school fees must be made prior to or at registration, unless otherwise approved in writing by the Training Director, before my departure for Swaziland. 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.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Signature of Parent/Guardian required if applicant is under 18 years of age

INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer assistants responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Signature of Parent/Guardian required if applicant is under 18 years of age



YOUTH WITH A MISSION
SWAZILAND

HEALTH FORM

Name: _____ School: _____

PERSONAL HISTORY

Please answer **ALL** questions. Explain any 'YES' answers in the space below or on a separate sheet of paper. Have you ever had, or do you have, any of the following?

	YES	NO		YES	NO		YES	NO
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestine troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor; Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergy			Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
* Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	* Irregular Periods	<input type="checkbox"/>	<input type="checkbox"/>
* Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy			* Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
* Serum	<input type="checkbox"/>	<input type="checkbox"/>	* Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	* Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
* Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	* Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	* Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
* Food - specify	<input type="checkbox"/>	<input type="checkbox"/>	* Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	* Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any of the following COMMUNICABLE DISEASES?

	YES	NO		YES	NO
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other - Specify: _____		

OTHER / If you answered YES to any of the above questions, please explain:

Are you now under doctor's care for any condition? NO YES - Specify

Are you taking any medication at this time? NO YES - Specify:

Do you have any physical handicaps or health conditions, which require special attention? NO YES
Specify:

Do you have a history of emotional instability or psychiatric treatment? NO YES - Specify:

Height: _____ Weight: _____ Blood Type: _____

Do you wear glasses or contact lenses? NO YES -Specify:

How would you rate your health condition? Excellent Good Fair Poor

Do you now have or have you ever received any compensation for disability from any sources?
 NO YES - Specify:

FAMILY HISTORY

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

YES	NO	RELATIONSHIP	YES	NO	RELATIONSHIP
<input type="checkbox"/>	<input type="checkbox"/> Tuberculosis	_____	<input type="checkbox"/>	<input type="checkbox"/> Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/> Stomach Disease	_____
<input type="checkbox"/>	<input type="checkbox"/> Kidney Disease	_____	<input type="checkbox"/>	<input type="checkbox"/> Asthma/Hay Fever	_____
<input type="checkbox"/>	<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/>	<input type="checkbox"/> Convulsions/Epilepsy	_____
<input type="checkbox"/>	<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/>	<input type="checkbox"/> Cancer	_____

Is there anything that you think we should be aware of?

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION strongly advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Injectable or oral **Polio vaccine**
- **Tetanus toxoid** injection if last injection was 5 years ago
- **Typhoid** vaccine
- **Hepatitis A** vaccine x 3 injections
- **Hepatitis B** vaccine x 3 injections
- **Meningitis** vaccine

MALARIA

You will not need malaria prophylaxis during your time in Swaziland.

You will need it if you go to a malaria area during your outreach.

These drugs are readily available in Mbabane.

CONSENT FOR TREATMENT

In the case of an 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: _____ Date: _____ Relationship: _____
Signature of Parent/Guardian required if applicant is under 18 years of age

Please return completed form to:

YWAM Registrar
P.O. Box 4823
Mbabane, H100 - Swaziland
Tel: (+268) 76775806
E-Mail: dts@ywamswaziland.org



YOUTH WITH A MISSION
SWAZILAND

PHISICIAN'S EVALUATION

Name of Applicant: _____ School: _____

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION. This program will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____ ECG (Over 40) _____

Visual acuity: (Without glasses) R _____ L _____ (With glasses) R _____ L _____

Hearing: R _____ L _____

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

	NO	YES	Please describe
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dermatological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernial Orifices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gynecological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 5 - 10 kilometers per day? YES NO

Additional comments:

PHYSICIAN'S RECOMMENDATION:

Acceptable without limitations Acceptable with limitations - Specify:

Not acceptable Should remain in areas where adequate medical care is provided

Physician's name: (Print)

Address:

Phone: _____

Date: ____/____/____

Physician's signature/stamp: _____

Please return completed form to:

YWAM Registrar

P.O. Box 4823

Mbabane, H100

Swaziland

Tel: (+268) 76775806

E-Mail: dts@ywamswaziland.org



Please answer the following questions on a separate sheet of paper.

A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. What is your understanding of the Holy Spirit and His work in the believers life?
4. Describe your sense of call and goals that would be served by this course. What are the circumstances that have also played a part in you believing this is the place to be at this time in your journey?

B. CHURCH LIFE

1. Of which church are you presently a member?
2. Describe how you have been involved in the local church in the last 5 years.
3. In what ways are your home church supportive or not supportive of your participating in this YWAM school. Do you know if your church will be participating in your financial support?
4. If you have had roles of leadership in ministry, counseling or other church work, would you briefly describe it?

C. PERSONAL LIFE

1. If you are under the age of 18, what are your parent's feelings about you attending a YWAM school?
2. Did both your parents raise you? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. If you have ever been involved in the following, would you please describe to what degree you were involved, and what steps you have taken for repentance and restoration. How long has it been since you have been free of any of the following:
A. Drug abuse **B.** alcohol abuse **C.** occult practice **D.** sexual immorality **E.** smoking
5. What are your interests and hobbies? List also your skills, abilities and talents (music, computers, carpentry, sewing, first aid, etc.)
6. Youth With a Mission is an international, multicultural mission that is called to mobilize all of God's people in a spirit of unity to accomplish the Great Commission. Are there any races that you find difficult to accept as fellow sisters and brothers in the Lord? Please Describe.
7. Have you ever been convicted of a crime? If so, please describe.

D. YWAM BACKGROUND INFORMATION – For students attending second level schools only

1. Please list all YWAM schools that you have done, as well as outreaches, complete with dates and locations.
2. If you have held any staff positions in the past, please list work position, location, dates and supervisor.

(Please arrange for your most recent school leader or supervisor to send one of your Reference Forms)

E. OTHER

1. For DTS students: How and from whom did you hear about YWAM?
2. Give your educational qualifications, and where you obtained them, both high school and post high school.
3. Please identify and indicate your proficiency in the languages that you speak: On a scale of 1 – 10: 1 - elementary speaking; 10 – mother tongue.
4. List the names, addresses, telephone & fax numbers and e-mail address (if applicable) of the **three** people you have handed the confidential reference forms to.
5. You will likely be living under pioneering conditions with different races, cultures, foods and lifestyles. Living quarters will be dormitory style and quarters will be small for families, often with children housed in the room with their parents. Are you prepared to adjust to the changes and to accept the conditions with grace from the father?
6. If applicable: **(a)**. List your previous employers and the positions you have held for the last five years. **(b)** Should you be accepted, by when will you have to notify your company?
7. Is there **anything else** that you would like to tell us about yourself that would help us to know you better?

I am willing to commit myself to the YWAM leadership and cooperate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signed: _____ Date: ____/____/____

Please return completed form to:

YWAM Registrar

P.O. Box 4823

Mbabane, H100 - Swaziland

Tel: (+268) 76775806

E-Mail: dts@ywamswaziland.org



YOUTH WITH A MISSION
SWAZILAND

PASTOR'S REFERENCE

For completion by your spiritual leader, please

Name of Applicant: _____

Surname

First names

Youth With A Mission is a worldwide inter-denominational missionary organization, which was founded in 1960. It provides opportunities for voluntary Christian service on a short or long-term basis.

The applicant has applied for the staff position of _____
and we would like to liaise with you as the applicant's spiritual leader.

Please complete this questionnaire and return it to the address below. If you would prefer to give additional opinions by telephone, please feel free to do so.

Receipt of this form is necessary before we can consider the application.

1. Please comment briefly on: The quality and extent of the applicant's Christian service

2. In your consideration, which of the following would best describe his/her Christian walk?

Mature Contagious Genuine and Growing Over-emotional
Superficial Non-existent

3. Do you know the applicant's family? YES / NO

If so, is there anything you think would be helpful for us to know about them?

4. Please comment on the applicant's (a) ability to take responsibility, (b) level of commitment, (c) stewardship and (d) relational maturity with specific reference towards those in authority.

1. _____

2. _____

3. _____

4. _____

5. In your opinion, does the applicant have a call to missions on their life?

6. In which area of YWAM do you see the applicant involved, e.g. Training, Mercy Ministries or Evangelism?

7. If you have reservations about, or are opposed to his/her participation, would you care to explain why?

8. How long have you known the applicant?

9. For how long has he / she attended your church?

10. On a scale of 1-10, how well do you feel you know the applicant?

(1=very little; 10=intimately - *Circle one*) 1 2 3 4 5 6 7 8 9 10
(Please circle as appropriate)

11. (a) What kind of contribution has the applicant made to the church?

(b) What area of the church has the applicant served in?

12. When did the applicant inform you of their desire to join YWAM staff?

13. Is the applicant being sent out by the church? If yes, for what length of time?

14. Would you be happy to have your church consider supporting the applicant as full-time missionary with YWAM (a) in prayer and/or (b) financially?

(a) _____ (b) _____

15. We are willing to share more information with you about the work of YWAM. Would you like to have more information through (a) a brochure or in MBABANE (b) a personal visit from a Senior YWAM member? What would you like to know?

16. Please state any requests you would like to make of us as a mission regarding the applicant in relation to your church? (For example, conditions or period of release of applicant to YWAM)

17. Have we overlooked anything that you consider relevant to this application?

Name: _____

Address: _____

Phone: (h) _____ (w) _____

Fax: _____ E-mail: _____

Signed: _____ Date: _____

Could we contact you if we require any further information? YES / NO

Please return completed form to:

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P.O. Box 4823

Mbabane, H100 - Swaziland

Tel: (+268) 76775806

E-Mail: dts@ywamswaziland.org



YOUTH WITH A MISSION
SWAZILAND

CONFIDENTIAL
REFERENCE FORM

Name of applicant: _____

School: _____ Starting Month: _____

The above named applicant has applied for admission to the above-named school at Youth With A Mission Swaziland. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and effectively meeting his/her need should he/she be accepted into the program applied for.

1. How long have you known the applicant?

2. In what capacity?

- | | | | | |
|-----------------|--|---|------------------------------------|--------------------------------------|
| CHURCH | <input type="checkbox"/> Pastor | <input type="checkbox"/> Home group leader | <input type="checkbox"/> Other | |
| BUSINESS | <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Subordinate |
| SCHOOL | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other | |
| SOCIAL | <input type="checkbox"/> Family friend | <input type="checkbox"/> Personal friend | <input type="checkbox"/> Other | |
| YWAM | <input type="checkbox"/> School leader | <input type="checkbox"/> Small group leader | <input type="checkbox"/> Other | |

3. On a scale of 1-10, how well do you feel you know the applicant? (1=very little; 10=intimately)

(Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church or been involved in your program?

(if applicable) _____

5. In what ways has the applicant been involved in the church or your program?

6. In your association with the applicant, what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other: _____

7. Please describe in your own word how you would rate the applicant in the following areas:

Initiative	_____	Industriousness	_____
Social adaptability	_____	Reliability	_____
Personal appearance	_____	Cooperation	_____
Concern for others	_____	Self discipline	_____
Leadership	_____	Christian character	_____

Emotional stability _____ Temperament _____

Ability to follow _____ Punctuality _____

Flexibility _____ Perseverance _____

Stewardship _____ Ability to cope with stress _____

8. Please circle words or descriptions, which pertain to the applicant:

impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behavior, unable to cope with stress, erratic in attitudes or actions. (If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes No If YES, please explain.

10. In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine & growing Over-emotional Superficial

11. Please comment briefly on the applicant's family background (if known):

12. Does the applicant display prejudice towards other races or nationalities?

Yes Unaware No

Comments: _____

13. Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality? Does the applicant smoke?

Yes Unaware No

Comments: _____

14. Is the applicant financially responsible?

Yes Unaware No

Comments: _____

15. Does the applicant respond well to authority?

Yes Unaware No

Comments: _____

16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):

17. Do you recommend the applicant?

Wholeheartedly With reservation Not at all

Comments: _____

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

Name _____

Address _____

Telephone: _____ Fax: _____ E-Mail: _____

Signed: _____

Date: ____/____/____

Please return completed form to:

YWAM Registrar

P.O. Box 4823

Mbabane, H100 - Swaziland

Tel: (+268) 76775806

E-Mail: dts@ywamswaziland.org