



APPLICATION FOR ADVANCED WORKSHOP ON STRATEGIC MISSIONS (AWOSM)

PERSONAL INFORMATION

Given Name: _____

Family Name: _____

Date of Birth (DD/MM/YYYY): _____

Age: _____ Sex: Male Female

Email: _____

Mobile Number: _____

Address 1: _____

Address 2: _____

Town/City: _____ Province/County: _____

Postal Code: _____ Country: _____

PLEASE ATTACH
RECENT PHOTO
HERE

FAMILY INFORMATION

Marital Status: Single Engaged Married Separated Divorced Widow(er)

If engaged or married, Spouse/Fiancé's name: _____

Has your spouse/fiancé applied for this programme? Yes No

Will any children be accompanying you? Yes No

If you answered Yes to the above please give their details:

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: M F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: M F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: M F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: M F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: M F

CHURCH BACKGROUND

Church Name: _____ Denomination/Affiliation: _____

Church Address: _____

Church Leader's Name & Title: _____

Church Leader's Number: _____ Email: _____

Does your church leader support the idea of you attending a YWAM course? Yes No



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PERSONAL HISTORY

Please prayerfully answer the following questions.

- Describe your conversion experience or explain how and when God became real and personal to you.

- Briefly describe other spiritual experiences and/or significant events in your Christian life.

- What experience do you have in sharing your faith?

- What church work experience have you had? Have you any leadership experience?

- Briefly describe any experiences you have had in other cultures.



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- How would you describe your Christian life and your relationship with the Lord at the present time?

- Do you feel God has called you into some kind of full-time Christian service?

- How might you see using your skills/training in a missions context?

- What is your reason for applying for this particular course? What are your hopes and expectations for yourself during this course?

- How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?



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EDUCATIONAL DEGREE

Secondary School (Education between 11 and 18 years old)

Establishment: _____ Location: _____

Dates Attended: _____ Exam Success/Qualifications Received: _____

University/College/Higher or Further Education (post 18 years old)

Establishment: _____ Location: _____

Dates Attended: _____ Exam Success/Qualifications Received: _____

List any other training, qualifications, certificates, degrees you have received: _____

YWAM EXPERIENCE

Have you been involved with other YWAM activities (full-time work, volunteer, intern, outreach, training, etc.)? Yes No (If yes, please describe.)

Dates: _____ Location: _____

Activity: _____ Leader: _____

Dates: _____ Location: _____

Activity: _____ Leader: _____

Dates: _____ Location: _____

Activity: _____ Leader: _____

VOCATIONAL EXPERIENCE, GIFTS, & SKILLS

Previous Employment: _____ Dates: _____

Brief job Description: _____

Please indicate your gifts, including any drama, musical or artistic talents you have, and your hobbies.

Gifts: _____

Hobbies: _____

ETHNIC BACKGROUND & LANGUAGES

Please specify ethnic background: _____

Which language do you use most on a daily basis? _____

Please indicate proficiency of the language specified above using the number scale below: _____

- | | | |
|----------------------------------|--------------------------------|-------------------------------------|
| 1. Elementary Speaking | 2. Limited Word Proficiency | 3. Minimum Professional Proficiency |
| 4. Full Professional Proficiency | 5. Native Speaking Proficiency | 6. Mother Tongue |

Other Languages and Proficiency: _____



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RELEASE OF LIABILITY

Accordingly in the absence of any negligence or other breach of duty by Youth With A Mission, participation in a Youth With A Mission organised programme, event or outreach is entirely at the participants own risk. Participants are required to have adequate medical insurance for all phases of their involvement with Youth With A Mission. I do hereby release University of the Nations, and 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 University of the Nations/Youth With A Mission.

I accept I don't accept

CONSENT FOR TREATMENT

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. Whilst YWAM will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for YWAM to act in my best interests. I recognize that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

I accept I don't accept

COMMITMENT

I have completed all portions of this application truthfully and to the best of my knowledge, and if accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the program.

I am making a commitment to the Workshop On Strategic Missions by completing this application.

I confirm that I understand that full payment of the course fees must be made upon or before my arrival at the workshop (unless prior arrangements have been made).

I therefore undertake to pay all personal expenses during my involvement with Youth With A Mission.

I accept I don't accept

DECLARATION

I certify that I have read all portions of this form and accept all the terms set in it, and all the information I have given to YWAM contained in this application is true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____ Date (dd/mm/yy): _____