

## GUIDELINES TO COMPLETING SCHOOL APPLICATION

**Thank you for applying for one of our training programs. In order to be accepted, we need to receive the information below:**

- 1) School Application Form. Please answer every question. If one does not apply to you, write N/A in the blank.
- 2) Registration Fee. A non-refundable registration fee of R\$ 100,00 (one hundred reais).
- 3) Confidential Health Form.
- 4) Doctor's consent form.
- 5) Consent for medical treatment form.
- 6) Consent for Treatment/Liability Release Form. Each applicant must sign this form.
- 7) Two reference forms. Please fill out the top portion of each reference form and give one to your pastor and one to your ministry leader. Please place each reference in a stamped envelope addressed to: JOCUM-Recife, CP 64, CEP 54759-970, Camaragibe - PE, Brazil.
- 8) A recent photo. 3x4 or passport size.

### **OBSERVATIONS:**

- We do not begin the process of registration, until all of the above information has been received.
- Please complete the first part of the confidential form before giving it to your pastor and ministry leader. Make sure that it is clear to these people that these references are confidential and should be mailed to the address on the form. And your application can not be processed until we receive the forms.

### - School Fees Payment

1. Registration fee - You can send your fee with the application or with your school payment.

2. You can pay your fees either by bring cash (US or Euro),

With a US check (if you chose his option, FYI there is a 5.00US fee for each check that is exchanged.

The other option is to do a bank transfer (below are the bank details).

Account name: Jovens Com Uma Missão - Camaragibe

CNPJ: 06.282.137/0001-62

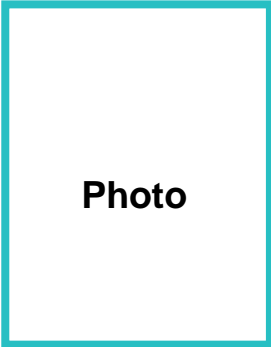
Bradesco Bank - Rua Benfica, 1121 Bairro - Madalena, Recife, PE, - Brazil - 50.720-001

Agency: 1230-0 - Caxanga

Conte Corrente: 38.892-0

Swift Code (International): BBDEBRSPRCE

***If you do this before the school please let us know the transfer information right away so we can identify you transaction.***



# School Application Form

Starting date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE, FILL OUT WITH CAPITAL LETTERS.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male Phone (\_\_\_\_) \_\_\_\_\_

Nationality (Country) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City and country where passport was issued \_\_\_\_\_ Passport # \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widowed

Children:

Name (First/Middle/Last)	Birth date (Mo/Day/Yr)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### HOME CHURCH

Name of home Church \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Date of conversion \_\_\_\_\_ years \_\_\_\_\_ months

Church Address \_\_\_\_\_

City \_\_\_\_\_ State / County \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Church Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have any role in the church? \_\_\_\_\_ Which? \_\_\_\_\_

Pastor's Name \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip / Post Code \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## SCHOOL EDUCATION/EMPLOYMENT/SKILLS

Highest level of education completed \_\_\_\_\_

Graduated in \_\_\_\_\_

What languages do you speak (in decreasing order of fluency)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Any Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No (Specify) \_\_\_\_\_

Present employment \_\_\_\_\_ Occupation \_\_\_\_\_

Other occupation or skills \_\_\_\_\_ Years of experience \_\_\_\_\_

Musical abilities or other talents \_\_\_\_\_

## EXPECTATIONS

How did you hear about the 'Children at Risk' course in Recife? \_\_\_\_\_

What motivated or influence you most in apply to this course? \_\_\_\_\_

What are you expectations for this course? (use a separate paper if necessary) \_\_\_\_\_

## AREAS OF INTEREST

During the course you will have opportunities to be involved in all the different ministries with children that we have here.

Write 1 to 5 in order of interest, 1 being the highest and 5 the less.

**Outreach/evangelism** The team makes first contact with the children on the streets, trying to facilitate their recovery and reintegration into society.

**Hope House:** a shelter for street boys. The boys participate in a program with the goal to work in six principle areas so that they can be reintegrated back into society.

**Santa Monica community work:** Santa Monica is a needy community that surrounds our base. We have developed visitation programs, soup distribution e teen clubs.

**Love Project** – develops monitoring and social care with girls from 10 to 15 years old with lessons on citizenship, self-esteem, hygiene, healthcare, behavior, familiar relationship, etc. We also offer dance and English classes.

**Women Group** – Serving mothers from the neighborhood though conversation groups, counseling, occupational therapy, teaching handcraft and with small projects for fundraising.

**Christian Heritage School** – Created in January 2000 and today reaching around 150 kids aged 3 to 8 years old, attending to six different neighborhoods in Camaragibe, where there are the highest rates of encroachments and slums in the city and huge rates of social inequality.

**Soccer Show Project** – Currently serves 200 kids and teens around 9 to 18 years old with social and educational activities through a soccer school. Besides developing soccer skills, the participants and their families receive ministry about the love of God. They also have personal and group discipleship and home visits.

**The Karate Project** – Serving approximately 60 kids, teens and adults including Christian Heritage's students, and the community residents with karate classes, teaching values and principles such as respect, discipline, perseverance.

**Living Water Project** – Born in September 2010, is the newest project offered to the community. With the proposal to attend kids from 3 to 11 years old with swimming classes and social activities.

## ABOUT YOUR PERSONALITY:

Circle or underline the words that best describe your personality:

Communicative, calm, active, happy, self-confident, melancholy, extroverted, creative, patient, skeptical, submissive, quiet, faithful, sensitive, timid, unstable, servant, friendly, thoughtful, loyal, critical, good humored, aggressive, a companion, independent, self controlled, diligent, gentle, insecure, frank, untrusting, impulsive, take initiative, eager.

**PERSONAL INFORMATION**

Because of the type of school you are applying for, there is some information concerning your past that is important for us to know. We ask you to be as sincere as possible, and we would like to stress that this application is strictly confidential.

Have you been addicted to drugs, alcohol or tobacco? \_\_\_\_\_  
If so, which, for how long and how was your addiction resolved (feel free to use the back of the page if needed)?

Has homosexuality been a problem area for you? \_\_\_\_\_  
Have you ever had homosexual involvement? \_\_\_\_\_ If so when was it, how long did the involvement last, and what was the recuperation process? \_\_\_\_\_

Please give the name and telephone number of the person who helped you in the recuperation process.

Do you authorize us to obtain information from this person and from your pastor? \_\_\_\_\_  
Since your conversion have you been involved in any form of immorality or drug use? \_\_\_\_\_  
Explain how it came to pass and how it was resolved. \_\_\_\_\_

Were you the victim of sexual abuse as a child? \_\_\_\_\_ Who was the abuser? \_\_\_\_\_  
Have you ever abused or mistreated a child? \_\_\_\_\_. Explain what happened and when.

How was the situation resolved? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ When? \_\_\_\_\_ For what reason? \_\_\_\_\_

Are there any charges pending against you presently? \_\_\_\_\_ For what reason?

**Supplement all Questions. Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.**

1. Describe your conversion experience and present relationship with the Lord.
2. Describe other significant spiritual experiences you have had in your walk with the Lord.
3. How would you describe your relationship with your family? Are they Christian?
4. How would you evaluate your childhood?
5. Tell briefly about your experiences in YWAM and/or other mission organizations.
6. Explain why you would like to do this school. Do you have a specific area where you would like to work, or would you like to decide after knowing the project better?
7. If you are married and/or have children, how do you see your family participating in this ministry?
8. If you are separated or divorced, explain briefly how this came to pass?
9. If you are dating or engaged, how do you see the involvement of your fiancée in your calling to work with children?

**APPLICANTS FROM OTHER MINSTRIES:**

Name of ministry \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Name of leader \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**APPLICANTS FROM YWAM:**

Where and when did you do your DTS? \_\_\_\_\_  
At what base are you presently working? \_\_\_\_\_  
Name of base leader \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you have all the money to pay the school? \_\_\_\_ If the answer is no, how much do you have? \_\_\_\_\_  
From what source(s) will you receive the remainder? \_\_\_\_\_  
Do you have any outstanding debts? \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE REQUIRED SCHOOL FEES MUST BE MADE UPON OR BEFORE ARRIVAL. I ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO THE STUDENTS AND STAFF AT THE SCHOOL. I THEREFORE COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

**Consent for Medical treatment**

I, \_\_\_\_\_, hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary in the case of my unconsciousness.

\_\_\_\_\_  
Applicant's Signature

Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

**Liability Release**

I, \_\_\_\_\_, hereby release Youth With A Mission, and all its agents, employees, and any other person that works with Youth With A Mission as a staff member or volunteer from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course.

\_\_\_\_\_  
Applicant's Signature

Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

# Confidential Health

**PERSONAL HISTORY:** Please answer all the questions. Explain any 'Yes' answers in the space below or on a separate page.

HAVE YOU EVER HAD OR DO YOU HAVE ANY OF THE FOLLOWING?

Skin Conditions	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Stomach/Ulcer	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	Gall Bladder	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Intestinal Trouble	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Mental or Nervous disorder	<input type="checkbox"/>	Dislocation of Joints	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Anemia	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	Tumor, Cancer	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<b>FEMALES ONLY</b>	
Penicillin	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	Irregular Periods	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	Other - Specify	<input type="checkbox"/>	Sever Cramps	<input type="checkbox"/>
Serum	<input type="checkbox"/>			Excessive flow	<input type="checkbox"/>
Other- Specify	<input type="checkbox"/>			Are you Pregnant?	<input type="checkbox"/>
Food - Specify	<input type="checkbox"/>				

Other/Explain \_\_\_\_\_  
 \_\_\_\_\_

Are you now under the care of a doctor 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) \_\_\_\_\_

Are you underweight?  Overweight?  Pounds / KG over/under \_\_\_\_\_

Would you rate your health conditions as:  Excellent       Good       Fair       Poor

Blood type: \_\_\_\_\_

**FAMILY HISTORY** - Have any of your relatives had any of the following health problems?

Relationship	Relationship
<input type="checkbox"/> Tuberculosis _____	<input type="checkbox"/> Arthritis _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Stomach Disease _____
<input type="checkbox"/> Kidney Disease _____	<input type="checkbox"/> Asthma, Hay Fever _____
<input type="checkbox"/> Heart Disease _____	<input type="checkbox"/> Convulsions, Epilepsy _____
<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Cancer _____

Have you ever had any of the following CONTAGEOUS DISEASES?

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Mumps	<input type="checkbox"/> Other (Specify)

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# To the Physician

(Print this page and take it to a doctor to be filled out)

Name of Applicant \_\_\_\_\_

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below and make any additional comments. Thank you.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Are there any abnormalities of the following?	Yes	No	Please describe
Ears, nose, or 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"/>	_____
Would he/she be able to walk 3-4 miles per day?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## MEDICAL RECOMMENDATIONS

- Acceptable without limitations
- Not acceptable
- Should remain in areas where adequate medical care is provided
- Acceptable with limitations (specify) \_\_\_\_\_

Please write any other observation that you might have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name (printed): \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's stamp

\_\_\_\_\_  
*Doctor's Signature*