



FCD

Foundations in Community Development

GUIDELINES TO COMPLETING COURSE APPLICATION

Thank you for applying for the 'Foundations in Community Development course at the University of the Nation in Recife, Brazil. 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 \$50 for singles or \$60 for a married couple is to be sent in with the application. All payments of registration and tuition fees should be in US dollars. You can send a US personal check, cashier check or bring the payment in US Travelers Checks or cash.
- 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. If the applicant is under 18 years of age, a parent or legal guardian must also sign the form.
- 7) 2 Reference forms.
- 8) A recent photo. (passport size)

Observações:

- All the points above are necessary to process your application.
- Please fill out the top portion of the reference form and give one to your YWAM leader and the other to your Pastor. Please place the reference in a stamped envelope addressed to:

JOCUM – Recife – FCD,
CP 64,
Camaragibe PE 54759-970
Brazil.

We prefer you send the applications by post and not by fax.

Blessings,

Luciana Tsukayama

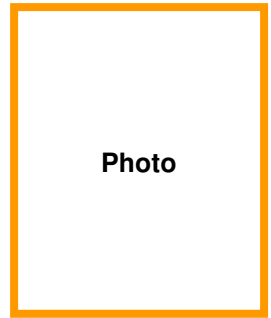


PLEASE RETURN THIS APPLICATION TO:
JOCUM Recife (FCD) – Caixa Postal 64 – Camaragibe - CEP 54.765-970 – PE
Fone: (81) 3458-2684 – Fax: (81) 3458-7287 – E-mail:
jocumrecife.training@gmail.com





Application form for: Foundations in Community Development



Starting date: ____/____/____

PERSONAL INFORMATION

Name _____ Sex _____

Address _____ City _____

State _____ Zip/Post Code _____

Phone (____) _____ E-mail address _____

Age _____ Birth date ____/____/____ Birthplace _____

(month/day/year)

(City)

(Country)

Nationality _____ Height _____ Weight _____

(Country)

Passport no. _____ Expires (date) ____/____/____

Marital Status:

Single

Engaged (Date _____)

Married (Date _____)

Separated (Date _____)

Divorced (Date _____)

Remarried (Date _____)

Widowed (Date _____)

Children accompanying you:

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 _____ 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 Foundation in Community Development course in Recife? _____

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

What are your expectations for this course? (use a separate paper if necessary) _____

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 school you are applying for, there is some information concerning your past that is important for us to know, due to the stress involved in being on the mission field (and more specifically because of the area of ministry we work in). 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? _____ 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? _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON A SEPERATE SHEET OF PAPER

1. When and how were you saved?
2. Give a brief accounting of your walk with the Lord since that time.
3. Tell a bit about your family and indicate those who are and those who are not saved.
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?
10. Are you a member of YWAM, if not who do you plan to do your practical with?

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.

_____ Place and date: _____, ____/____/____
Applicant's Signature

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)

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.

_____ Place and date: _____, ____/____/____
Applicant's Signature

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)

Legal Consent for Minors

I, _____, legally responsible for _____ give consent for the said person to travel (where it is necessary) outside of Brazil with YWAM - YOUTH WITH A MISSION.
(complete name of person responsible)
(complete name of minor)

Relationship to applicant : _____.

Place and date: _____, ____/____/____

Signature of Parent or Guardian

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"/>	FEMALES ONLY	
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?

	<i>Relationship</i>		<i>Relationship</i>
<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