



**BUSINESS WITH A MISSION
DUBAI**

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Grade Lecture/Outreach
Focus

**SOTB
APPLICATION
FORM**

Miss/Mrs/Mr _____
FIRST NAME LAST NAME MIDDLE NAME NAME YOU LIKED TO CALL

Address _____

PO _____ Dist _____

State _____ Pin code _____ Country _____

Telephone _____ Email _____

In case of emergency contact: Miss/Mrs/Mr _____

Relationship _____ Telephone _____

Have you accepted Jesus Christ as your personal savior? Yes No. If yes Date _____
(DD / MM / YYYY)

Name of Church _____

Address _____

Mother's name _____ Father's name _____

List languages you speak _____

Your age _____ Sex _____ Weight _____ Height _____ Date of Birth _____
(DD / MM / YYYY)

Educational Qualification _____

List talents/Skills _____

DTS Information _____
BASE NAME MONTH/YEAR DTS LEADER OUTREACH PLACE

Have you done any YWAM school? No Yes (If yes please explain) _____

Marital Status: Single Married Separated Divorced Widow

If married, is your spouse applying for this school? Yes No

Name of Spouse _____ Date of Marriage _____
(DD / MM / YYYY)

1. Name of child _____ Date of birth _____ Sex _____ coming with you? Yes No
(DD / MM / YYYY)

2. Name of child _____ Date of birth _____ Sex _____ coming with you? Yes No
(DD / MM / YYYY)

Citizen of _____ Passport No _____ Expire _____

If I am accepted by YWAM, I will abide by the guidelines and schedules. I understand that YWAM reserves the right to take necessary disciplinary action, including my being dismissed from the program if necessary.

Name _____
FULL NAME SIGNATURE (DD/MM/YYYY)

Please send this form immediately to:
Email: pastorshinu@gmail.com | www.ywamdubai.com

CONSENT AND AGREEMENT

I do hereby release Youth With A Mission, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by, said person during the course of involvement with Youth With A Mission.

PARTICIPANT'S SIGNATURE _____ DATE _____

(DD / MM / YYYY)

PARENTS'/GUARDIANS' SIGNATURE (S) _____

CONSENT FOR TREATMENT

In case of emergency in which I am rendered unconscious and my nearest relatives or guardian cannot be contacted, I hereby agree to the performance of such treatments including anesthetics and surgery, in the opinion of the attending physician, is deemed necessary on at my cost:

PARTICIPANT'S SIGNATURE _____ DATE _____

(DD / MM / YYYY)

PARENTS'/GUARDIANS' SIGNATURE (S) _____

CONSENT FOR BURIAL

In case of my death during my time of involvement with Youth With A mission, I wish that my next kin be advised as soon as possible, and that their wishes regarding funeral and disposal of my body be complied with. If YWAM unable to contact my next kin or my kin are unable or unwilling to give directions as to the funeral and disposal of my body, and come to a satisfied agreement with regard of payment of related costs, within reasonable time, then I direct YWAM at its sole discretion to make arrangements for the funeral and disposal of my body, including burial in a foreign country, at the expense of my estate.

PARTICIPANT'S SIGNATURE _____ DATE _____

(DD / MM / YYYY)

PARENTS'/GUARDIANS' SIGNATURE (S) _____

FINANCIAL RESPONSIBILITY

I understand and agree that full payment of the fees is my responsibility. I will pay in a timely manner or before completion of my time with YWAM. I understand all my personal expenses incurred during my involvement with YWAM. If I am accepted, I will abide by the Spirit, rules and schedule of the Institute.

PARTICIPANT'S SIGNATURE _____ DATE _____

(DD / MM / YYYY)

PARENTS'/GUARDIANS' SIGNATURE (S) _____

PROJECT INFORMATION

Miss/Mrs/Mr _____

FIRST NAME

MIDDLE NAME

LAST NAME

1. Do you have personal devotional time? If so, how often and what do you do during that time?
2. Describe other Christian activities in which you are involved.
3. What is the reason to choose this program?
4. Do you own a business? Explain
5. Do you like to start a new business? Explain
6. What is the capital do you have to start your new business?
7. Do you have a proposal and budget for your business project? (If not please make your proposal and send to us before the school start.)
8. How did you hear about this program?
9. Will you have the full amount of money for the program on your arrival? If not, how do you plan to pay the amount? Please do not write by faith rather write your plans.
10. Do you have the discipline and health to undergo a demanding schedule from early morning to late evening for the full course?

HEALTH DETAILS CONFIDENTIAL

This information is treated confidentially. Please answer in English.

Miss/Mrs/Mr _____
FIRST NAME MIDDLE NAME LAST NAME AGE

Do you have any physical or mental conditions that require special attention, medication, diet or doctors care such as>

Arthritis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anemia	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
HIV/AIDS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Drug Addiction	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stomach Ulcers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Fainting Spells	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Kidney Ailment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Back Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Low Blood Pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Mental disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Heart Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hearing problem	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Vision	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Typhoid	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Polio	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Measles	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Do you have any other physical problems? Please specify.

Are you at present under a doctor's care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you taking any medicine at this time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had psychiatric treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you allergic to any medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Have you gone through major surgeries or illnesses within 12 months? No Yes

If you have answered yes to any question above, please explain fully and give names of all medications you are presently taking.

What is your blood group? _____

(For Females only) Are you pregnant? Yes No If yes expected delivery date _____
(DD / MM / YYYY)

If you have need of a special diet or special medical care, please describe below

Please bring all that you need for your special diet or medical care



BUSINESS WITH A MISSION DUBAI

REFERENCE FORM

SPIRITUAL LEADER FRIEND YWAM LEADER/EMPLOYER

Dear APPLICANT: Please ask one of the above people to complete this form and sent us directly.

Email: pastorshinu@gmail.com | www.ywamdubai.com

Name of Applicant Miss/Mrs./Mr. _____

FIRST NAME

MIDDLE NAME

LAST NAME

I, the above-named applicant, WAIVE any right to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission

Name of the Referee _____

FIRST NAME

MIDDLE NAME

LAST NAME

To the REFEREE: The above applicant has applied for Youth With A Mission. We would like to hear your assessment of the applicants' capabilities AND whether you or your church is willing to recommend and support the applicant in their application. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance.

PLEASE READ THE FOLLOWING, TICKING THE APPROPRIATE BOXES AND MAKING COMMENTS WHERE NECESSARY (use separate sheet of paper if space provided is inadequate)

How well do you know the applicant? Very well Well Not very well

INITIATIVE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
SOCIAL ADAPTABILITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
CONCERN FOR OTHERS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
ABILITY TO FOLLOW	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
LEADERSHIP	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
JUDGEMENT/ DECISION-MAKING	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
EMOTIONAL STABILITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
HEALTH	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
PERSONAL APPEARANCE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments _____

MENTAL ABILITY	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
INDUSTRY	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
RELIABILITY	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Unreliable
CO-OPERATION	<input type="checkbox"/> Works Well with Others	<input type="checkbox"/> Average	<input type="checkbox"/> Less Co-operative
FLEXIBILITY	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Resists Change
CHRISTIAN CHARACTER	<input type="checkbox"/> Well-Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Less Developed
DISPOSITION	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Fairly Negative
PUNCTUALITY	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Not Punctual
FINANCIAL RESPONSIBILITY	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Unreliable

Any other Comments _____

1. To what extent is the applicant active in the church? _____
2. Does he/she display high moral standards? Yes No - please explain

3. Is he/she prejudiced against any groups, races or nationalities? Yes No - please explain

4. With reference to his/her Christian service, do you consider the applicant to be:
 Dedicated Average Casual - please explain _____
5. In your consideration, which of the following would best describe the applicant's Christian experience? Mature Genuine and growing Over-emotional Superficial
Comments _____
6. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

7. Please comment on the applicant's family background (if known) _____
8. In your opinion, what are the applicant's motives for applying to join YWAM?

9. What could YWAM do to aid the applicant's personal development?

10. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to them.

11. I have known the applicant for _____ month's _____ years.
12. Does your church support the applicant in his/her application to join YWAM? Yes No
If not, please explain? _____

Name of the Referee _____

FIRST NAME

MIDDLE NAME

LAST NAME

Position _____

SIGNATURE

(DD/MM/YYYY)

Address _____

Telephone _____ Email _____

Do you like to receive our news updates? YES NO

Please send this form immediately to:

Email: pastorshinu@gmail.com | www.ywamdubai.com