

YWAM AZUA - Schools Application

Name: _____

Birth Day: _____

Address: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Photo: (Attach)

School Applying For: _____

Sex: _____

Country of Birth: _____

Name as Listed on Passport: _____

Passport Number: _____

Passport Expiration Date: _____

Place where passport was issued: _____

Marital Status: _____

Spouse's Name: (if applicable) _____

Will your spouse be accompanying you?: _____

Criminal Record: _____

If Yes, what, when, and where? _____

Have you ever been convicted of a sexual crime?

If yes, when and where? _____

How did you first hear of the University of the Nations?

What reason most influenced your decision to apply?

What expectations do you have for this course?

How well do you live in community with others?

Describe your relationship with God:

Describe what interested you in the school:

Have you ever been involved in a religious cult, occultism, racism or witchcraft?

If yes, please specify:

Emergency Contact Name:

Relationship to you:

Phone number: _____

Address: _____

Email: _____

In 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. :

Signature: “By entering your initials in the box below, you are effectively providing your signature, indicating that you agree with the terms in this YWAM Azua waiver” :

Date:

Name of the person responsible: Parent/Guardian (required for minors):

Parent/Guardian signature: By entering your initials in the box below, you are effectively providing your signature, indicating that you agree with the terms in this YWAM Azua waiver. :

Date:

Work Experience

Please list your most recent jobs for the last 10 years.

Position: _____

Dates: _____

Position: _____

Dates: _____

Position: _____

Dates: _____

Position: _____

Dates: _____

Position: _____

Dates: _____

Skills and Talents: Tell us something you have created or why you want to be a part of this school. : _____

Other talents: (ie worship leading, singing etc.):

Years of experience: _____

Education

Grades Completed: _____

Institution: _____

Dates: _____

Degree/Major: _____

School Address: _____

Have you previously attended a YWAM or U of N school?

School: _____

Lecture phase date: _____

Location: _____

Field assignment phase dates: _____

Location: _____

Languages (Please identify and rate your English language proficiency below.):

Home Church: _____

Pastor: _____

Denomination: _____

Phone Number: _____

Address: _____

Are you currently under medical care? _____

If yes, please specify: _____

Are you currently taking any medication at the moment? _____

If Yes, please specify: _____

Do you have a physical disability that requires special attention?

If yes, please specify: _____

Do you have any allergies? _____

If yes, please specify: _____

Are you currently or at any time in the past taken any form of illegal drugs?

If Yes, please specify:

Please circle if you have had any of the following:

Skin Condition
Insomnia
Stomach Ulcer
Appendectomy
Eye Trouble
Shortness of Breath
Gall Bladder Problems
Ear Trouble
Asthma
Jaundice
Head Injury
Heart Trouble
Hepatitis
Recurrent Headaches
High Blood Pressure
Intestinal Problems
Epilepsy
Low Blood Pressure
Recurrent Diarrhea
Fainting Spells
Rheumatism or Arthritis
Kidney Disease
Mental or Nervous Disorders
Back Problems
Anemia
Weakness
Dislocation of Joints
Venereal Disease
Paralysis
Broken Bones
Tumor/Cancer
Tonsillectomy
Hernia Repair
HIV/AIDS
Other:

If yes, please explain:

Please circle if you have had any of the following:

- Chicken Pox
- Mumps
- Scarlet Fever
- Measles
- Pertussis
- Tuberculosis
- Other:

Please check if you have had any of the following (women only)

- Irregular Periods
- Severe Cramps
- Excessive Flow

Are you Pregnant?

Immunizations? _____

Date of the last immunization: _____

Do you have your complete school fees? _____

What amount do you have? _____

Amount still needed? _____

From what source will the still-needed funds come?

Do you have any significant outstanding debts?

If yes, please explain:

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school. :

Yes or No

Alcohol and Illegal Drugs Alcoholic beverages shall not be consumed by YWAM staff, students or volunteers at any time while serving at YWAM Azua unless it is in their own private home or during times of vacation when not in the vicinity of the base or the cities of Azua or its vicinity. This includes refraining from consuming alcoholic beverages if you are invited to a hotel or an excursion by a visiting team. Please ensure your actions do not offend local pastors or jeopardize our YWAM testimony. YWAM Azua has chosen to adopt a zero tolerance attitude towards the use, possession, transfer or sale of illegal drugs. If any member of staff suspects a drug or alcohol abuse case should discuss the situation immediately with the Base Director and if a staff member is found to be in violation of this policy, YWAM Azua may notify appropriate authorities. Such notice will be given only after such an incident has been investigated and reviewed by the Base Director and the leadership team. I have read and acknowledge YWAM Azua's alcohol and illegal drug policy

Yes or No

Student's signature: By entering your initials in the box below, you are effectively providing your signature, indicating that you agree with the terms in this YWAM Azua waiver. You also certify that the information given is complete and accurate to the best of your knowledge.

Name of parent : Parent/Guardian's signature (required for minors):

Parent / Guardian's signature: By entering your initials in the box below, you are effectively providing your signature, indicating that you agree with the terms in this YWAM Azua waiver. You also certify that the information given is complete and accurate to the best of your knowledge.

Date: