



# STUDENT APPLICATION

## Procedure for Application

### PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING YOUR FORMS!!

Thank you for applying to Youth With A Mission Rustenburg; may you know God's grace as you seek His guidance for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space provided. Husbands and wives enrolling as students must complete separate applications.

#### APPLICATION FEE

A non-refundable application fee is to be forwarded with application.

R350.00 (\$50) for singles.

R400.00 (\$75) for couples.

**Please note that your application will not be processed without the payment of this fee.**

**Checks Payable to Mission Overflow or Bank Details page 2**

#### PHYSICIANS EVALUATION

These forms must be completed by you/your doctor for any initial school you wish to do with YWAM, Rustenburg.

#### LIFE QUESTIONS

Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us more accurately assess your application and we ask that you be open and honest as you answer them. Please be assured that your application will be handled with the strictest of confidence. These only have to be filled in for any initial school you do at YWAM Rustenburg.

#### FINANCIAL AGREEMENT

Please carefully read, complete and sign the Financial Policy and Indemnity Form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.

#### REFERENCE FORMS

Fill your name in on each of the three Confidential Reference Forms as well as the school you are applying for and the starting date. Hand one of these forms in to your pastor/minister and the other two forms are to be completed by people you know well e.g. friend, teacher, employer etc. If you previously attended or staffed a YWAM school, one of your references must be from your most recent leader or supervisor. As these forms are confidential please ask them to complete the form and mail it directly to YWAM Rustenburg. We must receive them BEFORE we can process your application.

#### PHOTOGRAPH

Please submit a passport-size photograph with your application.

#### BACKGROUND CHECK

A copy of your National Police Clearance is required ( US citizens, FBI background check)

#### 7. OVERSEAS APPLICANTS

Please note our fax number. Should the time you have to return your forms be limited, you may fax the forms and mail the originals, plus photographs and application fee. Please note however that we require the original forms to process your application in full.

#### IMPORTANT!

Non South African students are encouraged to apply early, as the process for a study permit can be a lengthy one.

#### PLEASE SEND ALL FORMS OR INQUIRIES TO:

The Registrar  
YWAM Rustenburg  
P O Box 21441  
Protea Park  
Rustenburg  
0305  
South Africa  
Tel: (+27) 72 901 9381 Fax: (+27) 86 611 2438  
e-mail: info@ywamrustenburg.org

#### PLEASE NOTE:

All our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a University of the Nations course.

#### FINANCIAL POLICY

Youth With A Mission is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The school programs are not subsidized from outside sources and costs are met largely by students' fees although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below. Youth With A Mission, Rustenburg does have a scholarship fund set up for students who come from disadvantaged backgrounds and the funds to help these students comes from outside sources. This is not a constant supply and this service can only be offered to disadvantaged students when available.





**COSTS OF ALL SCHOOLS PER PERSON**

The costs for food, lodging, fuel, tuition, etc. are based on the Per Capita income of the nation in which the student/applicant has citizenship.

Category A: First World Nations e.g. North America, European Union, Australasian (including Japan) Nations  
**ZAR17,200**

Category B: Second World Nations e.g. the G22 group including Nigeria, South Africa, Russia, Brazil, Malaysia and Korea  
**ZAR13,200**

Category C: Third World Nations e.g. India, Malawi, Kenya, Ghana and South Africans coming from a Third-world environment (previously disadvantaged communities)  
**ZAR 9,200**

- \*Spouse present but not attending a school R7500
- \*Children under two years FREE
- \*Children 2 – 6 years R4000
- \*Children 7 – 17 years R6000
- \*Children over 17 years R7000
- \*Nanny attending children R7000

**Outreach Fees**

Outreach fees are not included in the cost of the school. You can expect to pay between ZAR 8,000 - 10,000

**PAYMENT PLANS**

100% due on the day of registration.

**BANK DETAILS**

Mission Overflow  
Account Number: 402400070  
Bank: Standard Bank South Africa  
Branch: 017045  
Swift Address: SBZAJJ  
Rustenburg South Africa

**METHOD OF PAYMENT**

Due to the volatility of the Rand against other major currencies, our prices are charged in local currencies. Through our local banks we are able to receive any currency through wire transfers. Students are also able to draw money from their personal accounts at local ATM's if they have one of the major credit cards e.g. VISA, MasterCard etc. Please check with your bank before coming to ensure your card can be used in foreign countries.

**FEE SCHEDULE**

Since YWAM is an international, interdenominational, multilingual, and multiracial organization, the fee schedule takes all of the above factors into consideration in order to make university level education accessible to applicants meeting the requirements for admission. We view the higher fees paid by students from more advantaged communities as their contribution to the process of empowering others who are less fortunate.

**FINANCIAL ASSISTANCE**

There is a limited amount of financial assistance available. Applications for this assistance will be prayerfully considered based on a full declaration of income, both monthly and annually by either the applicant or his/her parents. The assistance is to be formally applied for and will in no way be automatically given. Assistance can be from 10% - 70% and will never totally cover fees. An application for financial assistance must accompany the application for the school. Financial support is dependant on whether or not we have funds available to provide the support. School leadership is not obligated to provide support and reserves the right to deny any requests for assistance regardless of whether or not funds are available.

**PROCEDURE FOR NON-COMPLETION OF SCHOOL**

Should a student not complete the school, a proportionate refund per uncompleted weeks of that school may be made for board and lodging. The student will be responsible to pay the total tuition fees for the school. If a refund is made, it will only be for the non-tuition portion of the school that covers administration costs, board and lodging and other expenses incurred as a result of the student's attendance.

**MEDICAL COVERAGE**

All applicants from outside of the nation of South Africa are required to have medical insurance. Medical insurance can be arranged through Protea Medical Aid in South Africa for a monthly charge ranging between R350.00 to R450.00 a month. No applicant is allowed to attend the DTS without sufficient medical coverage.





**FINANCIAL SUPPORT**

Do you have the full amount to cover your school fees?  
 Yes  No

If answer is no, how much do you presently have?  
South African Rand \_\_\_\_\_

Where do you anticipate the provision for your school fees will come from? \_\_\_\_\_

Do you have financial support?  
 Yes  No

Do you have any outstanding debt?  
 Yes  No

If answer is yes, how much does it total?  
\_\_\_\_\_

How and by when will it be paid?  
\_\_\_\_\_

**FINANCIAL AID**

If you are in need of financial aid, what amount of your fees would you need the base to cover?

Please explain the circumstances surrounding your need for financial aid or scholarship: (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you done everything within your own power to raise the necessary funds for your tuition?  
 Yes  No

Financial assistance is not always available, but YWAM Rustenburg will review and pray over your application and will let you know if any financial aid can be provided. Financial aid is given at the discretion of YWAM Rustenburg.

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I/We have read and understood the terms of the Financial Policy of YWAM Rustenburg and understand that the payment of the required school fees must be made as stated under "Payment Plans". Further, I/we agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

\_\_\_\_\_  
Applicant's signature

Dated \_\_\_\_\_  
Day / Month / Year

If the applicant is under 18 years of age, signature of parent or guardian is required.

\_\_\_\_\_  
Name of parent/guardian  
Signature

Dated \_\_\_\_\_  
Day / Month / Year



# STUDENT APPLICATION

## PERSONAL INFORMATION

School Applying for: \_\_\_\_\_

Surname: [Last name] \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name: \_\_\_\_\_

### Contact Details

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone [include country code and area code] \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address [please print legibly] \_\_\_\_\_

Date of Birth [Day / Month / Year] \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Engaged  Married  Separated  Widowed  Divorced

Spouse's Name [if applicable] \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Children

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

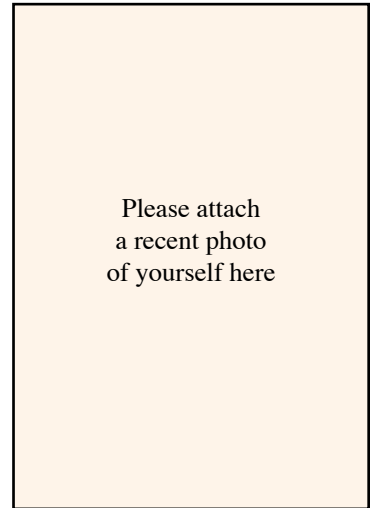
Note that married people MUST be accompanied by their spouse and children

## PASSPORT DETAILS

Name as it appears on passport \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Valid Until \_\_\_\_\_





# EMERGENCY CONTACT

## EMERGENCY INFORMATION

Contact person in case of emergency

Surname \_\_\_\_\_

First name \_\_\_\_\_

Relationship \_\_\_\_\_  
i.e. father, mother, brother etc.

Telephone \_\_\_\_\_  
(Include country & area code)

Cell phone \_\_\_\_\_  
(Include country & area code)

E-mail address \_\_\_\_\_

Home Church \_\_\_\_\_

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

## STUDENT EMERGENCY INFORMATION

Height	Weight	Blood Type
_____	_____	_____
cm	Kg	

Are you allergic to any drugs?    Yes            No

Please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSENT FOR TREATMENT

In the case of an emergency I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician deem necessary.

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

Dated \_\_\_\_\_  
Day/ Month /Year

If the applicant is under 18 years of age, signature of parent or guardian is required.

Name of parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_  
Day /Month /Year

## INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteers responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Applicant's signature \_\_\_\_\_

Dated \_\_\_\_\_  
Day / Month /Year

If the applicant is under 18 years of age, signature of parent or guardian is required.

Name of parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_  
Day / Month /Year

## DECLARATION

In applying to YWAM Rustenburg, I declare that the information I have submitted in this application is correct.

Student applicant's signature or  
Parent/guardian signature (if under 21)

Date \_\_\_\_\_ Relationship to student applicant \_\_\_\_\_





# LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper. When answering Life Questions, especially the questions regarding your spiritual life, please answer openly and fully. This will help us better assess your application. Also please know that all information you provide will be kept strictly confidential.

### A. SPIRITUAL LIFE

1. Describe your conversion experience and your present relationship with the Lord (no more than one page).
2. Have you been called to the mission field? If yes, give a brief account of your calling.
3. Why have you applied for this school? Please detail your guidance, confirmations, etc.

### B. CHURCH LIFE

1. Of which church are you presently a member? Please include the name, address, telephone & fax numbers and an email address (if applicable) of both the church and the minister/pastor.
2. Does your minister/pastor approve of you joining YWAM /doing this school? Will your church be willing to send you out as a missionary? Will the church be supporting you financially? If the answer is no to any of the above, please state the reason.
3. What leadership roles or church ministry have you been involved in? In your answer, please state where, when, duration of service, and with whom.

### C. PERSONAL LIFE

1. Please tick the words that in your opinion best describe yourself:

- |  |  |
|--|--|
| <input type="checkbox"/> active          | <input type="checkbox"/> depressed             |
| <input type="checkbox"/> impulsive       | <input type="checkbox"/> submissive            |
| <input type="checkbox"/> nervous         | <input type="checkbox"/> hurting               |
| <input type="checkbox"/> impatient       | <input type="checkbox"/> sincere               |
| <input type="checkbox"/> moody           | <input type="checkbox"/> flexible              |
| <input type="checkbox"/> imaginative     | <input type="checkbox"/> organized             |
| <input type="checkbox"/> serious         | <input type="checkbox"/> guilty                |
| <input type="checkbox"/> good-natured    | <input type="checkbox"/> courageous            |
| <input type="checkbox"/> quiet           | <input type="checkbox"/> people lover          |
| <input type="checkbox"/> likable         | <input type="checkbox"/> humorous              |
| <input type="checkbox"/> fearful         | <input type="checkbox"/> loyal                 |
| <input type="checkbox"/> lonely          | <input type="checkbox"/> ambitious             |
| <input type="checkbox"/> persistent      | <input type="checkbox"/> easy-going            |
| <input type="checkbox"/> hard-working    | <input type="checkbox"/> introvert             |
| <input type="checkbox"/> self-confident  | <input type="checkbox"/> extrovert             |
| <input type="checkbox"/> excitable       | <input type="checkbox"/> stubborn              |
| <input type="checkbox"/> self-conscious  | <input type="checkbox"/> calm                  |
| <input type="checkbox"/> sensitive       | <input type="checkbox"/> insecure              |
| <input type="checkbox"/> optimistic      | <input type="checkbox"/> practical             |
| <input type="checkbox"/> perfectionist   | <input type="checkbox"/> warm                  |
| <input type="checkbox"/> easily offended | <input type="checkbox"/> exceedingly emotional |

2. If you are not of age (18-21 depending on your nationality), do your parents approve of you joining YWAM?

3. Describe your present relationship with your parents and the rest of your family.

4. What are your interests and hobbies? List the three things you are most passionate about (even if they are of little spiritual importance)

5. Have you ever been involved in any of the following: (Please answer each one separately)

- Drug abuse (prescription or illegal drugs)
- Alcohol abuse
- Occult practices
- Sexual immorality
- Tobacco
- Abortions
- Cutting
- Homosexuality
- Pornography
- Sexual Abuse

If YES, please give details stating your present position.





6. Have you ever been married? If yes, how many times and please explain in detail.

7. Do you have any children, even if they are not living with you now? If yes, please explain.

8. Have you ever been charged or convicted of any crime? (If yes, please explain)

**D. MEDICAL LIFE**

1. Do you have any physical disabilities? If YES, please give details.

2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If yes, please give details.

3. Have you ever had any psychiatric treatment for such things as nervous or mental breakdowns, depression, manic-depression etc?

4. Do you have any learning disabilities or difficulties? If YES, please give details.

**E. EDUCATIONAL INFORMATION**

1. Have you graduated from High/Secondary School or it's equivalent? If YES, list the date of graduation and name of certificate/diploma received.

2. Have you had any college or university studies? Please list where and the years you were in attendance.

3. Do you have plans to continue your education with a college or university (after you complete your DTS)?

What line of study are you interested in?  
\_\_\_\_\_

**F. ENGLISH PROFICIENCY**

Please indicate by number your proficiency in English. (1 = very bad and 5 = very good)

1. What is your ability to speak English?  
 1  2  3  4  5

2. How well can you understand spoken English?  
 1  2  3  4  5

3. How well can you write in English?  
 1  2  3  4  5

4. What is your ability to understand written English?  
 1  2  3  4  5

**G. OTHER**

1. List your previous employers and the positions you held over the last two years.

2. Should you be accepted, by when do you have to hand in your notice at your current employer?

3. List the names, addresses, telephone & fax number and email addresses (if applicable) of the two people that you have handed your Confidential Reference Forms to.

4. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or small quarters for families?

5. Please explain your current living arrangements e.g. roommate/s (are they of the same or opposite sex), family (number of brothers and sisters in the house or grandparents, aunts, etc.)

6. List your abilities and talents (music, sewing, carpentry, graphics, first aid, etc.)

7. Is there anything else that you would like to tell us about yourself that would help us know you better?

(Please note that these questions are not designed to preclude you from being a student with YWAM Rustenburg but rather a way to help us understand where you are coming from and how we may be able to better disciple and mentor you.)





# CONFIDENTIAL HEALTH FORM

To the student: this information is treated confidentially and separate from your academic records.

Please answer ALL questions. Explain any 'YES' answers on a separate sheet of paper.

Have you ever had, or do you have, any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Skin conditions     | <input type="checkbox"/> Intestinal troubles   |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Epilepsy              |
| <input type="checkbox"/> Stomach ulcer       | <input type="checkbox"/> Rheumatism/arthritis  |
| <input type="checkbox"/> Eye trouble         | <input type="checkbox"/> Recurrent diarrhea    |
| <input type="checkbox"/> Hay fever/asthma    | <input type="checkbox"/> Fainting spells       |
| <input type="checkbox"/> Gall bladder issues | <input type="checkbox"/> Back problems         |
| <input type="checkbox"/> Heart conditions    | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Ear trouble         | <input type="checkbox"/> Kidney disease        |
| <input type="checkbox"/> Heart trouble       | <input type="checkbox"/> Dislocation of joints |
| <input type="checkbox"/> Jaundice            | <input type="checkbox"/> Mental disorders      |
| <input type="checkbox"/> Head injury         | <input type="checkbox"/> Nervous disorders     |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Weakness              |
| <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Broken bones          |
| <input type="checkbox"/> Recurrent headache  | <input type="checkbox"/> Anemia                |
| <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Paralysis             |
| <input type="checkbox"/> Insomnia            | <input type="checkbox"/> Eating disorders      |
| <input type="checkbox"/> Anorexia nervosa    | <input type="checkbox"/> Venereal disease      |
| <input type="checkbox"/> Tumor               | <input type="checkbox"/> Allergies             |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Bulimia               |
| <input type="checkbox"/> Appendectomy        | <input type="checkbox"/> Surgery               |
| <input type="checkbox"/> Tonsillectomy       | <input type="checkbox"/> Hernia repair         |

**FEMALES ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Severe cramps     |
| <input type="checkbox"/> Excessive flow    | <input type="checkbox"/> Are you pregnant? |

If you checked any of the above questions, please explain:

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Are you allergic to any food (eggs, peanuts, fish, etc.)? Please explain.

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Are you allergic to anything else (bee stings, pollen, etc.)? Please explain.

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How would you rate your health?

Excellent  
 Good  
 Fair  
 Poor

Is there anything you think we should be aware of?

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Are you currently on any medication (prescription or over-the-counter)? If so, please describe the medication, dosages and what the medication is for.

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**IMMUNIZATIONS**

Because of the nature of mission work, there is high risk of exposure to communicable diseases.

**YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODILY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV/AIDS, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.**

Youth With A Mission advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Injectable or oral Polio vaccine
- Tetanus
- Typhoid vaccine
- Hepatitis A
- Hepatitis B
- Meningitis vaccine
- MALARIA (you will need to bring malaria prophylaxis with you. Rustenburg is not a malaria area but it is possible that God may send us to a malaria area for outreach. These drugs are also readily available for purchase in any of the local Rustenburg pharmacies/Drug Stores.)



**THIS FORM IS TO BE COMPLETED BY YOUR DOCTOR  
TO THE PHYSICIAN:**

This person has applied for service with YOUTH WITH A MISSION. Please fill out the portion below and make any additional comments you deem necessary. Thank you.

Name of Patient \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ CG (over 40) \_\_\_\_\_

Visual acuity (without glasses)		With glasses		Hearing	
_____	_____	_____	_____	_____	_____
left	right	left	right	left	right

Are there abnormalities of the following systems? Please describe fully.

Ear/Nose/Throat _____	Eyes _____	Neurological _____
Cardiovascular _____	Respiratory _____	Musculoskeletal _____
Endocrine _____	Lymphatic _____	Dermatological _____
Hernial Orifices _____	Urological _____	Psychiatric _____

Would he/she be able to walk 2 – 5 kilometers (1 – 3 miles) per day?  Yes  No

**PHYSICIAN'S RECOMMENDATION:**

- Acceptable without limitations
- Acceptable with limitations
- Not acceptable (applicant should remain where adequate care is available)

Physician's name (PRINT) \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Day / Month / Year

Stamp





# PASTORAL REFERENCE

Please note: the Pastoral Reference Form is **not** to be returned to the applicant but to be sent directly to the registrar of YWAM Rustenburg.

Name of Applicant

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Name of Reference

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Return all forms to:  
The Registrar  
YWAM Rustenburg  
P O Box 21441  
Protea Park  
Rustenburg  
0305  
Tel: (+27) 72 901 9381  
Fax: (+27) 86 611 2438

The applicant named above has applied as a student with YOUTH WITH A MISSION in Rustenburg, South Africa. YWAM is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/ her needs should he/she be accepted as a student.

### 1. RELATIONSHIP WITH APPLICANT

What is your relationship with the applicant?

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little and 10 intimately)

1  2  3  4  5  6  7  8  9  10

### 2. CHRISTIAN EXPERIENCE

For how long has the applicant attended your church? (if applicable)

In what ways has the applicant been involved in the church and its various programs?

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature  Contagious
- Over-emotional  Superficial
- Genuine & growing

### 3. PERSONAL PROFILE

Please describe in your own words how you would rate the applicant in the following areas: [1=weak 6=strong]

Initiative                    1    2    3    4    5    6

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Attitude to work            1    2    3    4    5    6

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Social adaptability        1    2    3    4    5    6

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Reliability                    1    2    3    4    5    6

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Personal appearance      1    2    3    4    5    6

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Cooperation                1    2    3    4    5    6

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Concern for others        1    2    3    4    5    6

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Self-discipline            1    2    3    4    5    6

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Leadership                 1    2    3    4    5    6

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Christian character        1    2    3    4    5    6

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Emotional stability        1    2    3    4    5    6

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Temperament              1    2    3    4    5    6

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Ability to follow          1    2    3    4    5    6

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Punctuality                1    2    3    4    5    6

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Flexibility                 1    2    3    4    5    6

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Perseverance              1    2    3    4    5    6

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Stewardship               1    2    3    4    5    6

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Ability to cope with stress 1    2    3    4    5    6

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Teachable                 1    2    3    4    5    6

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Please indicate what words or descriptions best pertain to the applicant

- impatient
- intolérant
- easily embarrassed
- easily offended
- frequently worried
- nervous or tense
- unable to cope with stress
- prejudiced
- domineering
- argumentative
- critical of others
- discouraged
- anxious
- given to moods
- addictive behavior
- erratic in attitudes

If you have noticed any or similar limitations in the applicant's life, please elaborate.

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Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

- Yes  No If YES, please explain.

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#### 4. FAMILY BACKGROUND

Please comment briefly on the applicant's family background (if known)

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#### 5. ADDITIONAL COMMENTS

Does the applicant display prejudice towards other races or nationalities?

- Yes  No  Unaware If YES, please explain.

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Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?

- Yes  No  Unaware If YES, please explain.

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Does the applicant respond well to authority?

- Yes  No  Unaware If YES, please explain.

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Is the applicant financially responsible?

- Yes  No  Unaware If YES, please explain.

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Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

#### 6. RECOMMENDATION

Would you recommend the applicant?

- Definitely unsuited
- At this time he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Exceptional prospect

#### 7. REFEREE INFORMATION

I declare that the contents of this confidential reference are correct to the best of my knowledge

Dr, Ps, Mr, Mrs, Miss

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Telephone (include country & area code)

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Mobile (include country & area code)

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E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_

Day/Month/ Year

Thank you for your assistance. Would you like to receive further information about YWAM Rustenburg?

- Yes  No

Please feel free to contact us on +27 (0)14 5925290 if you have any additional comments or queries.

Please note: the Pastoral Reference Form is not be returned to the applicant but to be sent directly to the registrar of YWAM Rustenburg.





# FRIEND REFERENCE

Name of Applicant

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Name of Reference

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The applicant named above has applied as a student with YOUTH WITH A MISSION in Rustenburg, South Africa. YWAM is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/ her needs should he/she be accepted as a student.

Return all forms to:  
The Registrar  
YWAM Rustenburg  
P O Box 21441  
Protea Park  
Rustenburg  
0305  
Tel: (+27) 72 901 9381  
Fax: (+27) 86 611 2438

### 1. RELATIONSHIP WITH APPLICANT

What is your relationship with the applicant?

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little and 10 intimately)

1  2  3  4  5  6  7  8  9  10

### 2. CHRISTIAN EXPERIENCE

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature
- Over-emotional
- Genuine & growing
- Contagious
- Superficial

### 3. PERSONAL PROFILE

Please describe in your own words how you would rate the applicant in the following areas: [1=weak 6=strong]

Initiative                    1    2    3    4    5    6

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Attitude to work            1    2    3    4    5    6

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Social adaptability        1    2    3    4    5    6

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Reliability                    1    2    3    4    5    6

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Please note: the Reference Form is not be returned to the applicant. Please mail or fax it directly to the registrar of YWAM Rustenburg.





Personal appearance      1    2    3    4    5    6

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Cooperation              1    2    3    4    5    6

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Concern for others      1    2    3    4    5    6

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Self-discipline          1    2    3    4    5    6

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Leadership                1    2    3    4    5    6

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Christian character      1    2    3    4    5    6

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Emotional stability      1    2    3    4    5    6

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Temperament             1    2    3    4    5    6

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Ability to follow         1    2    3    4    5    6

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Punctuality              1    2    3    4    5    6

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Flexibility                1    2    3    4    5    6

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Perseverance            1    2    3    4    5    6

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Stewardship             1    2    3    4    5    6

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Ability to cope with stress 1    2    3    4    5    6

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Teachable                1    2    3    4    5    6

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Please indicate what words or descriptions best pertain to the applicant

- impatient
- intolérant
- easily embarrassed
- easily offended
- frequently worried
- nervous or tense
- unable to cope with stress
- prejudiced
- domineering
- argumentative
- critical of others
- discouraged
- anxious
- given to moods
- addictive behavior
- erratic in attitudes

If you have noticed any or similar limitations in the applicant's life, please elaborate.

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Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 Yes  No If YES, please explain.

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#### 4. FAMILY BACKGROUND

Please comment briefly on the applicant's family background (if known)

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#### 5. ADDITIONAL COMMENTS

Does the applicant display prejudice towards other races or nationalities?

Yes  No  Unaware If YES, please explain.

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Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?

Yes  No  Unaware If YES, please explain.

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Does the applicant respond well to authority?

Yes  No  Unaware If YES, please explain.

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Is the applicant financially responsible?

Yes  No  Unaware If YES, please explain.

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Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

#### 6. RECOMMENDATION

Would you recommend the applicant?

- Definitely unsuited
- At this time he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Exceptional prospect

#### 7. REFEREE INFORMATION

I declare that the contents of this confidential reference are correct to the best of my knowledge

Dr, Ps, Mr, Mrs, Miss

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Telephone (include country & area code)

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Mobile (include country & area code)

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E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_

Day/Month/ Year

Thank you for your assistance. Would you like to receive further information about YWAM Rustenburg?

Yes  No

Please feel free to contact us on +27 72 901 9381 if you have any additional comments or queries.

Please note: the Reference Form is not be returned to the applicant. Please mail or fax it directly to the registrar of YWAM Rustenburg.





#### CHECK LIST FOR APPLICATION

Here is a check off list to help you make sure your application is complete.

- Application Form (the emergency contact, physicians form etc is all part of this)
- Registration Fee
- Police Clearance Certificate
- Pastor Reference
- 2 Friend References