



School of Biblical Studies Application Information Guide to Completing Applications: The following items must be submitted before your application can be processed. All the questions must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives must complete separate forms. Children each have their own.

1. Application Form: Please fill this out legibly and completely, and sign the application form. PLEASE GIVE A COMPLETE MAILING ADDRESS AND INDICATE WHICH ADDRESS AN ACCEPTANCE PACKET COULD BE SENT TO.
2. Photo: Please attach a recent photo of yourself, size does not matter.
3. Registration Fee: Your \$25.00 (\$40.00 per married couple) must be forwarded with the application. This fee is not refundable, and your application cannot be processed without it.
4. Confidential References: Three confidential references are enclosed. One reference should be given to each of the following: 1-YWAM Leader/DTS Leader/Leader, 2-Pastor/Pastoral Staff, 3-Friend. Request they fill it out and mail it directly to the Registrar. You may want to give them a stamped envelope with the YWAM- Phang Nga address on it.
5. Medical Requirements: The Confidential Health Form must be completed by your physician and sent directly to the Registrar. If you have school age children, they must also fill one out. Children in kindergarten or younger will be sent a less detailed form. Be sure to have the physician who performed the physical sign your form. Be sure to have the TB test. Documentation must clearly indicate the test performed and the results. These details are very important your application cannot be processed without it.
6. Acknowledgement of Financial Responsibility, Release of Liability, and Consent for Treatment: These sections must be signed. If you are under 18, be sure to have a parent or guardian sign the form also.
7. Passport: Those who do not have a passport yet should apply for one immediately.
8. Visas: INTERNATIONAL STUDENTS--when accepted you will receive a special letter from the national office with which you can request a 3-month non-immigrant visa with multiple entries for Thailand. Full details will be given when accepted. Please do not make any visa application without the acceptance letter.
9. QUESTIONS: Please prayerfully answer the following questions on a separate sheet of paper.
 1. Describe what you have been doing since your DTS (education, job, mission experience, etc.).
 2. How has the Lord worked in your life during, and since, DTS?
 3. Describe your expectation of this SBS. State your reason for applying. What is your ultimate purpose upon completion?
 4. Having considered the daily time commitment, are you willing to invest the necessary time and study to complete this intensive course?
 5. If you were not accepted as part of this school, what would you do (your next steps or alternatives)?
 6. Describe your present relationship with you local church, leaders and your involvement there. Do they support you in your application to the SBS?
 7. Would your church help support you in prayer and finances for future involvement in mission work?
 8. Do you have any difficult situations to deal with in regard to attending SBS? What can we help you with?
 9. Do you have any outstanding debts or restitution to pay before attendance? Please state your present financial situation in regard to paying SBS fees and other costs that may be incurred.
 10. Are your parents in approval of you doing an SBS?
 11. Have you received any previous theological/Bible training? If so, which school or seminary?

All information contained in this form will be strictly confidential.

YWAM-Chiang Mai

School of Biblical Studies

Application

Please return all forms to:

SBS Chiang Mai
78/2 M.14 T.Sutep A.Muang
Chiang Mai 50202
Thailand

sbschiangmai@yahoo.com

Important!

Please
attach
a recent
Photo
here.

I wish to attend the SBS beginning _____
(Month) (Year)

Registration fee enclosed _____

Mr/Mrs/Miss _____
(Last Name/Family Name) (First Name) (Middle Name) (Prefer to be Called)

Present Address: (PO Box /Street) _____ (City) _____
(State/Province) _____ (Postal/Zip Code) _____ (Country) _____ (Phone) _____ -

(Fax) _____ - (E-mail) _____

PERMANENT ADDRESS: (PO Box /Street) _____
(City) _____ (State/Province) _____ (Postal/ZipCode) _____ (Country) _____
(Phone) _____ -

(Fax) _____ - (E-mail) _____

IN CASE OF EMERGENCY, CONTACT: (Full Name) _____ (Relationship) _____
(PO Box /Street) _____ (City) _____
(State/Province) _____ (Postal/Zip Code) _____ (Country) _____
(Phone) _____ - (Fax) _____ - (Office) _____ -

HOME CHURCH: (Name) _____ (Pastor's Name) _____
(PO Box /Street) _____ (City) _____
(State/Province) _____ (Postal/Zip Code) _____ (Country) _____ (Church Phone) _____ -
(Fax) _____ - Length of Attendance _____

GENERAL INFORMATION:

Date of Birth (mo.) ____ (day) ____ (yr.) ____ Age ____ Country of Birth _____
Country of Citizenship _____ Do you have a Passport? ____ (Yes or No)
If Yes, when does it expire? (mo.) ____ (day) ____ (yr.) ____
Marital Status (please circle one): Single, Married, Separated, Divorced, Engaged
Spouse's name _____ Anniversary (mo.) ____ (day) ____ (yr.) ____

Number of children accompanying you _____
Name _____ Birth date ____/____/____ Passport? _____
Name _____ Birth date ____/____/____ Passport? _____
Name _____ Birth date ____/____/____ Passport? _____
Name _____ Birth date ____/____/____ Passport? _____

Your Educational History:

High/ Secondary school or equivalent from which you graduated (or will be):
Name _____ Location _____
Date of Graduation (mo.) ____ (yr.) ____ I have not completed high school _____
College/University/Vocational School/Seminary Attended:
Name _____ Where _____ From _____ To _____
(mo./yr.) (mo./yr.)
Name _____ Where _____ From _____ To _____
(mo./yr.) (mo./yr.)

Occupational Skills _____
Musical Ability or other Talents _____

Miscellaneous information:

How did you hear about the base? _____

What reasons most influenced your decision to apply for the SBS in Phang Nga? _____

Do you plan to pursue a University of the Nations degree? _____ (Yes/No)

**Please keep in mind that complete fees for lecture phase are due the first day of class.

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Phang Nga. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the Spirit, rules and schedule of the school.

Signature _____ Date _____

Release of Liability:

I/we do hereby release Youth With A Mission, it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant's Signature

Date

Signature of Parent or Guardian if applicant is under 18 years of age

Parent or Guardian Signature

Date

Relationship

Consent for Treatment:

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

Applicant's Signature

Date

Signature of Parent or Guardian if applicant is under 18 years of age

Parent or Guardian Signature

Date

Relationship

YWAM-Chiang Mai Confidential Reference Form

YWAM Leader/DTS Leader/Leader

Please return to:

SBS Chiang Mai
78/2 M.14 T.Sutep
A.Muang
Chiang Mai 50202
Thailand

sbschiangmai@yahoo.com

SBS REF.
L-1

To the person filling out this form: The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

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

(Applicant's Signature)

- How long have you known the applicant? _____
- How well do you know the applicant? ___very well ___well ___acquaintance ___casually
- Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not observed	Comments
Communication	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____	_____	_____
Working w/others	_____	_____	_____	_____	_____	_____
Stewardship	_____	_____	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____	_____

4. In which of the above mentioned areas would you say the applicant is especially gifted? _____

5. Does he/she display high moral standards? ___ yes, or ___ no. (If no, please explain) _____

6. How does the applicant usually react in trying situations: (Please check one)

___ Withdraws ___ Gets discouraged ___ Gets angry
___ Meets constructively ___ Accepts patiently ___ Other _____

7. Please rate this applicant by placing a check under each of the following categories:

Physical Condition

___ limited ___ normal ___ healthy

Intelligence

___ slow ___ average ___ alert

Social Adaptability

___ shy ___ friendly ___ outgoing

Industrious

___ hard worker ___ average ___ not really

Flexibility

___ open ___ average ___ tense

Punctuality

___ punctual ___ average ___ often late

Personal Appearance

___ tolerable ___ normal ___ great

Teamwork

___ independent ___ average ___ cooperative

Emotional Resilience

___ very sensitive ___ even keel ___ strong

Reliability

___ always ___ average ___ somewhat

Disposition

___ cheerful ___ passive ___ moody

Financial

___ honorable ___ normal ___ irresponsible

8. Listed below are some of the qualities that describe a leader. Please rate as follows:

(W= weak, D= Developing, A= Average, M= Mature, S= Strong)

- | | | |
|--|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Decision making ability | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Gets along with everyone | <input type="checkbox"/> Emotional stability |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Teachable attitude | |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Respects the convictions of others | |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Able to deal with inter-personal problems | |

9. For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant: easily embarrassed, offended or discouraged, given to exclusive & absorbing infatuations, frequently worried, anxious, nervous or tense, lacking in humor, unable to take a joke, prejudice toward groups races or nationalities, unable to cope with stress, erratic in actions, impatient, moody, intolerant, argumentative, domineering, "cocky", critical of others, exaggerates, "gives in" to peer pressure , easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

10. Does the applicant respond well to authority? Yes No

If "no", please explain: _____

11. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

If "no", please explain: _____

12. Have you enjoyed having the applicant study/work under you? Yes No

If "no", please explain: _____

13. Has the applicant been an asset to your class/business? Yes No

If "no", please explain: _____

14. Has the applicant proven on any occasion to be dishonest or of questionable character? Yes No

If "yes", please explain: _____

15. **Emotional Stability:** Due to the cultural and environmental context of the school, adjustments may have to be made. Keeping in mind the challenge of unusual demands, please rate the applicant as to his/her maturity and stability: (Please check one)

Mature: Has proven ability to operate under stress and pressure.

More mature and emotionally stable than average

Possesses adequate emotional stability

Doubtful: Experience has shown that the applicant might not be able to endure stress

Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

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

17. Would you recommend the applicant for the YWAM School that he/she is applying for?

Unsuitd

Average prospect

At this time, he/she is unsuitd

Great prospect

Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____
(Street) (City) (State/Province) (Zipcode) (Country)

Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed _____ Date _____

YES! I would like further information on Youth With A Mission

REF. L-2

YWAM-Chiang Mai Confidential Reference Form

Pastor/Pastoral Staff

Please return to:

SBS Chiang Mai
78/2 M.14 T.Sutep
A.Muang
Chiang Mai 50202
Thailand

sbschiangmai@yahoo.com

SBS REF.
P-1

To the person filling out this form: The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

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

(Applicant's Signature)

- How long have you known the applicant? _____
- How well do you know the applicant? ___very well ___well ___acquaintance ___casually
- Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not observed	Comments
Communication	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____	_____	_____
Working w/others	_____	_____	_____	_____	_____	_____
Stewardship	_____	_____	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____	_____

4. In which of the above mentioned areas would you say the applicant is especially gifted? _____

5. Does he/she display high moral standards? ___ yes, or ___ no. (If no, please explain) _____

6. How does the applicant usually react in trying situations: (Please check one)

___ Withdraws ___ Gets discouraged ___ Gets angry
___ Meets constructively ___ Accepts patiently ___ Other _____

7. Please rate this applicant by placing a check under each of the following categories:

Physical Condition

___ limited ___ normal ___ healthy

Intelligence

___ slow ___ average ___ alert

Social Adaptability

___ shy ___ friendly ___ outgoing

Industrious

___ hard worker ___ average ___ not really

Flexibility

___ open ___ average ___ tense

Punctuality

___ punctual ___ average ___ often late

Personal Appearance

___ tolerable ___ normal ___ great

Teamwork

___ independent ___ average ___ cooperative

Emotional Resilience

___ very sensitive ___ even keel ___ strong

Reliability

___ always ___ average ___ somewhat

Disposition

___ cheerful ___ passive ___ moody

Financial

___ honorable ___ normal ___ irresponsible

8. Listed below are some of the qualities that describe a leader. Please rate as follows:

(W= weak, D= Developing, A= Average, M= Mature, S= Strong)

- | | | |
|--|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Decision making ability | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Gets along with everyone | <input type="checkbox"/> Emotional stability |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Teachable attitude | |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Respects the convictions of others | |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Able to deal with inter-personal problems | |

9. For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant: easily embarrassed, offended or discouraged, given to exclusive & absorbing infatuations, frequently worried, anxious, nervous or tense, lacking in humor, unable to take a joke, prejudice toward groups races or nationalities, unable to cope with stress, erratic in actions, impatient, moody, intolerant, argumentative, domineering, "cocky", critical of others, exaggerates, "gives in" to peer pressure , easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

10. Does the applicant respond well to authority? Yes No

If "no", please explain: _____

11. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

If "no", please explain: _____

12. Have you enjoyed having the applicant study/work under you? Yes No

If "no", please explain: _____

13. Has the applicant been an asset to your class/business? Yes No

If "no", please explain: _____

14. Has the applicant proven on any occasion to be dishonest or of questionable character? Yes No

If "yes", please explain: _____

15. **Emotional Stability:** Due to the cultural and environmental context of the school, adjustments may have to be made. Keeping in mind the challenge of unusual demands, please rate the applicant as to his/her maturity and stability: (Please check one)

Mature: Has proven ability to operate under stress and pressure.

More mature and emotionally stable than average

Possesses adequate emotional stability

Doubtful: Experience has shown that the applicant might not be able to endure stress

Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

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

17. Would you recommend the applicant for the YWAM School that he/she is applying for?

Unsuitd

Average prospect

At this time, he/she is unsuitd

Great prospect

Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____

(Street) (City) (State/Province) (Zipcode) (Country)

Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed _____ Date _____

YES! I would like further information on Youth With A Mission

REF. P-2

YWAM-Chiang Mai

Confidential Reference Form

Friend

Please return to:

SBS Chiang Mai
78/2 M.14 T.Sutep
A.Muang
Chiang Mai 50202
Thailand

sbschiangmai@yahoo.com

SBS REF.
F-1

To the person filling out this form: The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

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

(Applicant's Signature)

- How long have you known the applicant? _____
- How well do you know the applicant? ___very well ___well ___acquaintance ___casually
- Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not observed	Comments
Communication	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____	_____	_____
Working w/others	_____	_____	_____	_____	_____	_____
Stewardship	_____	_____	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____	_____

4. In which of the above mentioned areas would you say the applicant is especially gifted? _____

5. Does he/she display high moral standards? ___ yes, or ___ no. (If no, please explain) _____

6. How does the applicant usually react in trying situations: (Please check one)

___ Withdraws ___ Gets discouraged ___ Gets angry
___ Meets constructively ___ Accepts patiently ___ Other _____

7. Please rate this applicant by placing a check under each of the following categories:

Physical Condition

___ limited ___ normal ___ healthy

Intelligence

___ slow ___ average ___ alert

Social Adaptability

___ shy ___ friendly ___ outgoing

Industrious

___ hard worker ___ average ___ not really

Flexibility

___ open ___ average ___ tense

Punctuality

___ punctual ___ average ___ often late

Personal Appearance

___ tolerable ___ normal ___ great

Teamwork

___ independent ___ average ___ cooperative

Emotional Resilience

___ very sensitive ___ even keel ___ strong

Reliability

___ always ___ average ___ somewhat

Disposition

___ cheerful ___ passive ___ moody

Financial

___ honorable ___ normal ___ irresponsible

8. Listed below are some of the qualities that describe a leader. Please rate as follows:

(W= weak, D= Developing, A= Average, M= Mature, S= Strong)

- | | | |
|--|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Decision making ability | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Gets along with everyone | <input type="checkbox"/> Emotional stability |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Teachable attitude | |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Respects the convictions of others | |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Able to deal with inter-personal problems | |

9. For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant: easily embarrassed, offended or discouraged, given to exclusive & absorbing infatuations, frequently worried, anxious, nervous or tense, lacking in humor, unable to take a joke, prejudice toward groups races or nationalities, unable to cope with stress, erratic in actions, impatient, moody, intolerant, argumentative, domineering, "cocky", critical of others, exaggerates, "gives in" to peer pressure , easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

10. Does the applicant respond well to authority? Yes No

If "no", please explain: _____

11. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

If "no", please explain: _____

12. Have you enjoyed having the applicant study/work under you? Yes No

If "no", please explain: _____

13. Has the applicant been an asset to your class/business? Yes No

If "no", please explain: _____

14. Has the applicant proven on any occasion to be dishonest or of questionable character? Yes No

If "yes", please explain: _____

15. **Emotional Stability:** Due to the cultural and environmental context of the school, adjustments may have to be made. Keeping in mind the challenge of unusual demands, please rate the applicant as to his/her maturity and stability: (Please check one)

Mature: Has proven ability to operate under stress and pressure.

More mature and emotionally stable than average

Possesses adequate emotional stability

Doubtful: Experience has shown that the applicant might not be able to endure stress

Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

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

17. Would you recommend the applicant for the YWAM School that he/she is applying for?

Unsuitd

Average prospect

At this time, he/she is unsuitd

Great prospect

Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____
(Street) (City) (State/Province) (Zipcode) (Country)

Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed _____ Date _____

YES! I would like further information on Youth With A Mission

REF. F-2

YWAM-Chiang Mai

Confidential Health Form

Please return to:

SBS Chiang Mai
78/2 M.14 T.Sutep
A.Muang
Chiang Mai 50202
Thailand

sbschiangmai@yahoo.com

HEALTH INFORMATION

APPLICANT'S NAME: _____

VACCINATIONS

Listed below are the vaccinations that we recommend you consider. You can also consult your physician. It is possible to have things taken care of in Thailand, which in most cases will be cheaper. Just realize that most doctors here in Thailand are easy going about the issue, they usually only advise Hepatitis B. They may also recommend Japanese Encephalitis for those that live close to pigs. However, over the years several of our staff have come down with Typhoid, Hepatitis and have been bitten by dogs.

1. Polio
2. Tetanus (within the last five years)
3. Typhoid (within the last seven years)
4. Japanese Encephalitis (available in Thailand)
5. DP (diphtheria, pertussis)
6. Rabies (definitely recommended for families, especially if you like pets, as rabies is a problem here). This is available in Thailand as a series of 5 injections.
7. BCG (if not positive PPD.)
8. Measles
9. Hepatitis B + A

SCHOOL YOU ARE APPLYING FOR: _____ **DATE:** ____ / ____ / ____
(mo) (yr)

Name: _____ Date of Birth ____ / ____ / ____
(Last) (First) (Middle Initial) (mo) (day) (yr)

Permanent Address: _____
(Street) (City) (State/Province) (Zipcode) (Country)

Home PH: _____ - _____ - _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(Last) (First)
Permanent Address: _____
(Street) (City) (State/Province) (Zipcode) (Country)

Relationship: _____ Home PH: _____ - _____ - _____

PERSONAL HEALTH CHART

APPLICANT'S NAME: _____

Part A: Personal History: Please answer all the questions below. Comment on all positive answers in the space on the back or on a separate sheet of paper. Have you ever had, or do you have, any of the following?

	Yes	No		Yes	No
Skin disease:	_____	_____	Epilepsy	_____	_____
Eye Trouble:	_____	_____	Stomach/Duodenal Ulcer	_____	_____
Ear Trouble:	_____	_____	Gall Bladder Problems	_____	_____
Head Injury:	_____	_____	Fainting Spells	_____	_____
Asthma:	_____	_____	Mental/Nervous Disorder:	_____	_____
Tuberculosis:	_____	_____	Jaundice:	_____	_____
Paralysis:	_____	_____	Intestinal Troubles:	_____	_____
Hepatitis:	_____	_____	Shortness of Breath:	_____	_____
Hay Fever:	_____	_____	Diabetes:	_____	_____
Kidney Disease:	_____	_____	High Blood Pressure:	_____	_____
Anemia:	_____	_____	Recurrent headaches:	_____	_____
Venereal Disease:	_____	_____	Tumor/Cancer:	_____	_____
Heart Trouble:	_____	_____	Rheumatism/Arthritis:	_____	_____
Broken Bones:	_____	_____	Dislocation of Joints:	_____	_____
Surgery:	_____	_____	Insomnia:	_____	_____
Appendectomy:	_____	_____	Recurrent Diarrhea:	_____	_____
Tonsillectomy:	_____	_____	Recurrent Urinary Infections:	_____	_____
Hernia Repair:	_____	_____	Low Blood Pressure:	_____	_____
Epilepsy:	_____	_____	Allergy to Penicillin:	_____	_____
Easily Fatigued	_____	_____	Allergy to Sulfonamides:	_____	_____
Back Problems:	_____	_____	Allergy to Serum:	_____	_____

Allergy to Foods: (Specify)

FEMALES ONLY:

Irregular periods:	_____	_____	Are you pregnant:	_____	_____
Severe cramps:	_____	_____	Previous pregnancy:	_____	_____
Excessive flow:	_____	_____		_____	_____

Explanations for positive answers:

Are you at present under a doctor's care for any condition? If yes, please explain:

If you use any type of medication regularly, name the medication and explain the condition.

PART B: PHYSICIAN'S EVALUATION

Applicant's Name _____ Date of Application ____ / ____ / ____
Last First Middle Initial mo day yr

TO THE PHYSICIAN:

Please review the information in PART A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

APPLICANT'S AGREEMENT:

I agree to let the physician who does my physical examination give my employer (YWAM) information about my health. Only information that is relevant and necessary for my future working situation shall be given.

Signature: _____

PHYSICAL EXAMINATION

Height:	_____	Weight:	_____ (Over/underweight?) _____
BP:	_____	Pulse:	_____
Blood Type:	_____	Rh Factor:	_____
Heart:	_____		
Lungs:	_____		
Abdomen:	_____		
Neurological:	_____		
Skeletal system:	_____		
Eyes:	_____		
Ears:	_____	Hearing:	_____
Skin:	_____	Lymph nodes:	_____

LABORATORY TESTS (Please attach results)

- a. Complete blood count.
- b. VDRL (syphilis)
- c. HIV
- d. Urine analysis.
- e. Chest x-ray

Over age of 40 years, the following in addition:

- f. Electrocardiogram.
- g. Breast examination and PAP smear. (Women only)
- h. Tests for hyperlipidemia (cholesterol & triglycerides).

If coming from Asia or Africa only:

- i. Alfa-feto protein*

TUBERCULOSIS CONTROL (within 6 months of the school)

One of the following:

Chest X-ray	_____	_____	_____
Skin Test*	_____	_____	_____
	Date	Result	Examination Facility

*If your skin test is positive you MUST have a chest X-ray.

Date of last DT (Diphtheria/Tetanus) booster: Mo. _____ Day _____ Yr. _____ (must be within the last 5 years)

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

FEEDBACK TO YWAM

In your opinion, is the applicant/staff physically and mentally able to participate with YWAM Thailand?

• YES, without reservations _____

• YES, but with the following reservations/ under the following conditions:

• NO, because of the following reasons:

• Are there any conditions in the applicant's/staff health that YWAM should be aware of:

Name and Address of Physician: _____

CONSENT OF BURIAL

I agree that in the case of my death while in Youth With A Mission, YWAM may have to carry out the burial in the location of death. If my family desires to see the body shipped home I understand that my family would need to pay for all expenses incurred in case my insurance would not cover the costs.

I HEREBY ABSOLVE YOUTH WITH A MISSION AND ITS ENTIRE STAFF AND ASSOCIATES FROM ANY RESPONSIBILITY FOR REPATRIATION COSTS.

NAME (print or type): _____

DATE: _____

SIGNATURE: _____