

**Please print this application form**

- Please complete all the required questions - if a question does not apply to you enter N/A (Not Applicable) in the space.
- Husbands and wives must submit separate application forms.
- **If you have further questions, e-mail us at: [chatel@uofn.ch](mailto:chatel@uofn.ch)**

Use this as your checklist:

---

**A.  Application form**

(this form here)

---

**B.  Registration fee**

(A non-refundable Registration fee of CHF 25.00 / \$20.00 {singles} and Chf30.00 / \$24.00 {couples} to be sent with your application. Your application won't be processed without it.

---

**C.  Personal History**

Please prayerfully and concisely answer the following questions on a separate piece of paper and attach it to your application form.

1. Have you attended a DTS? No \_\_\_\_\_ Yes \_\_\_\_\_  
Location \_\_\_\_\_  
Date school began \_\_\_\_\_ Date school ended \_\_\_\_\_  
School Leader \_\_\_\_\_
2. Have you attended any other YWAM / U of N schools? No \_\_\_\_ Yes \_\_\_\_  
If yes, please list school name, location dates and school leader's name.

---

---

Please answer the following questions on a separate sheet of paper, giving as much detail as possible.

3. How did you hear about the Addictive Behavior Counseling School?
4. Describe as completely as possible your call to work with compulsive behavior Individuals and /or families.
5. Describe your long-range goals in the counseling ministry.
6. List areas for growth revealed to you during your previous YWAM involvement and write a progress report on what has happened since. Especially mention any areas discovered

during your previous counseling school(s)

7. What counseling experience have you had? Describe any experience you have had in clinical counseling.
8. Have you ever worked with addictive behavior groups or individuals? If yes, briefly summarize your activities.
9. Describe any compulsive behaviors that you are presently dealing with or have dealt with.
10. Do you come from a confused shame-based family? If so, describe.
11. Have you ever worked with or attended 12-step recovery groups? If yes, tell which ones and how long.
12. Outline your work history for the last 5 years. What type of business were you involved in and what were your areas of responsibility?
13. Describe your church involvement for the last 5 years. What areas of ministry have you been involved in within your local church or community? What amount of time have you given to each?
14. Students taking this course will be expected to complete the 3-month Field Assignment (CHC 359). Please describe any considerations that would affect your ability to fulfill these expectations.
15. If you have been involved in any of the following, please explain the circumstances briefly, the time and length of involvement, and what you have done to deal with this part of your history.
  - a. Drug and/or alcohol abuse
  - b. Homosexuality.
  - c. Patterns of heterosexual sin, including pornography and promiscuity
  - d. Occult and others.

---

**D.  Reference forms**

One of these forms is to be given to your Pastor or a spiritual leader,

one to your previous YWAM leader.

Fill your name in the top yourself and ask these people to complete it and mail it directly to The Registrar, JEM Châtel, 1186 Essertines-sur-Rolle, Switzerland.

---

**F.  Photograph**

A recent passport size photo of yourself attached to the application form.

**Please mail everything to:**

**The Registrar  
JEM Châtel  
1186 Essertines-sur- Rolle  
Switzerland**

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

**Month /**

**Year:** \_\_\_\_\_

**Application Fee Enclosed:**

**Photo included.**

**Mr, Mrs, Miss:** \_\_\_\_\_

*(Last, (Family Name/First Name/Preferred Name/Middle)*

**Address for correspondence:**

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Birth Place (city/country):** \_\_\_\_\_

**In Case of Emergency - Contact**

**Person:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Predominant Ethnic Background:** \_\_\_\_\_  
*e.g. European; Maori; Chinese; Korean; African etc.*

**Passport Information**

**Country of Citizenship:** \_\_\_\_\_

**Name (as on passport):** \_\_\_\_\_

**City & Country issued:** \_\_\_\_\_

**Passport N°:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_ **Expire Date:** \_\_\_\_\_

**Visa Information:** Type of Visa: \_\_\_\_\_

**Date visa issued:** \_\_\_\_\_ **Date visa expires:** \_\_\_\_\_

**City and Country where visa issued:** \_\_\_\_\_

**Have you ever been refused a visa?** No  Yes

**(Give nation and details)**  
\_\_\_\_\_

**Marital Status**

**Current status (circle):** Single / Engaged / Married / Separated / Divorced / Widowed

**Dates if applicable:** \_\_\_\_\_

**Do you expect any change to the above status in the near future?**  No  Yes

**Details:** \_\_\_\_\_

**Names of children accompanying you:**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Dates (dd/mm/yy)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Church Information**

Church Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

Does your pastor know you are applying for this program:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Declaration

Are you currently on any kind of medication?  No   
Yes (if yes please state)

Do you consider your health to be:  Excellent  Good  Fluctuating  Bad  
Are there specific health problems (allergy, diet, back problems, etc...) that we should be aware of:  No  Yes (Please give details):

I hereby certify that the above declaration is correct:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Financial Information

Do you currently have any debts we should be aware of:  No  Yes (Please give details)

Will you have all the finances necessary for the school on arrival? ( Total amount of school fees are payable on arrival unless other arrangements have been made with the school leader)

Lecture Phase:  Yes  No

Outreach Phase:  Yes  No

**Consent for Treatment**

I hereby agree to the performance of such treatment, anaesthetics and operations as the attending physician deems necessary.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Languages**

What Languages do you speak, read and write (circle):

\_\_\_\_\_ fluent / conversational / rudimentary

\_\_\_\_\_ fluent / conversational / rudimentary

\_\_\_\_\_ fluent / conversational / rudimentary

**Educational and Professional Background**

Which schools have you completed with Youth With A Mission?

School	Date	Place	Outreach	Date	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Which studies have you completed outside of YWAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your professional background?

---

---

**Skills**

**Occupational skills:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_

**Musical ability or other skills:** \_\_\_\_\_

**Liability Release**

**Please complete and sign the following sections. Understand that they are necessary to protect us from possible legal action.**

**I/we hereby release Youth With A Mission, its agents, employees and volunteer assistants, from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with "Youth With A Mission**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Declaration**

**I confirm that I have understood the "Youth With A Mission" tuition policy. I commit myself to paying all expenses incurred during my involvement with "Youth With A Mission". I have completed all parts of the application for admission to "Youth With A Mission" and if I am accepted, I will abide by the spirit, policy, and schedule of the program.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

---

---