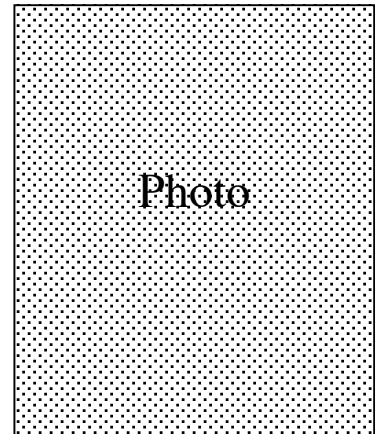


School Application Form

- To complete the application electronically, open the file with Adobe Reader X, then click on "Sign" in top menu, then click on "Add Text" in menu on right. When finished 'Finalize Changes' and under 'Tools' send it as email back to us.
- 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.



→ Use this as your checklist:

Application form

Photograph

Attach a recent passport size photo of yourself →

Registration fee

(A non-refundable Registration fee of CHF 20.00 / \$20.00 {for singles} and CHF 30.00 / \$30.00 {for couples} to be sent with your application. Your application won't be processed without it.

Personal History

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

1. What counseling experience have you had in or out of missions?
2. What makes you interested in applying for this particular school?
3. Do you have an interest in pursuing counseling in the future?
4. In what ways do you plan to use the skills and principles that you will learn on this school in missions or otherwise?
5. Is there any place you would like to do a particular outreach for this school?
6. Do you have any counseling needs that you desire help in during this school?
7. List your leadership experience and length of time for any office or positions held both Christian and non-Christian.
8. Do you feel you have a particular ministry and how do you see God's call on your life?
9. How did you hear about this school or course?
10. Describe your relationships within your family.

2 Reference forms

One of these forms is to be given to your Pastor (or spiritual leader) and 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 Chatel, 1186 Essertines-sur-Rolle, Switzerland..

→ Mail all the forms to:

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

or email to:

chatel@ywamchatel.com

Application Form for CCHC Schools

General Information

Program Applying for: _____

Month / Year: _____

Application fee enclosed? _____

Mr, Mrs, Miss: _____

(Family Name/First Name/Preferred Name/Middle)

Address for correspondence: _____

Phone: _____ **Fax:** _____

E-mail: _____

Age: _____ **Birth Date:** *(dd/mm/yy)* _____

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 below)

Names of children accompanying you:

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Information

Church Name: _____

Pastor Name: _____

Address: _____

Tel: _____ **Fax:** _____

E-mail: _____

How long have you been attending? _____

Does your pastor know you are applying for this program:

Yes No

Health Declaration

Are you currently on any kind of medication? No Yes

(if yes please state:) _____

How is your health? 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: _____

Consent for Treatment

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

Name: _____ **Signature:** _____

Date: _____

Financial Information

Do you currently have any debts we should be aware of:

No Yes (Give details)

Will you have all the finances 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

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: _____

We're looking forward to receiving your application forms and hope to welcome you here in Châtel, soon.