



# **Youth With A Mission Ozarks**

School of Biblical Studies  
(SBS)  
Application



# Youth With A Mission Ozarks

School of Biblical Studies Application

PLEASE READ THIS SUMMARY/ INFORMATION PAGE FIRST

**Greetings from YWAM Ozarks! Thank you for your interest in our SBS. We are excited that you are considering our location for this school and will be happy to answer any questions you have.**

YWAM's University of The Nations (U of N) is comprised of seven Colleges that offer courses designed to equip the student to serve God more effectively in fulfilling the Great Commission. YWAM Ozarks is registered to offer the SBS for credit through the U of N's College of Christian Ministries.

## Guide to completing the supplement forms

*The following items must be submitted before your application can be processed. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms.*

### We need each item to complete your application:

- |  |  |
|--|--|
| <input type="checkbox"/> Application Submitted (first 2 pages)                 | <input type="checkbox"/> Medical Forms (including your TB test result)   |
| <input type="checkbox"/> \$25 Registration Fee (checks payable to YWAM Ozarks) | <input type="checkbox"/> Release Form                                    |
| <input type="checkbox"/> SBS Supplemental Questions                            | <input type="checkbox"/> Language Forms (International Applicants Only*) |
| <input type="checkbox"/> YWAM Leader Reference                                 |  |
| <input type="checkbox"/> Pastor Reference                                      |  |

**Application:** Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

**Registration Fee:** Each applicant must pay a non-refundable \$25 USD registration fee (\$35 per married couple). Your application cannot be processed without it. Please make checks/money orders (U.S. Dollars only) payable to 'YWAM' including a note saying who it is for.

**SBS Supplemental Questions:** Please prayerfully answer the SBS Supplemental Questions. Make your answers as detailed as you like.

**Confidential References:** Two confidential references are enclosed. One reference should be given to your most recent YWAM leader and one to your Pastor. Please request that they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with our address on it.

**Medical Requirements:** The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of all those living here in community together. *Documentation must clearly indicate the TB test performed and the results.* Fill out the childhood immunization records as completely as possible. *Any boosters should be received within the last five years. These details are very important—your application cannot be processed without them.*

**\*English Language Forms:** If your first language is *not* English, we require these forms to complete your application. One is for you, and one is for your evaluator. You must return both before your application can be processed. These are available from the Registrar.

*If you require another copy of any of the forms please email the Registrar .*

*Youth With A Mission (YWAM) admits students of any race, color, national and ethnic origins to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national and ethnic origin in administration of its educational policies, admission policies and school-administered program.*



## Youth With A Mission Ozarks

### School of Biblical Studies Application

Please return this form to:  
 YWAM Ozarks  
 7119 Mountain View Dr.  
 Ozark, AR 72949  
 USA

Phone: 1-479-667-1152  
 Email: ywamozarks@yahoo.com

**Important!**  
**Attach Recent**  
**Photo Here**

(or email one to the Registrar)

Date of Application MM \_\_\_\_ DD \_\_\_\_ Y YYYY \_\_\_\_\_

Registration Fee enclosed:  Yes  No

I wish to attend the SBS beginning: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_

\$25 per adult or \$35 per married couple

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

Mr./Mrs./Miss \_\_\_\_\_ last name \_\_\_\_\_ first name \_\_\_\_\_ middle name \_\_\_\_\_ prefer to be called \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

#### Present Address

PO Box/Street \_\_\_\_\_

Town \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (include country code) \_\_\_\_\_

Cell /Mobile (include country code) \_\_\_\_\_

Email \_\_\_\_\_

#### Permanent Address Same as present Different:

PO Box/Street \_\_\_\_\_

Town \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (include country code) \_\_\_\_\_

Cell /Mobile (include country code) \_\_\_\_\_

Email \_\_\_\_\_

#### Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_

PO Box/Street \_\_\_\_\_

Town \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Emergency Number (include country code) \_\_\_\_\_

Email \_\_\_\_\_

#### Home Church

Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Church Email \_\_\_\_\_

Length of Attendance \_\_\_\_\_

#### Marital/Family Status *Please circle one:* Single Engaged Married Separated Divorced Widowed

Maiden Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Anniversary MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_

Number of children accompanying you\* \_\_\_\_\_

Name of 1st child \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name of 2nd child \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Birth date :MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_ School grade \_\_\_\_\_

Birth date :MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_ School grade \_\_\_\_\_

Passport?  Yes  No  In Process

Passport?  Yes  No  In Process

\*If both you and your spouse are taking SBS, you must arrange for a nanny to care for children under 5.

**Passport/Visa Information**

Age \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Do you have a passport?  Yes  No  In process If yes, when does it expire? MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_  
Full name as it appears on your passport: \_\_\_\_\_  
Birth date as it appears on your passport: \_\_\_\_\_  
Visa issuing Country (non US citizens only) \_\_\_\_\_ Visa type (non US citizens only) \_\_\_\_\_

**Educational History**

**Secondary/High School or equivalent, from which you graduated:**

Name \_\_\_\_\_ Location \_\_\_\_\_  
Date of Graduation: MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_ GED Certificate: MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_  
 I did not complete high school.

**College/University/Vocational School/Seminary Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

**Occupational Skills** \_\_\_\_\_ Years Experience \_\_\_\_\_  
\_\_\_\_\_ Years Experience \_\_\_\_\_

**Musical Ability or other Talents** \_\_\_\_\_ Years Experience \_\_\_\_\_  
\_\_\_\_\_ Years Experience \_\_\_\_\_

**Criminal Record** (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony?  Yes  No If so, when and where? \_\_\_\_\_  
Have you ever been convicted of a sexual crime?  Yes  No If so, when and where? \_\_\_\_\_  
Do you consent to a background check?  Yes  No

**Financial Support:**

Do you have your complete school fees?  Yes  No working on it.  
If no, how much do you have at this time? \$ \_\_\_\_\_ in U.S. Dollars Amount Still Needed \$ \_\_\_\_\_  
If no, how do you plan to pay for your schooling? \_\_\_\_\_  
Do you have any outstanding debt? (please explain) \_\_\_\_\_

Note: International Students must arrive with a round-trip ticket.

**\*\*Please keep in mind that complete school fees for the first quarter are due the first day of class or a payment plan must be pre-approved by YWAM Ozarks before arrival.**

**Please read, then sign and date:**

**Acknowledgement of Financial Responsibility**

*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 a Payment Plan has been approved by the School Director before my departure to Ozark, AR. 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, guidelines and schedule of the school.*

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



Youth With A Mission  
Ozarks

[www.ywamozarks.com](http://www.ywamozarks.com)

## SBS Supplemental Questions

Please return this form to:  
YWAM Ozarks  
7119 Mountain View Dr.  
Ozark, AR 72949  
USA

Phone: 1-479-667-1152  
Email: [ywamozarks@yahoo.com](mailto:ywamozarks@yahoo.com)

## School of Biblical Studies Application Questions

*Instructions: In order for us to get to you know better; please prayerfully answer the following questions in as much detail as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on paper with the rest of your documents.*

### PERSONAL HISTORY

1. In a page or less, describe your conversion experience and present relationship with the Lord.
2. What areas are you presently seeking growth and/or development in your life.
3. What are your expectations of SBS? What are your reasons for applying?
4. What is your ultimate purpose upon completion? Where do you see yourself in the future? What are your ministry goals?
5. Are you willing to invest the necessary time to complete this intensive course? Our experience is that it typically entails 60 plus hours of work per week. This includes lectures, work duties and independent studies.
6. Will you be completing all three quarters at this time?
7. Do you have a personal computer? It is a requirement for the course. There is also a \$25 fee per quarter for use of printer and paper.
8. Have you received any previous theological / Bible training? If so, which institute, school or seminary?
9. Describe your relationship with your local church, pastor or elders, and congregation, including areas of ministry, service and leadership experience. Are they supportive of your involvement in mission work?
10. Do you have any physical disabilities that we should be aware of? Have you had any mental illness? If yes, please explain. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (e.g., vegetarian, food allergies, etc.)
11. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
12. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco, snuff)
13. Do you have any difficult situations to deal with in regard to attending the SBS? How can we pray for you?

### QUESTIONS 14-20 ARE FOR MARRIED COUPLES AND/OR FAMILIES:

14. At YWAM Ozarks we believe couples should not be separated while one receives training. Is your spouse planning to accompany you to this school?
15. Does your spouse share a mutual desire to do SBS?
16. If you have children, do any of them have disabilities that we should be aware of? (See questions #10 and #11.)
17. Describe your relationship with your spouse and children.
18. How do your spouse and children feel about your plans to enroll in SBS?
19. If your spouse and/or children do not live with you, please explain.
20. If only one spouse enrolls in the SBS, are you aware that campus responsibilities of the other spouse will need to be defined prior to arrival?

### FINANCES

21. Upon acceptance, a deposit of US\$475 will secure your place in the school. Is this amount available?
22. Do you have any outstanding debt at other YWAM locations?
23. International students may not arrive with a one-way ticket. If you are an international student, will you have the funds to purchase a roundtrip ticket?



**Youth With A Mission  
Ozarks**

[www.ywamozarks.com](http://www.ywamozarks.com)

**Confidential Reference:  
Pastor**

**Please return this form to:**  
YWAM Ozarks  
7119 Mountain View Dr.  
Ozark, AR 72949  
USA

**Phone:** 1-479-667-1152  
**Email:** ywamozarks@yahoo.com

**To the applicant:**

*Please sign this and give with a stamped envelope to your pastor to complete.*

Name \_\_\_\_\_

School you are applying for \_\_\_\_\_

Address \_\_\_\_\_

*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.*

Signature \_\_\_\_\_

**To the Pastor filling out this form:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please send me information on YWAM Ozarks.

The above named applicant has applied for admission to a University of the Nations registered school at the Youth With A Mission (YWAM) Ozarks campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Ozarks is a training center from which workers are sent out into all the world.

*It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!*

**Relationship to the applicant**

1. My relationship to the applicant is: (circle all that apply) Sr. pastor    Youth pastor    Small Grp. Ldr.    Mentor

2. How long has the applicant attended your church? \_\_\_\_\_

3. In your association with the applicant, what has been the level of commitment you have seen exemplified?  
(Please circle one)    Faithful    Inconsistent    Other \_\_\_\_\_

4. Did you know prior to receiving this form of the applicant's intention to attend this program?  Yes  No

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

6. Do you believe that the applicant has a call to missions at this time? \_\_\_\_\_

7. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain.

8. In what areas of ministry has the applicant participated in your church? \_\_\_\_\_

# Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Emotional Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

Spiritual Maturity	Not Known	Poor	Below Average	Average	Above Average	Excellent
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential	Not Known	Poor	Below Average	Average	Above Average	Excellent
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Social Adaptability	Not Known	Poor	Below Average	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Personal neatness						
Respected by peers						
Positive, contagious spirit						

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moody						
Dependent relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

## Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

	Not Known	Poor	Below Average	Average	Above Average	Excellent		Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration							Prayer						
Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

## Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."

- How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Youth With A Mission  
Ozarks

www.ywamozarks.com

**Confidential Reference:  
YWAM Leader**

Please return this form to:  
YWAM Ozarks  
7119 Mountain View Dr.  
Ozark, AR 72949  
USA

Phone: 1-479-667-1152  
Email: ywamozarks@yahoo.com

**To the applicant:** *Please sign & give with a stamped envelope to your most recent YWAM leader to complete.*

Name \_\_\_\_\_

School you are applying for \_\_\_\_\_

Address \_\_\_\_\_

*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.*

Signature \_\_\_\_\_

**To the YWAM Leader filling out this form:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!*

**Relationship to the applicant**

1. My relationship to the applicant is: (circle all that apply) School Leader Small Group Leader Outreach Leader

2. Dates the applicant was under your leadership. \_\_\_\_\_

3. How did the applicant function on outreach? \_\_\_\_\_

4. Would you enjoy working on staff with the applicant? (please explain) \_\_\_\_\_

5. Please comment on the applicant's participation in YWAM ministry opportunities & small groups. \_\_\_\_\_

6. How did the applicant respond to correction? \_\_\_\_\_

7. Does the applicant tend to determine his/her self-worth by performance or approval from others? \_\_\_\_\_

8. How did the applicant deal with community living? \_\_\_\_\_

9. In your opinion, is the applicant called to a career in Christian service? \_\_\_\_\_

# Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
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Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

## Emotional Maturity

Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strengths/weaknesses						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

## Spiritual Maturity

Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

## Leadership Potential

Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

## Social Adaptability

Social Adaptability	Not Known	Poor	Below Average	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Personal neatness						
Respected by peers						
Positive, contagious spirit						

## Have you noticed these tendencies?

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
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Identity issues						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
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Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

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Counseling							Speaking/Teaching						
Hospitality							Working with adults						
Motivating & training others							Working with teens						
Music							Working with children						
One-on-one discipleship							Worship						
Personal evangelism							Other _____						

## Questionnaire

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\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Youth With A Mission  
Ozarks

www.ywamozarks.com

### Confidential Health Form

Please return this form to:  
YWAM Ozarks  
7119 Mountain View Dr.  
Ozark, AR 72949  
USA

Phone: 1-479-667-1152  
Email: ywamozarks@yahoo.com

**To the Applicant: This information is treated as confidential.**

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

School you are applying for: \_\_\_\_\_ Starting Month : MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_\_  
(last) (first) (m.i.)

**Health Insurance Info**

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Policy in whose name \_\_\_\_\_  
Restrictions or regulations \_\_\_\_\_  
Contact Information \_\_\_\_\_

**Part A: Personal History**

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

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

Have you ever had any of the following communicable diseases?

Females Only:

	NO	YES		NO	YES
Skin condition			Allergy: Bee stings*		
Eye trouble			Allergy: Penicillin		
Ear trouble			Allergy: Sulfonamides		
Head injury			Allergy: Serum		
Recurrent headaches			Allergy: Other (specify)		
Epilepsy			Allergy: Food (specify)		
Fainting spells			Tumor/Cancer		
Mental/Nervous disorders			Heart trouble		
Weakness			Rheumatism/Arthritis		
Paralysis			Back problems		
Insomnia			Dislocation of joints		
Shortness of breath			Broken bones		
Hay fever			Stomach/Duodenal ulcer		
Asthma			Gall Bladder problems		
Hepatitis			Jaundice		
Recurrent diarrhea			Intestinal troubles		
Kidney disease			Diabetes		
Venereal disease			Anemia		
High blood pressure			Clinical Depression		
Low blood pressure			Anorexia/bulemia		

	NO	YES
Chicken Pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Anorexia/bulimia		
Other (specify)		

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

If you answered YES to any of the questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s): \_\_\_\_\_

Have you been tested for HIV?  Yes  No      If yes, what was the result?  Negative  Positive

**Surgeries Performed:**

Date (month/yr)	Type of surgery	Outcome & long-term effects

**X-Rays Performed:**

Date (month/yr)	Type of X-ray	Result

Are you presently under a doctor's care for any condition?  Yes  No      If yes, please specify \_\_\_\_\_

Are you taking any medication at this time?  Yes  No      If yes, please specify \_\_\_\_\_

*Please arrange to bring all necessary long-term medications with you.*

Do you now have, or have you ever received, any compensation for disability from any sources?  Yes  No  
 If yes, please specify \_\_\_\_\_

Do you have any physical impairments, handicaps or health issues which require special attention?  Yes  No  
 If yes, please specify \_\_\_\_\_

**Family History**

Have any of your relatives ever had any of the following:

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			
Cancer			
Hypertension			

## Part B: Physician's Evaluation

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (last) (first) (middle initial)

**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 a 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.

**To the applicant:**

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to YWAM Ozarks): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

<input type="checkbox"/> I have been vaccinated for the following: <input type="checkbox"/> Cholera <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever	<input type="checkbox"/> I am choosing NOT to receive the recommended immunizations/injections.
---	---

**Childhood Record of Immunizations: Basic**

**Adult Immunizations: Booster**

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

**Tuberculosis Control**

*Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.*

	Date	Result	Examination Facility
Skin Test*			
Chest X-ray			

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

**Date of last DT (Diphtheria/Tetanus) booster:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*(Must be within the last 5 years.)*

Height: _____	Weight: _____	Overweight: _____
Blood Pressure: _____	Pulse: _____	Blood Type: _____

Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses): R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

*Are there any abnormalities of the following systems? (Please describe fully)*

E.N.T. \_\_\_\_\_

Ophthalmological \_\_\_\_\_

Teeth \_\_\_\_\_

Neurological \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymphatic \_\_\_\_\_

Dermatological \_\_\_\_\_

Hernial Orifices \_\_\_\_\_

Urological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Recommendations for follow-up tests/treatment: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How long has this patient attended your office?    Years \_\_\_\_\_    Months \_\_\_\_\_    Weeks \_\_\_\_\_

**Physician's Recommendation**  
 (check one)

Acceptable without limitations.

Acceptable with limitations (specify) \_\_\_\_\_

Should remain in areas where adequate medical care is provided (specify) \_\_\_\_\_

\_\_\_\_\_

Not acceptable.

Physician's Name (print): \_\_\_\_\_

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

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

Physician's Signature: \_\_\_\_\_



Youth With A Mission  
Ozarks

www.ywamozarks.com

Please return this form to:  
YWAM Ozarks  
7119 Mountain View Dr.  
Ozark, AR 72949  
USA

Phone: 1-479-667-1152  
Email: ywamozarks@yahoo.com

## Release Form

### Release of Liability

*I/we do hereby release Youth With A Mission, its 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 Full Name \_\_\_\_\_

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

### 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 \_\_\_\_\_

*I declare that the contents of this application form are correct to the best of my knowledge.*

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