



# *YWAM Kruger Park Application Procedure*

Thank you for applying to YWAM Kruger Park! We pray God will guide you through coming and through the application process. Please complete all items below, as we must have everything in order to process your application! If a question does not apply, please write in N/A in the space. Husbands and wives must complete separate applications.

## **1. APPLICATION FEE**

A non-refundable fee of R100 for South African residents and US \$30 for single applicants outside South Africa is to be mailed with your application.

## **2. APPLICATION FORM / HEALTH FORM / PHYSICIANS EVALUATION**

These forms must be completed by you and your physician.

## **3. LIFE QUESTIONS**

Please prayerfully answer these questions on a separate sheet of paper and attach to your application. These help us to more accurately assess your application and to better understand you as a person. Please note that your answers are held in the strictest confidence.

## **4. FINANCIAL AGREEMENT / INDEMNITY**

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

## **PLEASE SEND FORMS TO:**

Registrar – Youth With A Mission  
P.O. Box 4450  
White River, Mpumalanga 1240  
South Africa

\*For faster processing, please email entire application to [dts@tenthousandhomes.org](mailto:dts@tenthousandhomes.org) in addition to posting originals.

**PLEASE NOTE:** All of 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 U of N course. Part of your course will include a daily two-hour work duty as well as a weekend kitchen duty during the three-month period.

## **5. REFERENCE FORMS**

On each of the Confidential Reference Forms, fill in your name and the school you are applying for and the starting date. Give one to your pastor/minister and two to other people who know you well (friend, employer, teacher). If you have taken a YWAM course previously, one of your forms must be filled out by your most recent school leader. **As the forms are confidential please ask them to complete the form and post DIRECTLY to YWAM Kruger Park.** We must receive them in order to process your application.

## **6. OUTREACH AGREEMENT**

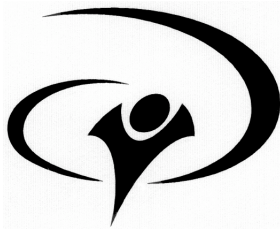
Please complete and return with application.

## **7. PHOTOGRAPH**

Please send a recent photo with your application.

## **8. SENDING APPLICATION**

Please email all applications and post all originals with photo and application fee to the address below.



# ***YWAM Kruger Park Student Application Form***

Please attach a recent photo here.

School Applying For: \_\_\_\_\_ Start Date \_\_\_\_\_

## **PERSONAL INFORMATION**

Mr. / Miss / Mrs \_\_\_\_\_

Name Surname First Name Middle Name Preferred

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

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Valid Until \_\_\_\_\_

Telephone (Including country and area code) \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Sex  Male  Female

Day Month Year

## **CHURCH DETAILS**

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## **MARITAL STATUS**

Single  Engaged  Married  Separated

Divorced  Remarried  Widowed

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Day Month Year

## **DEPENDENTS**

Names of children accompanying you:

Surname	First Name	Birth date	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **PASSPORT INFORMATION**

Name on Passport: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Passport No: \_\_\_\_\_

City and Country Where Passport Issued: \_\_\_\_\_

Date Passport Issued: \_\_\_\_\_

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

## **EMERGENCY INFORMATION**

In case of an emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_



# YWAM Kruger Park Confidential Health Form

Name \_\_\_\_\_ School \_\_\_\_\_

## PERSONAL HISTORY

Please answer ALL questions. Explain any "YES" answers in the space below or on a separate piece of paper.

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

	YES	NO		YES	NO		YES	NO
Skin Conditions			Shortness of Breath			Stomach / Duodenal Ulcer		
Eye Trouble			Hay Fever/Asthma			Gall Bladder Problems		
Ear Trouble			Heart Trouble			Jaundice		
Head Injury			High Blood Pressure			Hepatitis		
Recurrent Headache			Low Blood Pressure			Intestine Troubles		
Epilepsy			Rheumatism/Arthritis			Recurrent Diarrhea		
Fainting Spells			Back Problems			Diabetes		
Kidney Disease			Dislocation of Joints			Mental/Nervous Disorders		
Weakness			Broken Bones			Anemia		
Paralysis			Eating Disorders			Venereal Disease		
Insomnia			Anorexia Nervosa			Tumor; Cancer		
Allergy			Bulimia			<b>FEMALES ONLY</b>		
•Penicillin			Surgery			•Irregular Periods		
•Sulfonamides			•Appendectomy			•Severe Cramps		
•Serum			•Hernia Repair			•Excessive Flow		
•Other – Specify			•Tonsillectomy			•Are you pregnant?		
•Food – Specify			•Other – Specify			•Previous Pregnancies		

Have you ever had any of the following COMMUNICABLE DISEASES?

	YES	NO		YES	NO		YES	NO
Chickenpox			Whooping Cough			Mumps		
German Measles (Rubella)			Scarlet Fever			Other – Specify		
Measles (Rubeola)			Tuberculosis					

OTHER / If you answered YES to any of the above questions, please explain: \_\_\_\_\_

Are you now under doctor's care for any condition?  NO  YES, specify \_\_\_\_\_

Are you taking any medication at this time?  NO  YES, specify \_\_\_\_\_

Do you have any physical handicaps or health conditions, which require special attention?  NO  YES, specify \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment?  NO  YES, specify \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Do you wear glasses or contact lenses?  NO  YES Specify \_\_\_\_\_

How would you rate your health condition?  Excellent  Good  Fair  Poor

Do you now have or have you ever received any compensation for disability from any sources?  NO  YES Specify \_\_\_\_\_

### FAMILY HISTORY

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

YES	NO	RELATIONSHIP	YES	NO	RELATIONSHIP
		Tuberculosis			Arthritis
		Diabetes			Stomach Disease
		Kidney Disease			Asthma / Hay Fever
		Heart Disease			Convulsions / Epilepsy
		Hypertension			Cancer

Is there anything that you think we should be aware of? \_\_\_\_\_

### IMMUNIZATIONS

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

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

YOUTH WITH A MISSION strongly advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Inject able or oral **Polio vaccine**
- Tetanus Toxoid** injection if last injection was 5 years ago
- Typhoid** vaccine
- Hepatitis A** vaccine X 3 injections
- Hepatitis B** vaccine X 3 injections
- Meningitis** vaccine

### MALARIA

You will not need malaria prophylaxis during your time at Kruger Park. You will need it if you go to a malaria area during your outreach. These drugs are available here in South Africa.

**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 may deem necessary.**

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

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

Signature of Parent/Guardian required if applicant is under 18 years of age.



# YWAM Kruger Park Physician's Evaluation

Name of Applicant \_\_\_\_\_ School \_\_\_\_\_

## TO THE PHYSICIAN

The above named person has applied for service with YOUTH WITH A MISSION. This program will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you!

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

Visual Acuity (Without Glasses) R \_\_\_\_\_ L \_\_\_\_\_ (With Glasses) R \_\_\_\_\_ L \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

Are there any abnormalities of the following systems? Please describe fully:

	YES	NO	PLEASE DESCRIBE.
Ears / Nose / Throat			
Eyes			
Neurological			
Cardiovascular			
Respiratory			
Musculoskeletal			
Endocrine			
Lymphatic			
Dermatological			
Hernial Orifices			
Gynecological			
Urological			
Psychiatric			

Would he/she be able to walk 5 – 10 KM per day?  YES  NO

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

### PHYSICIAN'S RECOMMENDATION:

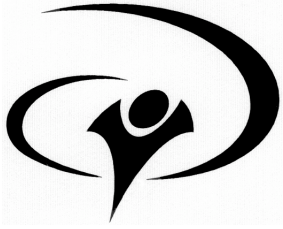
- Acceptable without limitations     
  Acceptable with limitations – Specify \_\_\_\_\_  
 Not acceptable     
  Should remain in areas where adequate medical care is provided

Physician's Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Physician's Signature \_\_\_\_\_



# *YWAM Kruger Park*

## *Life Questions*

Please answer the following questions on a separate piece of paper.

### **A. SPIRITUAL LIFE**

1. Describe your conversion experience, and your present spiritual relationship with the Lord.
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 give an account of your guidance, confirmations, etc.

### **B. CHURCH LIFE**

1. Of which church are you presently a member?
2. In what ways is your home church supportive of your participating in this YWAM school? Will your home church support you financially?
3. In what ways have you been involved with your home church in the past 5 years? Please include any areas of leadership in ministry, counseling, and other church work.

### **C. PERSONAL LIFE**

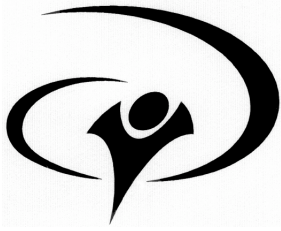
1. How would you describe your relationship with your family? How do they feel about your decision to join this YWAM program?
2. Have you ever been involved with a felonious crime, drug or alcohol abuse, petty theft, occultic activities, homosexual practices, or have you ever suffered from an eating disorder? Are you currently still working through some of these things? Please explain.
3. What are your interests and hobbies? List also your skills, abilities, and talents.
4. Have you had any mission's experience? If so, where and what of ministry were you involved with?
5. What areas of your character are you presently seeking God to further develop and improve?

### **D. OTHER**

1. Are you presently employed or in school? Please specify.
2. If English is NOT your mother tongue, please indicate on a scale of 1 to 10 (with 1 being very bad to 10 being excellent) your English proficiency.
3. How did you hear about YWAM Kruger Park? Why did you choose this location for this school?
4. You will likely be living under pioneering conditions with different races, cultures, foods, and lifestyles. Living quarters will be dormitory style and quarters will be small for families. Are you prepared to adjust to the changes and to accept the conditions with grace?
5. Please list any special circumstances or situations we should know about?
6. Please list names, addresses, and phone numbers of your three references.

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I am willing to commit myself to the YWAM leadership. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to review them or obtain information from them in any way. In accordance with Biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

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



# *YWAM Kruger Park Financial Agreement*

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 the costs are met largely by student's fees although reliance is placed on God to provide the equipment and property needed to back such a program. You are expected to provide your fees as listed below.

## **REGISTRATION FEES**

Registration fees are as follows.

- All South African residents and citizens applying from within the country shall pay R100.
- All applicants applying from abroad shall pay \$30 each or \$45 for couples.

There's 2 options for paying registration fees. You can pay online by visiting [www.tenthousandhomes.org](http://www.tenthousandhomes.org). Please specify your name, reg. fees, and DTS. You can also pay by check. Please make checks payable to Ten Thousand Homes and send to: Ten Thousand Homes PO Box 118 Wylie, TX 75098

## **COSTS OF SCHOOLS PER PERSON PER QUARTER**

These school fees are for per person per 3 month quarter and include food, housing, and tuition. Costs for the outreach, after the lecture phase, are **in addition to** the school fees. This will be determined during the lecture phase and is each student's responsibility. We advise you to budget beforehand for the outreach as there is limited time during the 3 month lecture phase to raise money. Fees for outreach usually run anywhere from R15,000 to R20,000.

**Category A** First World Nations, e.g. North American, European Union, and Australasian (including Japan) nations will pay R17000.

**Category B** Second World Nations, e.g. the G 22 Group (including Nigeria, South Africa, Russia, Malaysia, Brazil, Korea, etc.) will pay R11000.

**Category C** Third World Nations, e.g. India, Kenya, Ghana, and South Africans coming from a third world environment (disadvantaged communities) will pay R6000.

## **PAYMENT**

Tuition fees must be paid in **FULL** the first day of class unless prior written arrangements have been made with the school leader. No student will be allowed to stay past the 3<sup>rd</sup> week if no payment is received. Late payments may be subject to a 10% penalty charge.

## **METHOD OF PAYMENT**

Due to the volatility of the Rand against other currencies we only accept the local currency. We can take foreign currency, bank it minus any bank charges, and credit you with its value on the day of the transaction.

## **SCHOLARSHIPS**

Due to the current low cost of tuition, there can be no further reductions on fees. 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 of 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. Such generosity is always a welcome return to our founding values. Furthermore we deeply appreciate the participation of students who feel the way we do about helping the needy.

Should a student not complete a school, the international refund policy on page 29 of the University of the Nations catalog, 2002-2004, will be applied to the student's refund claim.

Do you currently have all of your school fees?  YES  NO

If answered NO, how much do you presently have? R\_\_\_\_\_

What is your plan on raising the rest of the outstanding balance? \_\_\_\_\_

Do you have financial support?  YES  NO

Do you have any outstanding debt?  YES  NO

If answered YES, how much does it total? \_\_\_\_\_

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

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I / we have read and understand the financial policy of YWAM Kruger Park. I / we understand that payment of the required school fees must be made as set out 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.

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

If applicant is under 18 years of age, signature of parent / guardian is also required.

Name of Parent / Guardian \_\_\_\_\_

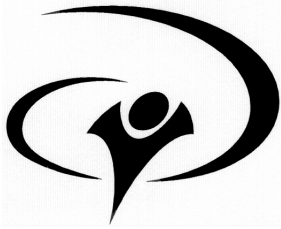
Signature \_\_\_\_\_ Date \_\_\_\_\_

**INDEMNITY**

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

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

Parent/Guardian Signature (if applicant under 18) \_\_\_\_\_



# YWAM Kruger Park Confidential Reference Form

## TO THE APPLICANT

This evaluation is confidential and will not be shown to you. Give this form to the person filling out the reference along with a stamped envelope addressed to: YWAM Registrar • P.O. Box 4450 • White River, South Africa • 1240

Name of Applicant \_\_\_\_\_ School \_\_\_\_\_

## TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for admission to the above named school at YOUTH WITH A MISSION Kruger Park. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

1. What is your relationship to the applicant?  Employer  Teacher  Pastor  Friend  
 Past YWAM Leader  Other \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
3. How well do you know the applicant?  Very Well  Well  Casually

Please check the following and comment as necessary.	Superior	Above Average	Average	Below Average	Inferior
<b>Ability to receive correction</b>					
<b>Self-confidence</b>					
<b>Ability to make decisions</b>					
<b>Social Poise</b>					
<b>Concern for others</b>					
<b>Ability to follow</b>					
<b>Leadership</b>					
<b>Willingness to serve</b>					
<b>Emotional Stability</b>					
<b>Communication skills</b>					
<b>Health</b>					
<b>Personal Hygiene</b>					

Comments \_\_\_\_\_  
\_\_\_\_\_

- |                          |                                                 |                                  |                                                |
|--------------------------|-------------------------------------------------|----------------------------------|------------------------------------------------|
| Mental Ability           | <input type="checkbox"/> Quick to comprehend    | <input type="checkbox"/> Average | <input type="checkbox"/> Slow                  |
| Industry                 | <input type="checkbox"/> Hard Worker            | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence     |
| Reliability              | <input type="checkbox"/> Meets obligations      | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations  |
| Teamwork                 | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility              | <input type="checkbox"/> Open to change         | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding            |
| Christian character      | <input type="checkbox"/> Well-balanced          | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable              |
| Disposition              | <input type="checkbox"/> Cheerful               | <input type="checkbox"/> Average | <input type="checkbox"/> Passive               |
| Punctuality              | <input type="checkbox"/> Punctual               | <input type="checkbox"/> Average | <input type="checkbox"/> Often late            |
| Financial responsibility | <input type="checkbox"/> Honors obligations     | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful            |

1. Which of the following would best describe the applicant's Christian experience?

- Mature     Contagious     Genuine and growing     Over-emotional     Superficial

Comments \_\_\_\_\_

2. With reference to his/her Christian service, is he/she  Dedicated     Average     Casual

Comments \_\_\_\_\_

3. Does he/she display high moral standards?  YES     NO Explain \_\_\_\_\_

4. What do you feel are the applicant's motives in applying to this program?  Travel     Desire to spread the Gospel

- Receive help/ministry     Adventure     Desire to help others     Escape an unpleasant home situation  
 Christian Service     Other (Specify) \_\_\_\_\_

5. Please comment on the applicant's family background. \_\_\_\_\_

6. What do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) \_\_\_\_\_

8. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_

9. (Pastors only) Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_

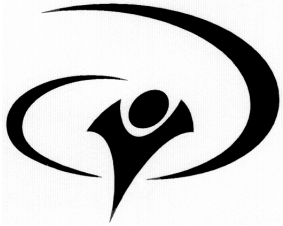
10. Would you recommend the applicant for acceptance to this YWAM program?  YES     WITH SOME RESERVATION (Explain)

NO (Explain) \_\_\_\_\_

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

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



## *YWAM Kruger Park Outreach Agreement*

Because my purpose in joining Youth With A Mission is to take the Gospel to the nations, I agree to submit to its leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that outreach dates and destinations are subject to change and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis and/or ministry related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses.

In case of accidental death, Youth With A Mission, Kruger Park, cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

I understand that funds received in excess for outreach cannot be reimbursed back to me but will be used at the discretion of the school leader either for other student's outreaches or general expenses. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and apply the balance to another YWAM outreach (for myself only) for up to one year.

I understand that if I fail to abide by this agreement I will be asked to leave the field at my own expense.

My signature below and that of my parent/guardian (if I am under 18) certifies my approval of this agreement and my intention to comply with its contents.

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

Signature of Parent/Guardian (if applicant is under 18) \_\_\_\_\_

Date \_\_\_\_\_