

Faith, Finances, and Fundraising

Youth With A Mission — Tyler, Texas

God sometimes uses finances as a way to stretch our faith when we consider getting involved in His work. Experience has shown us that many people coming to a YWAM program lack good understanding of faith and finances. It is important to put our trust in God and to believe that He will provide for all of our daily needs, including tuition fees and outreach costs.

YWAM'S FINANCIAL POLICY

Every leader, staff member, and volunteer in YWAM is dependent upon God for his or her own needs. No one in YWAM receives a salary. While we look to the Lord for provision, we realize that He usually does this through His people. It comes in different ways for each individual. Some receive regular support from their home church while others see their needs met through gifts from interested friends and family. Many times, YWAMers will give to one another as the Lord leads. In any case, YWAM upholds the right to personal ownership and responsibility of the money with which one has been entrusted. YWAM embraces this policy because of these reasons:

1. IT IS BIBLICAL

There are a number of examples in Scripture that show where God has others provide for those in full-time ministry "for His name's sake." Below are some biblical answers to fundraising questions.

- Is it biblical to be supported by others? (Num. 8:14, 18:21-24, Luke 8:1-3, Phil. 4:15-18)
- Is it biblical to make financial appeals for a missions project? (1Cor. 16:5,6, 1Kings17:1-16)
- Is it biblical to ask people you don't know very well? (3 John 5-8)
- What about asking those who aren't as well off as you are? (2 Cor. 9:6,7, Luke 21:1-4)
- Does the Bible give guidelines for becoming wealthy? (Prov. 10:4, 11:24-26, 28:27, 21:5)

2. IT PROMOTES HEALTHY AND STRONGER RELATIONSHIPS

As we give to each other and pray for each other, we naturally gain a deeper friendship with that individual or group.

3. WE LEARN TO TRUST GOD MORE

Leaning on God helps us to be more dependent on Him and more interdependent on others.

WHAT IS FAITH?

The biblical definition of faith from Hebrews 11:1 is "being sure of what we hope for and certain of what we do not see." It

is when we hear God's word (Romans 10:17) and believe that what God said will come to pass. We must also understand what faith is not. Faith is not presumption. Presumption in financial areas is dangerous because it presumes God will provide money in an area He has not necessarily promised. Many people come up short on finances because they mistake presumption for faith. If you're attempting to get to the right place but at the wrong time, this may be the reason for a hold up on financial provision. If the timing is right then God will provide the necessary funds and orchestrate financial releases.

Faith is not wishful thinking. Faith is always based on God's character and His word that He has given us. It is to believe and trust that whatever God has promised will happen.

STEWARDSHIP PRINCIPLES

1. LIVE SACRIFICIALLY

Consider saving the money you usually spend on eating out, movies, coffee, and other non-essentials. If you do the possible, God will do the impossible

2. BE FAITHFUL IN TITHING

The Bible instructs us to give God 10% of everything He provides for us. If you have a job or an allowance, are you giving God the small amount that He asks for? If not, that may be why you aren't receiving the bigger amounts you need for your trip. Jesus said, "Give and it will be given to you." Are you giving to other missionaries and people like you who have made missions a priority? It would be insincere for you to want money for your missions trip and to not support others.

PRACTICAL SUGGESTIONS

1. PRAY (Phil. 4:6, James 2:26).

Spend time with God. Spend whatever amount of time it takes to discern His leading. The Bible instructs us that "you have not because you ask not" (James 4:2). Remember also that God's greatest priority is not just to supply us with the finances we need but to draw us closer to Himself. When God leads us in a certain direction and we do not have the funds to go further, we need to spend more time in prayer and seek additional counsel from our pastor and other mature Christians before proceeding.

2. WORK (2 Thes. 3:10; 1 Thes. 2:9; and 1 Cor. 4:12).

When we are faithful in the little He has given us He releases more (Luke 16:10-12). We must also be wise and disciplined by setting aside funds to pay for our upcoming fees. God may not provide if we squander what He brings our way, no matter how small.

3. SELL

Pray about possibly selling a personal possession. A car, for example, can be a good means of providing funds.

4. SHARE YOUR VISION WITH PASSION

People need to see why you want to serve Jesus in this way. Get personal and meet with people face-to-face whenever possible. Don't use newsletters to raise support. It is the least personal and least effective way. Tell your friends, family, youth group, teacher, coach, employer—anyone you know who might be interested in your exciting plans. A face-to-face visit includes the following points:

a. Tell them why you need support

Show them YWAM materials and, if you can, your specific projects. God wants to tie the hearts of others into missions through their giving. Matthew 6:21 says, "Where your treasure is your heart will be also." God has not called us to be independent ministers but part of a team accountable to one another and confirmed in our calling by those who are led to support us.

b. Inform and give overview of YWAM

Know the basics: YWAM is an international, interdenominational mission founded in 1960 by Loren Cunningham. He had a vision of waves of young people splashing onto every continent in the world with the gospel. YWAM works through three main ways: Evangelism—sharing the gospel of Jesus Christ in every nation, Training—discipling people of all ages to know God and make Him known, and Mercy Ministry demonstrating God's love to the needy in practical ways. YWAM has 17,000 full-time staff serving in more than 1,100 different locations in over 170 nations. YWAM trains 30,000 short-term volunteers annually in programs all over the world. Have something on paper to leave with them, such as YWAM information or a personal prayer card. You may wish to purchase a YWAM Tyler DVD to help you in your presentation. Please contact us for more details.

c. Illustrate and inspire

Don't just tell them you are going into missions explain how God called you to the mission.

Share your testimony. Let them know what God has done in your life. Include any time when God used you in a specific way. Share what you believe He is calling you to.

d. Invite and ask them to pray

Ask them to prayerfully consider sponsoring you for this project. If God leads them to give they will depend on Him to do it. They will be blessed for their faith and sacrifice. Tell them how much money you need and your need for sponsorship. Here is a suggestion: If you need to raise \$750, you could ask 10 people for \$75, 15 people for \$50, or 20 people for \$37.50. Look them in the eye and ask them to go to God about your need. Get their prayer commitment on the spot! Ask them to pray about supporting you and make them aware of your deadline.

e. Follow up

Be sure to call or visit those that you've asked to pray about giving financially to find out how the Lord would want them to be involved. Follow up is essential in fundraising. It brings closure for you and for them. Without closure, the relationship could be strained. Call or visit them in a week or two and ask them how God is leading them to be involved. Remind them of their commitment if they made one. Offer to pray for any personal needs they may have. Make sure to get their names and addresses so you can send a thank you note the next day.

HOW TO BLESS YOUR SPONSORS

- Send a thank you note immediately for any gifts you receive. Be sincere and straightforward with your appreciation.
- You should not only expect that your sponsors will pray for you, but you should ask God to bless them. If you know they have specific needs, pray for those needs.
- Get your sponsor's names and addresses and send them a post card while you are gone. Bring back a small gift for each of your sponsors.

FOR FURTHER STUDY

Funding Your Ministry—Whether You Are Gifted Or Not by Scott Morton/Dawson Media.

Friend Raising—Building A Missionary Support Team That Lasts by Betty Barnett/YWAM Publishing.

Stepping Out—A Guide To Short Term Missions YWAM Publishing



STEPS

TO GET YOU GOING

1. PRAY

This is very important. When you pray, expect God to open doors for you even when it seems impossible (Luke 18:27). Then get ready because you're about to embark on an exciting adventure of getting to know God.



2. CHOOSE

SOS (16+) – Missions exposure (1-3 weeks)

SST (13-18) – Missions and discipleship training (3 weeks)

DTS/CDTS (18+) – Missions and discipleship training (5 months)

3. BEGIN THE PROCESS

Complete and mail in your application and reference form(s) along with the registration fee of \$40 (singles) or \$50 (couples). Make checks payable to YWAM and make sure to specify which program you want to attend (the participant's name CANNOT appear anywhere on the check).

Note: a \$10 late fee is charged for applications received 15 days or less before programs begin.



4. AFTER YOUR ACCEPTANCE

You will receive more details about your selected program. We will also send you fundraising tips and ideas to help you share your plans with potential prayer and financial sponsors. If applying for an SOS program, please tell your sponsors to make checks payable to YWAM and to give them directly to you. You may send in checks to YWAM as you receive them if you wish (the participant's name CANNOT appear anywhere on the check). **Send checks to:**

YWAM Tyler Accounting Department
P.O. Box 3000
Garden Valley, TX 75771



DONATIONS TO YOUTH WITH A MISSION

Because YWAM is registered with the Internal Revenue Service as a 501(c) 3 non-profit organization, donations made for missions outreaches are tax-deductible and non-refundable. In order for supporters to receive a tax-deduction, checks must be made payable to YWAM and NOT to a specific participant. The participant's name MUST NOT appear anywhere on the check.

CANCELLATION POLICY

IRS regulations **do not allow** YWAM to refund contributions received for outreaches. If an applicant cannot go on his/her planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for the same applicant) for up to one year. Any funds received in excess of the amount needed for an outreach will be used for the ministry of Youth With A Mission Tyler, Texas.

Guidelines to Completing SOS Application

Thank you for applying for one of YWAM Tyler's SOS outreaches. In order for us to process your application, we must receive each of the following items:

- 1. Application Form.** Please answer every question. If one does not apply to you, write N/A in the blank.
- 2. One Recent Photo** (wallet size).
- 3. Confidential Health Form.** A physician must sign this form. This form includes **Consent for Treatment/Liability Release** (each applicant must sign this; if the applicant is under 18 years of age, a parent or legal guardian must also sign) and **Legal Consent For Minors** for applicants under 18 years of age (a parent or legal guardian must sign this).
- 4. Three Reference Forms.** Please fill out the top portion of each reference form. Give one to your pastor/minister or spiritual leader, one to a teacher or employer, and one to a mature Christian friend. Provide each person with a stamped envelope addressed to:
YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771
- 5. Outreach Agreement Form.**
- 6. Photo/Testimony Release Form.**
- 7. Registration Fee.** A non-refundable registration fee of \$40 for singles or \$50 for married couples must be sent with the application. There will be a late fee of \$10 for applicants registering less than 15 days prior to the beginning date of the school. For non-U.S. residents, please see note below.

Note For Non-U.S. Residents

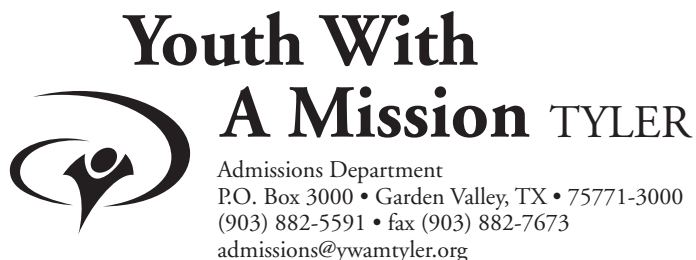
All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000

(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org



Please staple
wallet-size
photo here.

APPLICATION

I would like to sign up for:

SST DTS CDTS SOE CSOE SOS – location _____ Other _____

Starting date _____

SECTION A: Personal Information

(Please print or type) Please be sure to include the non-refundable registration fee.

Name _____ Phone () _____
Last First Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Sex _____ Date of Birth _____

SSN # _____ Driver's License # _____ State _____ Type/Class _____
Please attach photocopy of driver's license

Marital Status: Single Engaged Married Separated Divorced

List full name, age, schooling grade level and sex of children accompanying you _____

Emergency Contact _____
Name Relationship Phone #

Address _____
Street City State/Province Zip Country

How long have you been a "born again" Christian? _____

Do you have previous YWAM experience? If so, when and where? _____

SECTION B: Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone () _____

SECTION C: Passport/Visa Information

Country of Citizenship _____

Name as it appears on passport _____

City and country where passport was issued _____ Passport # _____

Passport Expiry Date _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only

City and country where visa was issued _____ Visa Expiry Date _____

SECTION D: Confidential Health Form See attached.

SECTION E: Education/Employment/Skills

Highest level of education completed _____

Post-secondary school(s) attended _____

What languages do you speak? (most fluent to least) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Military service? Yes No (specify) _____

Present Employer _____ Occupation _____

Other Occupational Skills _____ Years Experience _____

Musical Abilities/Other Talents _____

Are you presently ordained or licensed? Yes No (specify) _____

What are your plans after you complete this training?

Full-time missions YWAM Tyler staff Back to job Further education Work with home church

Construction Teaching Refugee work Mercy Ships Uncertain

SECTION F: Financial Information

Do you have the total school fees? Yes No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain _____

Non-U.S. Residents

All payments of registration and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars –the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.

SECTION G: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. Describe your conversion experience and present relationship with the Lord.
- B. Describe other significant spiritual experiences you have had in your walk with the Lord.
- C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program. Please relate pertinent details of any past marriages or present marital separation.
- D. Describe your relationship with your local church. Include areas of service and leadership.
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
- G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
- H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultic activities, petty theft, homosexual practices, or have you ever suffered from an eating disorder? Explain.
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about the YWAM campus in Tyler, Texas? Why do you desire to attend this program?
- K. Please list any special circumstances or situations we should know about.
- L. Please list the 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 understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view 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. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at YWAM. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____

CONFIDENTIAL HEALTH FORM

Name _____ Program applying for _____

In an emergency, contact _____ Phone () _____

Medical Insurance Co. _____

Insurance # _____ Medical Insurance Co. Phone () _____

PERSONAL HISTORY

Please answer all questions. Explain any "Yes" answers in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE ANY OF THE FOLLOWING?

| | Yes | No | | Yes | No | | Yes | No |
|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Skin conditions | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | Stomach/duodenal ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye trouble | <input type="checkbox"/> | <input type="checkbox"/> | Asthma, hay fever | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear trouble | <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Intestinal troubles | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism/arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | Back problems | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/nervous disorders | <input type="checkbox"/> | <input type="checkbox"/> | Dislocation of joints | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones | <input type="checkbox"/> | <input type="checkbox"/> | Anemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Paralysis | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders | <input type="checkbox"/> | <input type="checkbox"/> | Venereal disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Insomnia | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia nervosa | <input type="checkbox"/> | <input type="checkbox"/> | Tumor/cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Bulimia | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| Penicillin | <input type="checkbox"/> | <input type="checkbox"/> | Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Irregular periods | <input type="checkbox"/> | <input type="checkbox"/> |
| Sulfonamides | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> | Severe cramps | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum | <input type="checkbox"/> | <input type="checkbox"/> | Hernia repair | <input type="checkbox"/> | <input type="checkbox"/> | Excessive flow | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Tonsillectomy | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Food (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | Previous pregnancies | <input type="checkbox"/> | <input type="checkbox"/> |

Other/Explain _____

Are you now under doctor's care for any condition? Yes No (specify) _____

Are you taking any medication at this time? Yes No (specify) _____

Do you have any physical handicaps or health conditions which require special attention? Yes No (specify) _____

Do you have a history of receiving counseling or psychiatric treatment? Yes No (specify) _____

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: Excellent Good Fair Poor

FAMILY HISTORY

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

| Yes | No | | Relationship | Yes | No | | Relationship |
|--------------------------|--------------------------|----------------|--------------|--------------------------|--------------------------|-----------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Stomach problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Asthma, hay fever | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Convulsions, epilepsy | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Cancer | _____ |

Have you ever had any of the following COMMUNICABLE DISEASES?

| Yes | No | | Yes | No | |
|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox | <input type="checkbox"/> | <input type="checkbox"/> | Pertussis |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubella) | <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubeola) | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____ |

TO THE PHYSICIAN

Name of Applicant _____

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below, and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

| | Yes | No | Please describe |
|--------------------|--------------------------|--------------------------|-----------------|
| Ears, nose, throat | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Eyes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neurological | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cardiovascular | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Respiratory | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Would he/she be able to walk 3-4 miles per day? Yes No

Comments _____

PHYSICIAN RECOMMENDATION Acceptable Not acceptable Should remain in areas with adequate medical care

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LIABILITY RELEASE

I/we hereby release YOUTH WITH A MISSION, INC., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION, INC. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature

Parent/Guardian Signature (for applicants under 18)

Date

Date

Relationship to applicant

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____ (Name of minor) to travel outside of the United States of America with YOUTH WITH A MISSION.

Signature of parent/guardian

Date

Revised 04/2008

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?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 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 reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

CONFIDENTIAL REFERENCE

Revised 04/2008

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to: **YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant _____ Phone () _____

Address _____ City _____ State _____ Zip _____ Country _____

Program applying for _____ Starting date _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. 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.

What is your relationship to the applicant? Employer Teacher Pastor Friend
 Past YWAM leader Other _____

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

| | SUPERIOR | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | INFERIOR |
|--------------------------------------|----------|---------------|---------|---------------|----------|
| Ability to receive correction | | | | | |
| Self-confidence | | | | | |
| Ability to make decisions | | | | | |
| Social poise | | | | | |
| Concern for others | | | | | |
| Ability to follow | | | | | |
| Leadership | | | | | |
| Willingness to serve | | | | | |
| Emotional stability | | | | | |
| Communication skills | | | | | |
| Health | | | | | |
| Personal hygiene | | | | | |

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 |

continued on next page...

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?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 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 reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____



Please return form to

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 882-5591 • fax (903) 882-7673 • ywamtyler.org

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?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 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) _____

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Signature _____ Date _____

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O U T R E A C H

AGREEMENT

Revised 04/2008

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 destinations and dates 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, Tyler, Texas 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.

Because YWAM is registered with the Internal Revenue Service as a 501(c)3 non-profit organization, donations made for school fees are considered tuition and are NOT tax-deductible. However, donations made for missions outreaches are tax deductible and non-refundable. In order for supporters to receive a tax deduction, checks must be made payable to YWAM and NOT to a specific participant (applies only to outreach fees not tuition fees e.g. SST, DTS, CDTS, SOE tuition). The participant's name MUST NOT appear anywhere on the check.

I understand that IRS regulations prohibit YWAM from refunding contributions it receives for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferable and any funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission, Tyler, Texas.

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 or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

Signature of Participant

Date

Signature of Parent or Guardian
(for participants under 18)

Date

