

Teachers for the Nations

Youth With A Mission — Tyler, Texas

Pastors, teachers, parents, preachers, missionaries, governors, politicians, leaders...these are the people who shape nations. How do they do it? By teaching people to see God in every subject, and to be leaders in every area of society. **The next generation will shape the nation.**

God's desire for all people everywhere is that they would know LIBERTY, both internally and externally.

So, what is the hope for the nations? We, as Christians, must take a stand in society and shape the next generation. The Bible tells us how to be Christian leaders impacting every sphere of society.

TFN is a nine-month training program that will give you the tools to reason biblically, influence every sphere of society, and raise up the next generation to lead a nation into liberty.

COURSE CONTENT

TFN is divided into two phases: A nine-month lecture phase followed by an optional two-month outreach.

I. LECTURE PHASE

The first nine months of TFN include the following aspects:

A. CLASSROOM CURRICULUM

You will receive powerful teaching from Christian leaders and experienced missionaries on topics such as:

1. Education
2. Reasoning
3. The family
4. Providential history
5. Christian worldview

B. SMALL GROUPS

Purposes of the small groups are:

1. To build deeper relationships with one of the staff members and several other students
2. To create an opportunity for students to ask questions regarding the teaching, share what God is doing in his/her life, and receive prayer and support from the group

C. INTERCESSION GROUPS

Intercession is prayer where we put ourselves in the place of identification with existing needs, seeking the Lord's direction on how to pray, and seeking His intervention in that particular situation. During these times we mainly focus on nations of the world, and on needs other than our own.

D. PERSONAL DEVOTIONS

This time is set aside each day for you to be alone with God. It's the most important time of the day for personal growth.

E. REQUIRED READING

This is set up to complement the classroom curriculum. The list changes from school to school.

F. WORK DUTIES

Each student works about two hours a day on the base. Some adjustments are made for families. There are also work duties on the weekends. The purposes for work duties are:

1. Work duties significantly keep down the cost of the school by providing needed help in areas such as maintenance, cooking, cleaning, and office work.
2. The Bible encourages us to do everything as unto the Lord. Working hard and with joy is a class in itself, and therefore a vital part of the training.

G. DAILY SCHEDULE

An average day during the lecture phase might look like below (yours may vary). Evenings are usually free to study and relax, but there will be some school meetings and functions after dinner as well as several weekends.

7 : 45 AM	Devotional
8 : 05	Sentence Analysis
8 : 40	Curriculum Development
9 : 25	Universal History
10 : 30	Philosophy of History, Government, and Education
12 : 00 PM	Worship/Intercession
12 : 30	Lunch
1 : 00	Practice Teaching
2 : 30	Work Duty
5 : 00	Dinner

II. OUTREACH PHASE

The optional eight-week TFN outreach is designed to expose you to various needs of some of the people groups in this world, help you see them as our Father does, and minister to them the love of Jesus. Students and staff usually pray together to determine the outreach locations for the school.

Applying the principles and perspectives learned during the lecture phase, you will see how God can use you to show His love to others and extend His kingdom on earth!

You will be able to deliver the message of His life and hope that brings healing to the nations. You will share Christ's love in various ways: child evangelism, dramas, music, sharing testimonies, church ministry, and practical help for the poor and needy.

Whenever possible, teams work alongside an existing fellowship, usually referring new believers to that church. After the outreach, the team returns to our base for a time of sharing what God has done.

REQUIREMENTS FOR TFN

Applicants must be at least 18 years old (or have a high school diploma), and have successfully completed a DTS or CDTS at any YWAM base.

TUITION PAYMENT POLICY

All students are expected to pay the full tuition amount at TFN registration (during the first week of the school).

AFTER TFN TRAINING

After your training there are a variety of opportunities to serve as a full-time staff member with Youth With A Mission. Whether here in Tyler, or at one of over 1,100 YWAM centers around the world, we can help prepare you for what God is calling you to do. (At YWAM Tyler it is a requirement to have completed both the DTS/CDTS and SOE/CSOE to join staff.)



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? (1 Cor. 16:5,6, 1 Kings 17:1-16)
- 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



Guidelines to Completing Teachers for the Nations Application

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

- 1. School Application Form.** Please make sure Sections A–G are completed.
- 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. Two 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:

Teachers for the Nations • 961 CR 1143 • Tyler, TX 75204
- 5. Outreach Agreement Form.**
- 6. Registration Fee.** A non-refundable registration fee of \$50 for singles or \$75 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.

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.



Please return form to

Teachers for the Nations • 961 CR 1143 • Tyler, TX 75704

(903) 593-2702 • fax (903) 531-2226

Please staple
wallet-size
photo here.

Teachers for the Nations

APPLICATION

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/Postal Code Country

Permanent Address _____
Street City State/Province Zip/Postal Code Country

Email _____ Sex _____ Date of Birth _____

Personal Website _____

Marital Status: Single Engaged Married Separated Divorced

Name of Spouse _____ Role while in TFN _____

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

Emergency Contact _____
Name Relationship Phone #

Address _____
Street City State/Province Zip/Postal Code Country

SECTION B: Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone () _____

Pastor's Email _____ Church Website _____

SECTION C: Passport/Visa Information

Country of Citizenship _____

Name as it appears on passport _____

City and country where passport was issued _____ Passport # _____

Passport Issue and Expiration Dates _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only

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

Have you ever been denied a U.S. visa or been deported from the U.S? (Explain) _____

Non-U.S. Residents

After we have received and processed your complete application, and upon your acceptance and payment of the first half of your tuition fees, we will send you instructions for your visa application process, along with the necessary documents (letter of invitation, proof of tax-exemption, etc.) you will need. If you are interested in applying for a partial scholarship you must do so when you send in your TFN application.

SECTION D: Confidential Health Form See attached.

SECTION E: Education/Employment/Skills

Please attach resume if you have one.

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?

- | | | | | |
|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> Full-time missions | <input type="checkbox"/> YWAM Tyler staff | <input type="checkbox"/> Back to job | <input type="checkbox"/> Further education | <input type="checkbox"/> Work with home church |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Teaching | <input type="checkbox"/> Refugee work | <input type="checkbox"/> Mercy Ships | <input type="checkbox"/> Uncertain |

SECTION F: Financial Information

Do you have the total school fees? Yes No If no, what amount 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

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SECTION G: Supplemental Questions

Please prayerfully and concisely answer (in essay format) the following questions on a separate piece of paper. Please print or type.

- What is your background and growth in the Lord?
- What is your past/current involvement with YWAM?
- What do you believe the Lord is calling you to do?
- What is your vision for education (include the subjects and age groups that interest you most)?
- Why do you believe God is calling you to Teachers for the Nations?

I certify that all information in this application is complete and accurate. If accepted by Teachers for the Nations (TFN), I will abide by the spirit, rules, and schedule of the program (including the Student Code in the TFN catalog). I understand that any and all Confidential Evaluations in my file are property of YWAM/TFN, 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/TFN, 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/TFN.

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. Listed below are tendencies which may reduce the effectiveness of a Christian worker. Please check all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Tense | <input type="checkbox"/> Prone to infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Moody | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Lacking humor |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Anxious | <input type="checkbox"/> Gossips | |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Nervous | <input type="checkbox"/> Causes friction | |
| <input type="checkbox"/> Other (Specify) _____ | | | |

2. Do you consider the applicant to have the assurance of God's calling? Yes No Explain _____

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

- Mature Contagious Genuine and growing Over-emotional Superficial

Comments _____

4. Does he/she display high moral standards? Yes No Explain _____

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. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

9. 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 _____

Personal Website _____ Email _____



Please return form to

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(903) 593-2702 • fax (903) 531-2226

1. Listed below are tendencies which may reduce the effectiveness of a Christian worker. Please check all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Tense | <input type="checkbox"/> Prone to infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Moody | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Lacking humor |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Anxious | <input type="checkbox"/> Gossips | |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Nervous | <input type="checkbox"/> Causes friction | |
| <input type="checkbox"/> Other (Specify) _____ | | | |

2. Do you consider the applicant to have the assurance of God's calling? Yes No Explain _____

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

- Mature Contagious Genuine and growing Over-emotional Superficial

Comments _____

4. Does he/she display high moral standards? Yes No Explain _____

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. **(Pastors only)** Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

9. 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 _____

Personal Website _____ Email _____



Please return form to

Teachers for the Nations • 961 CR 1143 • Tyler, TX 75704

(903) 593-2702 • fax (903) 531-2226

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