



YWAM
COLORADO
@ CIMARRON

TRAINING AND SENDING TO THE NATIONS



GUIDE TO COMPLETING SST STUDENT APPLICATION

Thank you for applying to YWAM Colorado @ Cimarron's Summer of Service and Training! **To help us process your application most efficiently, please send *all* of the paperwork below *together* (with the exception of the reference forms, which should be sent or faxed directly to us from your reference people).** If a question on the form does not apply to you, write N/A in the blank.

- 1. School Application Form & Photo.** Please answer every question. If one does not apply to you, write N/A in the blank. Photos should be wallet or passport size.
- 2. Deposit Fee.** A deposit fee of \$100, which will apply to the tuition, is to be sent in with the application. There will be a \$20 withdrawal fee assessed for cancelled applications.
- 3. Confidential Health Form.** A physician must sign this form.
- 4. Consent for Treatment/ Liability Release Form.** Each applicant must sign this form.
- 5. Supplemental Questions.** Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type. Your answers will be significant in the application process.
 - A. Describe your present relationship with the Lord.**
 - B. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.**
 - C. Why have you chosen to do this school, and how did you hear about the YWAM Cimarron base?**
 - D. Please list any special circumstances or situations we should know about.**
 - E. Please list the names, relationship, and addresses of your two references.**
- 6. Two Reference Forms.** Please fill out the top portion of each reference form and give one to each of the following: 1) Pastor and/or spiritual leader; 2) mature Christian friend. Please give each reference a stamped envelope addressed to **Youth With A Mission, Attn. Registrar, PO BOX 158, Cimarron, CO 81220** or request that they fax their reference form to us: **970-249-9164** as quickly as possible.

Please send all forms to:

Or fax: (970) 249-9164

YWAM Cimarron
Attn. Registrar
P.O. Box 158
Cimarron, CO 81220
USA

Still have questions??

Contact: registrar@ywamcimarron.org
(970) 249-7004

NOTE: All SST School fees are due upon arrival.



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STUDENT GUIDELINES AND EXPECTATIONS

The following is a general list of what is expected of students during their time in the lecture phase and on outreach. Please prayerfully consider these guidelines as you apply.

1. We require full attendance and participation in quiet times, classes, mealtimes, work duties, worship and small group meetings. Emergency leaves of absences will have to be approved by your school leader.
2. The use of alcohol, illegal drugs and tobacco is prohibited during the school and on base grounds
3. Because we want you to see this school as a time set apart for you and the Lord, we request that you keep all male/female relationship at a friendship level during the school.
4. We expect you to be responsible with your financial commitments.
5. We ask that during work hours and in public areas the music played provides an atmosphere of fellowship and peace.
6. You are responsible for keeping your living space neat and clean. Beds must be made daily and all clothing, shoes, towels, etc. be put away.
7. Decent standards of dress and hygiene are required at all times.



**Youth With A Mission
Cimarron, Colorado
Summer of Service and Training Application**

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 YWAM Colorado@Cimarron Phone: (970) 249-7004
 Attn. Registrar Fax: (970) 249-9164
 P.O. Box 158 Email: registrar@ywamimarron.org
 Cimarron, CO 81220 USA

**Please
Attach
Recent
Photo
Here**

PERSONAL INFORMATION

Date of Application _____
 Deposit enclosed \$ _____

Mr./Miss _____
 (Last/Family Name) (First) (Middle Initial) (Preferred to be called)

Present Address _____ Current Until _____
 Street/ PO Box Day/Month/Year
 City State/Prov. Zip Code Country

Email Address _____ Phone number _____

Permanent Address _____
 Street/ PO Box
 City State/Prov. Zip Code Country

Age _____ Birthday _____ Birthplace _____
 Month/Day/Year City State/Prov. Country

Country of Citizenship _____

Sex: M _____ F _____ Social Security Number _____

Driver's License _____ State _____ Type of License _____

EMERGENCY INFORMATION

In Case of Emergency, Contact _____ Relationship _____

Address _____
 Street City State/Prov. Zip Code Country

Phone _____ Cell _____

EDUCATION/ EMPLOYMENT SKILLS

Highest level of education completed _____ Present employer/occupation _____

Musical abilities/Other talents _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved with a YWAM program before? Yes No

If yes, specify _____ Base _____ Leader _____

We would encourage you to attend a DTS in the future. Would you be interested in receiving DTS information? Yes No

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.

Signature _____ **Date** _____



Release Form

Please return this form to:
YWAM Colorado@Cimarron Phone: (970) 249-7004
Attn. Registrar Fax: (970) 249-9164
P.O. Box 158 Email: registrar@ywamimarron.org
Cimarron, CO 81220 USA

Name _____ Course applying for _____

Address _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Parent Signature _____ Date _____

RELEASE OF LIABILITY

I/we hereby release Youth With A Mission, Inc., it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission, Inc.

Applicant Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Parent Signature _____ Date _____

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____ to travel outside the
United States with Youth With A Mission. Complete name of minor

Parent Signature _____ Date _____



Confidential Health Form

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 P.O. Box 158 Email: registrar@ywamimarron.org
 Cimarron, CO 81220 USA

TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL.

Please print in ink or type answers to all questions in English.

Course applying for _____ **Starting Date** _____

Month/Day/Year

Name _____ **Date of Birth** _____

Month/Day/Year

Present Address
Street/PO Box _____

City _____
State/Province _____
Postal Code _____ Country _____
Phone _____

Emergency Contact
Name _____
Relationship _____
Street/PO Box _____
City/State/Province _____
Postal Code _____ Country _____
Phone _____

Social Security Number _____ **Do you have medical coverage?** Yes No
 Insurance Company _____ Policy Holder _____ Policy Number _____

PART A: PERSONAL HISTORY

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

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

	YES	NO		YES	NO		YES	NO
Skin conditions			Heart trouble			Jaundice		
Eye trouble			High blood pressure			Hepatitis		
Ear trouble			Low blood pressure			Intestinal troubles		
Head injury			Arthritis			Recurrent diarrhea		
Headaches			Back problems			Gall bladder problems		
Epilepsy			Dislocation of joints			Mental/nervous disorders		
Fainting spells			Broken bones			Stomach/Duodenal ulcer		
Anemia			Kidney disease			Venereal disease		
Weakness			Diabetes			Tumor cancer		
Paralysis			SURGERY			FEMALES ONLY		
Insomnia			Appendectomy			Irregular periods		
Shortness of breath			Tonsillectomy			Severe cramps		
Hay Fever, Asthma			Hernia repair			Excessive flow		
Allergies (please specify)			Other (please specify)			Are you pregnant?		

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

Other illnesses or conditions _____

Are you presently under doctor care for any conditions? _____

Are you taking any medication at this time? _____

Are you allergic to any drugs? _____

Do you have a history of emotional instability or psychiatric treatment? _____

Do you now or have you ever received any compensation for disability from any source? _____

Do you have any physical impairments, handicaps, or health conditions that require special attention?

Blood type _____ O, A, AB, (+ or -), etc.

Would you rate your health as: Excellent Good Fair Poor

Do you wear contact lenses or glasses? Yes No Specify _____

Have you been tested for HIV? Yes No Specify _____

SURGERIES PERFORMED

DATE	TYPE OF SURGERY	OUTCOME AND LONG TERM EFFECTS

X-RAYS PERFORMED

DATE	TYPE OF X-RAY	RESULT

PART B: PHYSICIAN'S REFERENCE

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

Blood pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	YES	NO	Please Describe
Ear, Nose, Throat			
Eyes			
Neurological			
Cardiovascular			
Respiratory			
Musculoskeletal			

Would the applicant be able to walk 3-4 miles per day? Yes No

PHYSICIAN RECOMMEDATION: Acceptable without limitations
 Acceptable with limitations _____
 Not acceptable _____

Doctor's Signature _____ Date _____

Doctor's Name (please print) _____ Phone _____

Full Address _____



Confidential Reference - SST Pastor/ Mentor

Please return this form to:
YWAM Colorado@Cimarron Phone: (970) 249-7004
Attn. Registrar Fax: (970) 249-9164
P.O. Box 158
Cimarron, CO 81220 USA

TO THE APPLICANT:

Name _____

Course applying for _____
(school) (date)

Address/Email _____

I the above name applicant WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Signature _____

TO PASTOR/MENTOR:

Name _____

Address _____

Phone _____

Email _____

Please send me information about YWAM Cimarron.

The above applicant has applied for admission to Youth With A Mission, Colorado @ Cimarron, an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1200 locations on all six continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ’s command to “Go therefore, and make disciples of all nations.” Cimarron is a training and logistics base from which skilled workers are sent out into all the world.

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

Relationship to Applicant:

1. My relationship to the applicant is (check all that apply):

Sr. Pastor Youth Pastor Small Group Leader Mentor

2. How long have you known the applicant? _____

3. How long as the applicant attended your church? _____

4. Has the applicant been a faithful attendee? _____

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

6. In what areas of ministry has the applicant participated in your church? _____

Pastor/Mentor

Character Evaluation:

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

Personal Character

	Not known		Poor	Below Average	Average	Above Average	Excellent
Ability to receive correction							
Self-Confident							
Ability to make decision							
Social poise							
Concern for others							
Ability to follow							
Leadership							
Willingness to serve							
Emotional Stability							
Communication skills							
Health							
Personal Appearance							

Comments _____

Mental ability		Quick to comprehend		Average		Slow
Industry		Hard worker		Average		Lacks persistence
Reliability		Meets obligations		Average		Neglects obligations
Teamwork		Works well with others		Average		Often causes friction
Flexibility		Open to change		Average		Unyielding
Christian character		Well balanced		Average		Unstable
Disposition		Cheerful		Average		Passive
Punctuality		Punctual		Average		Often late
Financial responsibility		Honors obligations		Average		Neglectful
Christian service		Dedicated		Average		Casual

Comments _____

Questionnaire:

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

1. How does the applicant respond to designated authority and standards? _____

2. Does he or she display high moral standards? _____

3. What do you feel is the applicant's motives for applying to this program?

- Christian Service Desire to spread the Gospel Receive help/ministry Adventure
 Desire to help others Escape unpleasant home situation Travel
 Other (specify) _____

4. Please comment on the applicant's family background. _____

5. What do you consider to be the applicant's strong points? (Include special abilities) _____

6. What could YWAM Colorado@Cimarron do to aid in the applicant's personal development? _____

7. Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

8. Would you recommend the applicant for acceptance to this YWAM program?

- Yes With some reservations No

Please call me. I'd like to discuss the applicant over the phone.

Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, occult practices, etc.)

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Signature _____ Date _____



**Confidential Reference - SST
Personal**

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P.O. Box 158
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TO THE APPLICANT:

Name _____

Course applying for _____
(school) (date)

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I the above name applicant WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Signature _____

TO FRIEND:

Name _____

Address _____

Phone _____

Email _____

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Relationship to Applicant:

1. My relationship to the applicant is (check all that apply):
 Acquaintance Close friend Peer Mentor

2. How long have you known the applicant? _____

3. On a scale of 1-10 (10= you know them very well, how well do you know the applicant? 1 2 3 4 5 6 7 8 9 10

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

5. Is the applicant a reliable friend? _____

6. Comment briefly on how the applicant responds to conflict in relationships? _____

7. In the applicants relationships, do they tend to lead or follow? _____

Character Evaluation:

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

Personal Character

	Not known		Poor	Below Average	Average	Above Average	Excellent
Ability to receive correction							
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Ability to make decision							
Social poise							
Concern for others							
Ability to follow							
Leadership							
Willingness to serve							
Emotional Stability							
Communication skills							
Health							
Personal Appearance							

Comments _____

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Flexibility		Open to change		Average		Unyielding
Christian character		Well balanced		Average		Unstable
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Financial responsibility		Honors obligations		Average		Neglectful
Christian service		Dedicated		Average		Casual

Comments _____

Questionnaire:

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

1. How does the applicant respond to designated authority and standards? _____

2. Does he or she display high moral standards? _____

3. Please comment on the applicant's ability to establish close, healthy relationships with others. _____

4. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain.)

5. Please comment on the applicant's family background (if known) _____

6. What do you consider to be the applicant's strong points? (Include special abilities) _____

7. What could YWAM Colorado @ Cimarron do to aid in the applicant's personal development? _____

8. Would you recommend the applicant for acceptance to this YWAM program?

Yes

With some reservations

No

Please call me. I'd like to discuss the applicant over the phone.

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Signature _____ Date _____