



UofN Student Mobilization Centre

PO Box 6412

Madison, WI 53716

Email: [smc8700@mac.com](mailto:smc8700@mac.com)

Online registration: <http://www.ywamconnect.com/sites/smc>

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## School of University Ministries – Application Form

Location and Date of School: **Bangalore, India - Jan '06**

Date of Application: (Day/Month/Year):

### Participant's Name:

Last (Family)

First

Middle

Maiden

Birthdate (Day/Month/Year)

Age

Birthplace

Sex (M/F)

Full Name on Passport:

Country of Citizenship:

Passport Number:

City and country where passport issued:

Expiration (Day/Month/Year):

Current Address Until (Day/Month/Year):

Street Address or PO:

City:

Country:

Email:

Phone:

Fax:

Permanent Address:

Street Address or PO:

City:

Country:

Phone:

E-mail application to:  
[smc8700@mac.com](mailto:smc8700@mac.com)

And please mail TWO current photos and a non-refundable application fee of USD \$20 per single/\$35 per couple to:

YWAM Bangalore  
PO Box 8471, St. Thomas  
Town PO,  
Bangalore - 560 084  
INDIA

Make checks payable to  
"YWAM."

Or Register Online at:  
<http://www.ywamconnect.com/sites/smc>



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**Spouse**

Spouse's Name - Last , First Name(s):

Birthdate (Day/Month/Year)                      Age                      Birthplace                      Sex (M/F)

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Spouse's Full Name on Passport:                      Country of Citizenship:                      Passport Number:

City and country where passport issued:                      Expiration (Day/Month/Year):

Will your spouse be attending the SUM as a student?

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**Dependents:**

Names of children accompanying you (if you plan to bring a nanny or tutor, place his/her name here and so note): Attach additional sheets to repeat the information for more than one child or nanny/tutor.

Name - Last , First Name(s):

Birthdate (Day/Month/Year)                      Age                      Birthplace                      Sex (M/F)

Child's Full Name on Passport:                      Country of Citizenship:                      Passport Number:

City and country where passport issued:                      Expiration (Day/Month/Year):

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Do any of your children have any physical problems or learning disabilities, which could require special assistance? Please explain.

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### Home Church

Name:

Denomination:

Pastor's Name:

Address:

Phone & Email:

### Languages.

Please identify languages you speak and indicate your proficiency level:

Your English proficiency?

Your Korean proficiency?

Other languages and proficiency?

In which language would you prefer to do the SUM (this would include discussion groups and all coursework (exams, book reports, etc.): Check One: English  Korean  Other

- 1 - elementary
- 2 - limited
- 3 - minimal professional use
- 4 - full professional use
- 5 - native speaking ability
- 6 - mother tongue

### Financial Information

Do you have your complete SUM fees? **yes**  **no**  If no, how much will you have upon arrival? From what source will the remainder come? Do you have the finances for your round trip travel to and from Bangalore, India? Do you have any outstanding debts? (If so, please explain):

### Emergency Contact

In case of emergency, contact: (Last Name, First)

Relationship to Applicant:

Address:

Phone(s):



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### Participant's Emergency Medical Information

<b>Blood type:</b>	<b>O</b>	<b>A</b>	<b>B</b>	<b>AB</b>
Note positive (+) or negative (-) in box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How would you rate your health condition?</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Height:                      Weight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you any allergies? Allergic to any drugs?</b>	<b>Yes</b>	<b>No</b>		
Please specify:	<input type="checkbox"/>	<input type="checkbox"/>		

Are you presently taking any medication? (specify) \_\_\_\_\_ Are you under a doctor's care for any condition? (specify) \_\_\_\_\_

Females: Are you pregnant?  No  Yes. If yes, please note your due date: \_\_\_\_\_

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

### CONSENT FOR TREATMENT

In case of emergency I 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: \_\_\_\_\_

### RELEASE OF LIABILITY

I do hereby release University of the Nations and Youth With A Mission, Inc., its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or my family during the course of involvement with University of the Nations/Youth With A Mission.

Signature: \_\_\_\_\_

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

## BACKGROUND INFORMATION

1. Why do you want to attend the SUM--direction, desires and expectations? Is there a specific reason for applying to attend the SUM in Bangalore, India (versus some other location)?

2. When and where did you complete your YWAM/U of N Discipleship Training School?

Lecture phase dates:

Location:

Outreach phase dates:

Location (s):

3. Please list all of the University of the Nations courses you have completed.

Course name(s)

Location(s)

Date(s)

4. Are you pursuing a UofN degree?

yes

no

5. Have you had previous management or leadership or campus ministry training in YWAM/U of N or professionally? If yes, please specify:

6. What are your past leadership with YWAM/U of N responsibilities or campus ministry responsibilities (Position, Location and Dates):

7. What is your present responsibility with YWAM/U of N?

8. Please list any occupational skills and years of experience.

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9. Please also list musical ability and other talents/experience:

10. What is your long-term commitment to YWAM/U of N internationally? 1-2 years  3-5 years  career   
, ,  
To the current YWAM base where you are serving? 1-2 years  3-5 years  career

11. What areas (locations and/or types of ministry) do you feel called to?

12. Which SUM Field Assignment option are you interested in? Campus Ministry Internship  Field Ministry Internship  Research Internship

13. Would you be interested in being on Staff of one of the School of University Ministries in the future? Desired location?

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## Reference

Your YWAM Leader's Reference Form should be mailed to the YWAM/U of N leader whom you directly relate. Please give us the name of your primary YWAM Leader from whom we can expect a completed form:

Name: \_\_\_\_\_ YWAM/U of N function/responsibility: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

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