



## **A Guide to complete the application for schools and courses within Youth With A Mission Wiler**

1. Please answer all questions in legible Letters. Your answers will be treated confidentially.
2. Please pass the enclosed reference forms to three persons who know you well. Ask them to send them back to us as soon as possible. One of the forms has to be filled in by your pastor, cellgroup-leader or an elder of your church. If the school you are applying for is not a DTS/CDTS one of the forms has to be filled in by your last YWAM schoolleader.
3. The registration fee of CHF 200,- is payable with the application form. For bank transfer in Switzerland please use the following account:  
PC-Konto 25-15842-2. Please don't forget to fill in your name and the name of the school your applying for!!

**For foreign bank transfer please use the following information:**

Address: Jugend mit einer Mission, CH-3266 Wiler; SWIFT-Address: CRESCHZZ25A  
IBAN-Number CH-34 0411 2065 2515 2100 0

Please don't forget to fill in your name and the name of the school your applying for!!

4. As soon as we have received the application form together with a recent photo of yours, the signed consent to the guidelines, copies of health- and personal liability insurance, all three reference forms and the registration fee we will inform you as soon as possible whether you are accepted for the school.
5. The remaining school fee (school fee less application fee) can be paid at the beginning of the school or can be transferred beforehand. The total school fee for a 3-month-school including VAT and registration fee is CHF 3.300,-  
The necessary account information will be given by the school leader.

Now we hope that this will help you. If there are uncertainties or questions please feel free to call or email us at any time.



# Youth With A Mission

JMEM School Office  
Hauptstrasse 15  
CH-3266 Wiler  
Telephone +41 (0)32/391 70 30 Fax +41 (0)32/391 70 31

Please

attach a photo

## Name of School

## Personal Information

(Please fill in in block letters)

School dates:	From: _____	To: _____	Today's date:	_____
Family name:	_____		First/Middle name:	_____
Address:	_____		Nationality:	_____
Postal Code/City:	_____	Gender:	Male _____	Female _____
Country:	_____		Marital status:	_____
Date of birth:	_____		Married since:	_____
Profession:	_____		Name of spouse:	_____
Phone/Fax/E-mail:	_____			

### Who to inform in case of emergency:

### Student's children:

Family&First name:	_____	Name:	_____	Gender	_____	Date of birth	_____
Address:	_____		_____				
Postal Code/City:	_____		_____				
Country:	_____		_____				
Relationship:	_____		_____				
Phone/Fax/E-mail:	_____		_____				

### Which church do you attend? Are you a member?

### Papers:

_____		
Pastor:	_____	
Address:	_____	
Postal Code/City:	_____	
Country:	_____	
Phone/Fax/E-mail:	_____	

<b>Driver's license</b>		
Car	Truck	Others
_____	_____	_____
<b>Passport</b>		
Valid until:	_____	
Passport number:	_____	
Native town (CH):	_____	

### General state of health:

Height/Weight: \_\_\_\_\_

Do you smoke? \_\_\_\_\_

If you are on medication, which? Prescribed by a doctor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from seizures? \_\_\_\_\_

Addictions? Pls. explain \_\_\_\_\_

Psychiatric treatment? (when?) pls. explain \_\_\_\_\_

You can add specific information with the more detailed questions!



# YOUTH WITH A MISSION

School Office  
Hauptstrasse 15  
CH-3266 Wiler, Switzerland

## Name of School

## Education

(please complete in block letters)

### Schools:

Primary School (years)	<input type="text"/>	Secondary School (years)	<input type="text"/>
Others	<input type="text"/>		
	<input type="text"/>		

### Further Training:

Length and Type of Training:

### Certificates/Diplomas:

What and Date Received:

### Skills:

Musical skills:

Language skills:

Professional skills:

Others:

### YWAM and UofN Information:

Have you done other YWAM schools/outreaches? (yes/no)

Which ones? (lecture and outreach phase)	Dates: from/to (mo.& yr.)	Location	School/Outreach Leader
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you pursuing a degree with the UofN? (yes/no)  Faculty?

What's your registration number?

Application Questions for \_\_\_\_\_ (Name of School)

**Please briefly answer the following questions on a separate sheet of paper in the given order. If possible, please use a computer/typewriter or else write legibly. Thanks. We ask you to answer the questions honestly and clearly. This will help us in our acceptance process.**

### **General questions**

- 1) How did you hear about the school?
- 2) Why do you want to attend the school?
- 3) What are your expectations of the school and your time here in Wiler?
- 4) What is your most burning question to God at the moment?
- 5) Describe your present relationship with God.
- 6) What goals, plans do you have for your life? How would you currently describe your calling?
- 7) Which books/magazines have most influenced your life as a Christian?
- 8) Have you informed your pastor/church leadership about your plan to participate in the school? What was their response to this decision?
- 9) Please provide the names and addresses of three people who will provide a reference for you. **One needs to be your pastor/church or home group leader.** If the school you are applying for is NOT a DTS, then one needs to be your last YWAM/UofN school leader. The third is your choice. Your parents would be a good option.

### **Health questions**

- 10) Are you on any medication? If so, what is it? Has it been prescribed by a medical doctor?
- 11) Do you have any allergies, special dietary needs, etc. which would affect your participation in community life?
- 12) Have you ever had any professional psychological care? When and how long was your therapy?
- 13) Do you struggle with addictions of any kind? (e.g. smoking – tobacco or cannabis, alcohol, workaholism, eating disorders, internet pornography, or others) How do you deal with it?
- 14) If your answer to any of the questions in this section is yes, what are your expectations of us in this regard? Please provide contact information for the contact person we can be in touch with (parent, pastor, counsellor, doctor).

### **Finance questions**

- 15) How are you planning to pay the school fees?
- 16) Do you have any debts? Which kind and how high are they? What are you doing, or what is your concrete plan, to pay them back?

### **Other questions**

- 17) Which unique abilities and/or gifts do you have? (music, cooking, drawing...) Which hobbies do you pursue?
- 18) Do you have a boy-/girlfriend? Are you engaged? Is your partner planning to do the school too? Would you also attend if he/she were not accepted?
- 19) Would you also participate if a staff or another student is HIV+?
- 20) Here in YWAM Wiler, we live "in community", is there anything we should know about you which would affect the others around you?
- 21) Now, do YOU have any questions?

## **Extra questions for Newcomers to YWAM**

- a) In a few words, give a brief résumé of your life and your conversion.
- b) Describe events that have been influential in your spiritual growth.
- c) What activities have you been involved in as an active church member?
- d) As part of the preparation for your school (especially DTS and CDTs) you should read the book *Is That Really You, God?* by Loren Cunningham ([www.ywampublishing.com](http://www.ywampublishing.com))

**Please answer the specific questions for the school for which you are applying. See below and the following pages, thanks!**

### **Questions for “Crossroads Discipleship Training School” (CDTS)**

- e) How is your relationship to your parents? Are they aware of your plan to attend the school?
- f) If you or one of your family members has a physical disability or allergy, of what nature? What should we be aware of (food, room,...?)
- g) Are you planning to bring your children? If yes, we need to know whether they go to kindergarten or school. It may be possible to register them for the local public school or kindergarten.  
If they are small, is it possible for you to arrange for a nanny/baby-sitter during the school?
- h) Are you aware that staff and school leaders who will teach and instruct you may be younger than you are? If so, are you willing to submit to them and support them?

### **Questions for the “Principles of Child and Youth Ministry” (PCYM) school**

- 1) What experience do you have with children and/or youth ministry?
- 2) Do parents entrust their children to you easily?

### **Special questions for the “School of Biblical Studies” (SBS)**

- 8) Are you aware of the fact that the school is very intense and that it's mainly independent studies? Our experience is that it takes at least 50 working hours per week. That includes lecture, work duties and independent studies. If you work slowly or you want to do more than is required, the time investment increases accordingly. Are you ready to make this time/energy commitment?
- 9) Are you planning to do your work on a personal computer? If yes, do you have your own printer?



*YOUTH WITH A MISSION*

School Office  
Hauptstrasse 15  
CH-3266 Wiler bei Seedorf  
Switzerland

## Guidelines

for participants in our training schools

### 1) Personal Liability

Personal responsibility is a core value in Switzerland and we encourage individuals in our community to take responsibility for themselves as much as possible. This includes making certain if you cause damage on the property (dishes, lamps, etc.), you take responsibility to see that the item is repaired/replaced. We highly recommend personal liability insurance.

Sometimes we lack transportation for outreaches or outings which are part of the training program. In these situations, we are grateful if course participants with their own car volunteer to drive it and take other students along. YWAM Wiler will provide a modest compensation towards the cost of the fuel but is not reliable for any damages that might occur. The owner of the car is responsible for his/her car. We therefore encourage you not to lend your car to others. If car owners decide otherwise, it is their responsibility to do so.

Every staff and student is also responsible to have sufficient insurance coverage for health and accidents. **These insurances are mandatory in Switzerland.** There is no general insurance coverage for people in YWAM. If you need a letter of confirmation of your stay with us, we are willing to provide that. Again, we recommend that you have or establish personal liability insurance for yourself.

### 2) School Fees/Registration Fee

All fees need to be paid in Swiss Francs. It is best to pay this before the school begins (see details on the instruction sheet). The school fee for a 3 month course at YWAM Wiler is CHF 3'300.-- (incl. VAT) which includes the registration fee of CHF 200.--. The registration fee will not be refunded in case of the participant withdrawing his/her application.

### 3) Pets

Pets of any kind (cats, dogs, birds, etc.) are not allowed.

### 4) Community life

Our expectation is that every student contributes to community life by participating at meal times, in corporate worship and in other events on base.



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CH-3266 Wiler bei Seedorf  
Switzerland

## Consent to the Guidelines

I hereby declare that I have read through the guidelines, and I'm willing to submit to them for the time of my training with YWAM Wiler.

I release *Youth With A Mission*, it's respective staff and volunteers of any responsibility in the case of accidents or health problems during my stay in YWAM (except when it can be proven that one of the people mentioned above has directly caused the accident or problem).

If, according to a medical doctor's opinion, some treatment, surgery, or anesthesia is needed, I hereby consent to it.

I also enclose a copy of my personal liability insurance policy. In the case that I don't have any such insurance, I hereby commit to take personal responsibility for any damages I cause.

Place, date

Signature

---

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## Confidential reference form

Please send back to YWAM Wiler directly

**Name of applicant:** \_\_\_\_\_

**Name and Dates of School applying for:** \_\_\_\_\_

The person named above has applied for a school with YWAM Wiler, Switzerland. It is our desire to gain some understanding of the applicant's readiness for the course. We therefore ask for a reference from 3 different people. Those references help us - together with information provided by the applicant - gain knowledge of his/her character, attitudes and skills in order to better recognize the applicant's needs/wishes. Your answers help us come to a conclusion of accepting the applicant - or not. The final decision is made together as a team in prayer.

**If you prefer to give us your evaluation in letter form rather than on this paper, you may do so (please incorporate all the points asked for here). If you'd like to talk to us personally, please phone and ask for the school leader of the above school. Thank you for helping us and the applicant.**

Please indicate with an "X" how you would assess the applicant's action/attitude in the following areas.  
1 = very good   2 = good   3 = average   4 = rather weak   5 = not existing/big difficulties

<b>RELATING TO PEOPLE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	comment - use extra sheet if necessary
commitment in church/parish						
interest in evangelism/missions						
interest in daily news						
political/social engagement						
willingness to serve						
teamwork						
sensitivity to the needs of others						

<b>PERSONAL MATURITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	comment - use extra sheet if necessary
judgement/discernment						
sense of responsibility						
teachability						
perseverance						
motivation						
self-esteem						
discipline						
mental stability						
flexibility						
handling finances						

<b>MISCELLANEOUS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	comment - use extra sheet if necessary
outward experience						
general understanding						
habits/addictions						
special skills						

<b>LEADERSHIP QUALITIES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	comment - use extra sheet if necessary
planning, setting goals						
communication/effencies in passing on ideas						
initiative						
can organize, motivate and teach others						

**FUTURE**

» What plans/goals does the applicant have for the future and, in your opinion, would the training received in this school contribute to that?

\_\_\_\_\_  
\_\_\_\_\_

» What goals *should* he/she pursue according to your opinion?

\_\_\_\_\_

» What skills should he/she develop more (in which we could help him/her)?

\_\_\_\_\_

**RECOMMENDATION & ADDITIONAL INFORMATION**

» Would you like to work together with him/her?                      yes\_\_\_\_\_ no\_\_\_\_\_

» Is he/she easy to work with?                                              yes\_\_\_\_\_ no\_\_\_\_\_

» Do you recommend accepting the applicant?                      yes\_\_\_\_\_ no\_\_\_\_\_

» Your recommendation is                                              strong\_\_\_\_\_ average\_\_\_\_\_ hesitant\_\_\_\_\_

Reasons:

\_\_\_\_\_

» Are there any character, psychological or addictive weaknesses which we should be aware of which might hinder the applicants ability to live in community with all that entails?                      yes\_\_\_\_\_ no\_\_\_\_\_

Reasons:

\_\_\_\_\_

**ABOUT YOU**

» What relationship do you have to the applicant?                      pastor\_\_\_\_\_ friend\_\_\_\_\_ parent\_\_\_\_\_ other: \_\_\_\_\_

» How long have you known him/her?                      \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFEREE (YOU)**

First and Last Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code / City \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Place & Date:** \_\_\_\_\_

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

» Would you like to receive information about YWAM Wiler?                      yes\_\_\_\_\_ no\_\_\_\_\_

» Would you like information about this school?                      yes\_\_\_\_\_ no\_\_\_\_\_