

Guidelines for filling out the Short Term Outreach Application

Thank you for applying to YWAM Louisville's short-term outreach. These guidelines will tell you everything you need to know to complete the application process. 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. Application Fee. A non-refundable fee of \$25 is to be sent in with the application.
3. Supplemental Questions. Please prayerfully and concisely (i.e., a couple of lines per question) answer the following questions on a separate piece of paper. Please print or type.
 - A. When and how did you become a Christian?
 - B. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
 - C. Why do you desire to serve on this short-term outreach?
 - D. Describe your personal gifts/strengths that you feel would be of service to the team.
 - E. What is your greatest struggle/challenge/hindrance in your walk with the Lord?
 - F. Please list any special circumstances or situations we should know about.
 - G. How did you hear about YWAM Louisville?
4. Authorization Form. Must be filled out completely and signed.
5. A Reference Form. Your pastor must complete and sign a reference form. One of your parents must also complete a reference form if you are under the age of 20 years old. (We may require additional reference forms)
6. Please mail all completed applications and payments to: Youth With A Mission, P. O. Box 22185, Louisville KY 40252, or email them to info@ywamlouisville.org.



Short Term Outreach Application

Please print or type. Be sure to include the non-refundable application fee and the answers to the Supplemental Questions found on the Guidelines Sheet.

I am applying to participate in the following outreach/program _____

Date for outreach/program _____ to _____
Start End

SECTION A: PERSONAL INFORMATION

Legal Name _____ Sex _____ Date of Birth _____
Last First Middle

Nickname/Preferred Name (Optional) _____ Year of graduation _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian Full Legal Name _____

Parent/Guardian Phone _____ Parent/Guardian Cell Phone _____

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

Birthplace _____ Passport # _____ Passport Expiration Date _____
(Not required for trips that are entirely in the United States)

Height _____ Wight _____ Marital Status: Single Engaged Married
Separated Divorced

List full name, age, schooling grade level and gender of any children accompanying you:

Name: _____ Age: _____ Grade: _____ Gender: _____

Name: _____ Age: _____ Grade: _____ Gender: _____

Name: _____ Age: _____ Grade: _____ Gender: _____



SECTION B: YWAM / MISSIONS EXPERIENCE

Are you currently a student? Yes No How long have you been a Christian? _____

Have you ever been involved in a YWAM short-term or training program? Yes No

If so, specify _____ Leader _____

YWAM Base you worked /trained with? _____ Date attended _____

Any other YWAM functions? _____

SECTION C: CHURCH INFORMATION

Home Church _____ How long have you attended? _____

Church Address _____

Church Denomination _____ Church Website _____
City State/Province Zip

Pastor's Name _____ Church Phone _____

SECTION D: HEALTH INFORMATION

Emergency Contact

Name Relationship Phone #

Address City State/Province Zip Country

Do you have health insurance? Yes No If yes, what company _____

Policy number _____

Do you have a up to date tetanus shot? Yes No Date of last tetanus shot _____



How would you rate your health condition? Excellent Good Fair Poor

Please list any known allergies _____

Are you now under a doctor's care for any condition? Yes No If yes, please specify _____

Are you taking medication at this time? Yes No If yes, please specify _____

Do you have a history of emotional instability or psychiatric treatment? Yes No If yes, please specify _____

Would you be able to walk 3-4 miles per day? Yes No Blood Type _____

Please list any special circumstances or situations that we should know about _____

I certify that all information in the 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 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 director and/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 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 interns and staff at Youth With A Mission. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____



Applicant

Legal Name (as it will appear in your government issued ID) : _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

I certify that the above information 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 _____

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), directors, officers, employees, and members (collectively the "YWAM Representatives"), and I hereby release and discharge YWAM and the YWAM Representatives from, and agree to indemnify and hold YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, I am forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to the applicants attendance at the event.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Signature: _____ Date: _____

To be filled out by applicants under 18 and their legal guardian.

Applicant

Legal Name (as it will appear in your government issued ID) : _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

I certify that the above information 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 _____

Parent or Legal Guardian

Name: _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Location: _____ Dates: _____ to _____

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), directors, officers, employees, and members (collectively the "YWAM Representatives"), and I hereby release and discharge YWAM and the YWAM Representatives from, and agree to indemnify and hold YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me and/or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to the applicants attendance at the event.

I give permission for the applicant to attend the YWAM function to which they are applying. In addition, I give permission for the applicant to receive any medical treatment deemed necessary by a physician during the course of the function/trip.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Parent/Legal Guardians Signature: _____ Date: _____

Relationship to the applicant: _____