



# **YWAM Athi River**

**University of the Nations, Athi River (Kenya) Campus**

## **APPLICATION FORM GUIDE – FAMILY MINISTRIES SCHOOL**

All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate application forms.

**1. APPLICATION FORM** The following application form is used when applying for the Family Ministries School. It must be completed accurately and in clearly readable handwriting in ink, or typed.

**IMPORTANT:** Applications from overseas students should be returned in ample time prior to the start of the school to ensure time for visa processing. Applications will be received up to 4 weeks before the start of school, but there is a risk that your visa will not be processed in time for the start of the school.

**2. QUESTIONS.** Questions are provided on a separate sheet and must be answered on a separate sheet of paper and submitted with your application.

**3. RELEASES** (Sections 14 to 17 of the form). All four releases should be signed before your application can be processed.

**4. MEDICAL REQUIREMENTS** The confidential health form requires the applicant's attention and should then be given to your doctor for his/her completion and mailed or faxed directly to THE REGISTRAR.

**Please note:** medical forms are also required for all accompanying dependents 16 years and older.

**5. PERSONAL REFERENCES** A reference form must be given to your:-

(i) Past YWAM School/Base leader (most current)

(ii) Pastor/Spiritual Leader

Please request they complete the form and mail or email it directly to THE SCHOOLS REGISTRAR.

**6. PASSPORTS** Everyone attending a YWAM School should have a valid passport with an expiration date of at least six months after the conclusion of the school.

**7. VISAS** Please do not apply for a visa until you receive confirmation of enrolment from YWAM Athi River and the appropriate papers. If you have a current Kenyan visa, please tell us what type of visa you have and when the visa expires.

**8. PASSPORT PHOTOS** Kindly send alongside your application 3 colored passport photos.

**9. School Fees**                      Category A – 2000 USD  
  Category B – 1500 USD  
  Category C – 450 USD

(Visit [www.ywamathiriver.org/financial-categories](http://www.ywamathiriver.org/financial-categories) for an overview of the countries and their categories.)

**ALL FORMS ARE TO BE MAILED OR EMAILED TO:**

**Youth With A Mission-Athi River**  
**P.O. BOX 867 - 90100**  
**Machakos**  
**Kenya**  
**Email: [info@ywamathiriver.org](mailto:info@ywamathiriver.org)**



# YWAM, Athi River

University of the Nations, Athi River- Kenya Campus

## Applicant Details

**Return all forms to:**  
Family Ministry School  
Youth With A Mission -Athi River  
PO Box 867- 90100  
Machakos, Kenya  
Email: info@ywamathiriver.org

*Please attach a  
recent  
photograph of  
yourself here*

### 1. Application

Is your Registration Fee enclosed? (Please circle)    Yes    No

The school I wish to attend is: \_\_\_\_\_ Start Date \_\_\_\_\_

### 2. Your Name (in full for official purposes)

Mr/ Mrs/ Miss/ \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Names \_\_\_\_\_

### 3. Contact Details

Address (include country & postcode) \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### 4. Personal Details

Your Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_

Sex: (circle):    Male    Female

Marital Status:    Single    Engaged    Married    Separated    Widowed    Divorced

Spouse's Name (if applicable) \_\_\_\_\_

### 5. Passport Details

What is your Country of Citizenship? \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Type & Details of Visa \_\_\_\_\_

Date of Visa Expiry \_\_\_\_\_ (for foreigners living in Tanzania)

**6. Children**

Do you have any children accompanying you? Yes No

List the names, dates of birth and passport numbers of children accompanying you;

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Please include additional children and details on a separate sheet of paper.

**7. Skills**

Languages Spoken \_\_\_\_\_ Musical Ability/ Talents \_\_\_\_\_

Current Occupation \_\_\_\_\_

**8. Educational History**

Have you graduated from High/Secondary School or equivalent? Yes No

List total number of years of primary/secondary schooling. \_\_\_\_\_

**9. Financial Support**

Do you have your complete school fees? Yes No

If not, how much do you presently have? \_\_\_\_\_

How do you anticipate the provision of the outstanding balance of your school fees?

\_\_\_\_\_

Do you have regular financial support/income? Yes No

**10. Emergency Contact**

In case of an emergency contact:

Mr/ Mrs/ Miss/ Ms. \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**11. Home Church Information**

Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**12. Please list all YWAM / University of the Nations courses you have completed.**

**Name of School   -----   location(Base/Country)           -----   Date of completion**

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**13. ADDITIONAL QUESTIONS TO BE ANSWERED FOR THOSE  
APPLYING TO DO THE FAMILY MINISTRIES SCHOOL**

Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to your Application Form. Your answers will be significant in the application process.

1. Briefly describe how the Lord has led you to apply for this school.
2. Please describe your business, professional, counselling, missions, or other significant training and experience.
3. What other University of the Nations courses (schools) have you completed? Give details (location, dates etc.)
4. Please describe your spiritual and/or ministry goals, including missionary service goals. How do you feel the course that you are applying for can help you achieve these objectives?
5. Do you have a desire or calling to reach a particular nation, people, group, sphere of society (i.e. family, media, education, politics, business, arts, etc.)? Explain.

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

**14. Release of Liability**

I do hereby release Youth With A Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvements with Youth With A Mission.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**15. Statement of Burial**

I agree that in the case of my death while in Youth With A Mission, Youth With A Mission - Athi River may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve Youth With A Mission - Athi River and its entire staff and associates of the burial costs.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**16. Acknowledgment of Financial Responsibility**

I confirm that I understand payment of the required school tuition and fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**17. Consent for Treatment**

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary

Signed \_\_\_\_\_ Dated \_\_\_\_\_

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

# Confidential Health Form

## (YWAM Athi River)

TO THE STUDENT: This information is treated confidentially and separate from your academic records.

Answer all questions clearly and neatly in ink or by typing IN ENGLISH.

Arrange with physician to complete **Physician's Evaluation**. Medical forms are also required for all accompanying dependents 16 years and older.

1. **School Name** \_\_\_\_\_ dates of starting: \_\_\_\_\_

2. **Your Name** \_\_\_\_\_

### 3. Personal History

Have you ever had, or do you have, any of the following? Please answer with a **Yes** or **No** following:

Eating Disorders -

Eye Trouble -

Ear Trouble -

Head Injury -

Recurrent Headache -

Epilepsy -

Fainting Spells -

Mental/Nervous Disorders -

Paralysis -

Insomnia -

Allergic reactions to: Penicillin -

Sulphonamides -

Serum -

Foods (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Skin Conditions (specify) \_\_\_\_\_

Depression-

Shortness of breath-

Hay fever/Asthma-

Heart trouble-

Rheumatism/Arthritis-

High blood pressure-

Low blood pressure-

Back problems-

Dislocation of joints/Broken bones-

Surgery: Appendectomy-

Tonsillectomy-

Hernia repair-

Other (specify) \_\_\_\_\_

AIDS/HIV positive -

Hepatitis A -

Hepatitis B or C-

Stomach/Duodenal Ulcer-

Gall bladder problems -

Anaemia-

Intestinal trouble-

Recurrent Diarrhoea-

Diabetes-

Kidney disease-

Tumour/Cancer-

**FEMALES ONLY**

Irregular periods - Severe cramps - Excessive flow  
Are you pregnant? –

If you answered “Yes” to any of the above questions please describe below/further information:

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

**4. Medical Treatment**

Are you at present under the doctor’s care for any condition? Yes No Please Specify \_\_\_\_\_

\_\_\_\_\_

Are you taking any medication at this time? Yes No Please Specify \_\_\_\_\_

\_\_\_\_\_

**5. Communicable Diseases**

Have you ever had any of the following? Yes No

Chickenpox \_\_\_\_\_

Measles (Rubella) \_\_\_\_\_

Measles (Rubeola) \_\_\_\_\_

Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Other (specify) \_\_\_\_\_

Are you able to walk up to six miles (10Km) in a day

Yes  No. If No, Please specify \_\_\_\_\_

Are you able to carry out reasonable strenuous physical work?

Yes  No. If No, Please specify \_\_\_\_\_

Do you have medical insurance?

Yes  No

If yes, Name of Insurer \_\_\_\_\_

Medical Insurance No \_\_\_\_\_

# Physician's Evaluation

TO THE PHYSICIAN: The applicant has applied for a school with Youth With A Mission. Can you review the information on the applicant's Health Form and complete this section of the form.

## 1. Physical Assessment

Height (cm) Weight (Kg) \_\_\_\_\_  
Blood Pressure \_\_\_\_\_  
Hearing: Right Left \_\_\_\_\_  
Vision: \_\_\_\_\_  
Uncorrected: Right /Left: \_\_\_\_\_  
Corrected: Right/ Left: \_\_\_\_\_

## 2. Are there any abnormalities of the following systems? **Yes No**

Head, ears, nose, throat-  
Eyes-  
Teeth-  
Nervous system-  
Cardiovascular-  
Respiratory-  
Trunk & Back-  
Digestive tract-  
Musculoskeletal-  
Endocrine (thyroid)-  
Skin-  
Urogenital-

If the answer was "Yes" to any of the previous questions please describe fully below or on a separate piece of paper. \_\_\_\_\_  
\_\_\_\_\_

## 3. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas? \_\_\_\_\_

\_\_\_\_\_

## 4. Physician's recommendation for follow-up test/treatments. \_\_\_\_\_

\_\_\_\_\_

## 5. Physician's recommendation (please tick):

Acceptable without limitations \_\_\_\_\_  
Acceptable with limitations (specify below) \_\_\_\_\_  
Not acceptable \_\_\_\_\_  
Should remain in areas where adequate medical care is provided \_\_\_\_\_

## 6. Immunisation History where necessary/known (Date)

Typhoid _____	Cholera _____	Polio _____	Pertussis _____
Rubella _____	Diphtheria _____	Mumps _____	Yellow Fever _____
BCG _____	Hepatitis _____	Tetanus _____	Hepatitis B _____

7. Physician's Name \_\_\_\_\_

Address/Stamp \_\_\_\_\_

Signature \_\_\_\_\_



# School / Base Leader Reference

## Return all forms to:

Youth With A Mission Athi River, P.O.Box 867 – 90100 Machakos, Kenya

Or email to: [info@ywamathiriver.org](mailto:info@ywamathiriver.org)

Name of Referee \_\_\_\_\_

Name of Applicant \_\_\_\_\_

School Applied for \_\_\_\_\_ Start Date \_\_\_\_\_

The applicant named above has applied for admission to one of Youth With A Mission's training programs. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission school/ program applied for.

## 1. Relationship with Applicant

What is your relationship to the applicant? (circle) School Leader Base Leader Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

## 2. Character

Have you enjoyed having the applicant work under you? Yes No

Please Elaborate \_\_\_\_\_

Has the applicant been an asset to your class/base? Yes No

Please Elaborate \_\_\_\_\_

Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

Please Elaborate \_\_\_\_\_

## Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Health \_\_\_\_\_

Initiative \_\_\_\_\_

Social adaptability \_\_\_\_\_

Personal grooming \_\_\_\_\_

Concern for others \_\_\_\_\_

Financial responsibility \_\_\_\_\_

Leadership capability \_\_\_\_\_

Ability to follow \_\_\_\_\_

Flexibility \_\_\_\_\_

Academic ability \_\_\_\_\_

Attitude to work \_\_\_\_\_

Reliability \_\_\_\_\_

Co-operation \_\_\_\_\_

Self discipline \_\_\_\_\_

Moral standards \_\_\_\_\_

Temperament \_\_\_\_\_

Perseverance \_\_\_\_\_

Sound judgement \_\_\_\_\_

### 3. Emotional Stability

Due to the cultural and environmental context of the school, there are adjustments in social customs, climate, housing etc. Please rate the applicant as to his/her maturity, stability and ability to handle change :

Outstanding mature. Has proven his/her ability to operate under stress and pressure \_\_\_\_\_

More mature and emotionally stable than average \_\_\_\_\_

Possesses adequate emotional stability and maturity \_\_\_\_\_

Doubtful. Experience has shown that the applicant might not be able to endure stress \_\_\_\_\_

Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal is erratic in attitude and action or has demonstrated emotional instability in other ways \_\_\_\_\_

### 5. Trying Situations

How does the applicant usually react in trying situations (please check one):

Withdraws \_\_\_\_\_

Gets discouraged \_\_\_\_\_

Gets angry \_\_\_\_\_

Meets constructively \_\_\_\_\_

Accepts patiently \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### 6. Problem Areas

**Please note that we are seeking to help the applicant grow.**

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions, violent outbursts, abusive, lazy.

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate: \_\_\_\_\_

### 7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary) \_\_\_\_\_

### 8. Recommendation

What is your overall evaluation of the applicant's promise as a YWAM student?

Definitely unsuited \_\_\_\_\_

At this time, he/she is unsuited \_\_\_\_\_

Good prospect, but I have some reservations \_\_\_\_\_

Average prospect \_\_\_\_\_

Above-average prospect \_\_\_\_\_

Unusually exceptional prospect \_\_\_\_\_

### 9. Referee Information

*I declare that the contents of this reference are correct to the best of my knowledge*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

# Pastor/Pastoral Staff Reference

## Return all forms to:

Youth With A Mission Athi River, P.O.Box 867 – 90100 Machakos, Kenya

Or email to: [info@ywamathiriver.org](mailto:info@ywamathiriver.org)

Name of Referee \_\_\_\_\_

Name of Applicant \_\_\_\_\_

School Applied for \_\_\_\_\_ Start Date \_\_\_\_\_

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission school/ program applied for.

## 1. Relationship with Applicant

What is your relationship to the applicant? (circle) Pastor Other (please specify) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church? \_\_\_\_\_

In your association with the applicant, what has been the level of commitment? (circle) Faithful Inconsistent

Other \_\_\_\_\_

Were you aware of the applicant's plan to participate in this program prior to receiving this form? Yes / No

## 2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature \_\_\_\_\_

Contagious \_\_\_\_\_

Superficial \_\_\_\_\_

Over-emotional \_\_\_\_\_

Genuine & Growing \_\_\_\_\_

## 3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Health \_\_\_\_\_

Initiative \_\_\_\_\_

Social adaptability \_\_\_\_\_

Personal grooming \_\_\_\_\_

Concern for others \_\_\_\_\_

Financial responsibility \_\_\_\_\_

Leadership capability \_\_\_\_\_

Ability to follow \_\_\_\_\_

Flexibility \_\_\_\_\_

Academic ability \_\_\_\_\_

Attitude to work \_\_\_\_\_

Reliability \_\_\_\_\_

Co-operation \_\_\_\_\_

Self discipline \_\_\_\_\_  
Moral standards \_\_\_\_\_  
Temperament \_\_\_\_\_  
Punctuality \_\_\_\_\_  
Perseverance \_\_\_\_\_  
Sound judgement \_\_\_\_\_

#### 4. Problem Areas

**(Please note that we are seeking to help the applicant grow)**

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions, violent outbursts, abusive, lazy.

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate: \_\_\_\_\_

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

#### 5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her? Yes No

Please Elaborate \_\_\_\_\_

Does the applicant respond well to authority? Yes No

Please Elaborate \_\_\_\_\_

#### 6. Family Background

Please comment briefly on the applicant's family background (if Known) \_\_\_\_\_

\_\_\_\_\_

#### 7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary) \_\_\_\_\_

\_\_\_\_\_

#### 8. Recommendation

What is your overall evaluation of the applicant's promise as a YWAM student?

Definitely unsuited \_\_\_\_\_

At this time, he/she is unsuited \_\_\_\_\_

Good prospect, but I have some reservations \_\_\_\_\_

Average prospect \_\_\_\_\_

Above-average prospect \_\_\_\_\_

Unusually exceptional prospect \_\_\_\_\_

#### 9. Referee Information

*I declare that the contents of this reference are correct to the best of my knowledge*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_