

Ministry & Leadership Development Course (MLDC) Application

Guidelines for filling out the application:

Please fill out this application honestly and to the best of your ability.

- ✓ **Forms** - Application form, Confidential Reference Form, Leader's Reference Form, and Pastor's Reference Form - All forms must be completed for acceptance.
- ✓ **Application Fee** - Applications must include a \$50 USD non-refundable application fee.
- ✓ **Additional Space** - Please fill out the questions from the Expectations & Personal Outlook section on a separate sheet of paper. If you need more space for the Personal History Information section, you may use additional paper.
- ✓ **Reference Forms** - Complete the top part of the form and give it in a stamped envelope to your referee, leader and pastor so that they can fill it out and mail it directly to our office.
- ✓ **Mail** - Please mail or email completed forms to:

YWAM Tuen Mun

Unit A, 20/F Tak Wing Industrial Building

3 Tsun Wen Rd

Tuen Mun, NT

Hong Kong

Email: info@ywamtuenmun.org



MLDC Application Form

Please attach:
A recent passport size photo of yourself here.

Date of Application _____
D/M/Y

MLDC Applying For _____
Starting Date: D/M/Y

PERSONAL INFORMATION

\$50 USD Application Fee

Legal Name _____
Family/Last First Middle Preferred Name

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____

Email _____ Sex: Male Female

Age _____ Date of Birth _____ Place of Birth _____
Day/Month/Year City Country

Marital Status: Single Engaged Married (Date _____) Separated (Date _____)
 Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Spouse's Name _____ Sex Male Female
Family/Last First Middle

Age _____ Date of Birth _____ Place of Birth _____
Day/Month/Year City Country

Please list your immediate family members (parents, siblings, spouse, children, if applicable):

Family/Last	First	Age	Birth Date (D/M/Y)	M/F	Relationship

EMERGENCY CONTACT INFORMATION

In case of emergency contact _____ Relationship to applicant _____

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____

Email _____

PASSPORT INFORMATION

Country of Citizenship _____ Passport No. _____

Name as on Passport _____
Family/Last First Middle

Place of Issue _____ Passport Expiry Date _____

Have you ever been refused a Visa? No Yes (please give nations and brief details) _____

CRIMINAL RECORD

Do you have any criminal convictions in any country? No Yes

When _____
D/M/Y

Please explain further _____

CONSENT FOR TREATMENT

In case of emergency; I/We 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 _____
D/M/Y

Parent or Guardian's Signature (required if applicant is under 18yrs old) _____

HOME CHURCH INFORMATION

Home Church _____ Denomination _____

Pastor's Name _____ Length of Attendance _____

Permanent Mailing Address _____
Street/P.O. Box _____ City _____

State/Province _____

Zip/Postal Code _____

Country _____

Phone No. _____ Fax No. _____

Is your pastor/church in favor of you applying for this position? Yes No

EDUCATION, OCCUPATIONAL EXPERIENCE AND OTHER SKILLS

I completed High School/Secondary School Equivalent of High School/Secondary School
 College/University

Name of Institution/School _____ Dates of Attendance (D/M/Y) _____

Have you acquired any degree or major? No Yes, degree/major: _____

	From	To
	From	To
	From	To
	From	To

Which base you attended DTS (if attended) _____ Which year _____

List any significant job/occupational experience you have had:

Company, Position & Skills Used _____ Dates position was held (D/M/Y) _____

Other skills, talents or special interests _____

	From	To
	From	To
	From	To
	From	To
	From	To

First/Native Language _____

Other Languages _____ Level of Ability _____

HEALTH FORM

Legal Name _____
Family/Last First Middle Preferred Name

Email _____ Home Tel Number _____

Note: Medical Insurance & Travel Cover is compulsory at YWAM Tuen Mun, so please ensure you have correct cover for the duration of your stay.

Do you have medical insurance? Yes (Please include a photocopy of your policy with this application form and complete the details below)
 No (We recommend that you make an enquiry with **Talent Trust Consultants** (www.talent-trust.com), a reputable insurer for people around the world involved in Christian ministry.)

Name of Insurance Carrier _____

Policy/Cover Type _____ Policy Number _____ Expiry Date _____
D/M/Y

Brief Description of Coverage _____

EMERGENCY CONTACT INFORMATION

In case of emergency contact _____ Relationship to applicant _____

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____

Email _____

HEALTH HISTORY (Answer all the questions. Explain positive answer below or on a separate sheet of paper.)

Do you have, or have you ever had, any of the following? (Check 'Y' for Yes or 'N' for No)

Y	N		Y	N		Y	N	
		1. Skin Conditions			12. Currently Pregnant			23. Sexually Transmitted Diseases
		2. Eye Trouble			13. Severe Cramps			24. Surgery
		3. Ear Trouble			14. Gall Bladder			25. Jaundice
		4. Head Injury			15. Heart Trouble			26. Hepatitis
		5. Recurrent Headache			16. High Blood Pressure			27. Intestinal Trouble
		6. Epilepsy			17. Low Blood Pressure			28. Recurrent Diarrhea
		7. Fainting Spells			18. Rheumatism			29. Diabetes
		8. Mental/Nervous Disorder			19. Back Problems			30. Anemia
		9. Depression			20. Dislocation of Joints			31. Kidney Disease
		10. Paralysis			21. Broken Bones			Others (please specify)
		11. Excessive Flow			22. Stomach Ulcer			

Explanations for above _____

Are you presently under a doctor's care? Yes No Please specify _____

Are you presently taking any medication? Yes No Please specify _____

Are you allergic to any medication or drugs? Yes No Please specify _____

Are you or did you ever receive compensation for disability from any source? Yes No

Please specify _____

Do you have any physical impairments, handicaps or health conditions which require attention? Yes No

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

Do you have any food allergies? Yes No Please specify _____

DISEASE HISTORY

Have you ever had any of the following COMMUNICABLE DISEASES?

Y	N		Y	N	
		1. Chickenpox			5. Pertussis
		2. Measles (Rubella)			6. Scarlet Fever
		3. Measles (Rubeola)			7. Tuberculosis
		4. Mumps			Others

FAMILY HISTORY

Have any of your immediate family members ever had any of the following?

Y	N		Y	N	
		1. Tuberculosis			5. Arthritis
		2. Diabetes			6. Stomach Diseases
		3. Kidney Disease			7. Asthma/Hay Fever
		4. Heart Disease			8. Epilepsy/Convulsions

IMMUNIZATIONS

Have you received immunizations for the following diseases? If not, it is recommended to have these immunizations up-to-date before coming to Hong Kong.

Y	N		Y	N	
		1. Hepatitis A			4. Tetanus / Pertussis / Diphtheria
		2. Hepatitis B			5. Polio
		3. Typhoid			6. Measles / Mumps / Rubella

FINANCIAL INFORMATION

Family, friends and churches have pledged support for me, amounting to USD \$ _____

I currently have towards course expenses USD \$ _____

How do you plan to raise additional funds? _____

Do you currently have any outstanding debts or financial obligations? Yes No

If yes, please explain _____

DECLARATION

I commit myself to paying all expenses incurred during my involvement with Youth With A Mission Hong Kong at the centre in Tuen Mun.

I have completed all portions of this application form and if accepted, agree to abide by the spirit, policy and schedule of the centre in Tuen Mun and Youth With A Mission Hong Kong.

Applicant's Signature _____ Date _____
D/M/Y

RELEASE OF LIABILITY

I/We do hereby release Youth With A Mission HK LTD., Master's Beauty (HK) LTD., and YWAM Tuen Mun, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with the organization.

Applicant's Signature _____ Date _____
D/M/Y

PRIVACY POLICY CONSENT

I agree with the privacy policy as set out by Master's Beauty (HK) LTD / YWAM Tuen Mun at www.ywamtuenmun.org/wp/privacy-policy and agree to allow my information to be saved and distributed by Youth With A Mission HK LTD / Master's Beauty (HK) LTD. / YWAM Tuen Mun to the necessary parties for the purposes of processing my application.

Applicant's Signature _____ Date _____
D/M/Y

EXPECTATIONS & PERSONAL OUTLOOK/OVERVIEW (Please use additional paper)

1. How did you first hear of Youth With A Mission Tuen Mun, Hong Kong?
2. What are your reasons for applying for this course?
3. How might your gifts and talents be used in Hong Kong?
4. Please list areas of weakness, temptation, and personal struggle both in the past and present. (In Hong Kong, these areas are often targeted for spiritual attack and we would like to better provide appropriate support and accountability.)
5. What are your goals and expectations for this course?
6. Briefly describe any experience you have had in other cultures.
7. How do you think you would cope with shared living quarters and different foods?
8. Are there any pending circumstances that might necessitate your immediate return from the this school? Such as: financial or legal commitments, care for the elderly/ill family members, ongoing issues with your children, etc. If so, please explain.
9. Are there any other factors in your current situation that you would like to share with us or that we should be aware of?

Applicant's name: _____

Please email / mail all forms to: info@ywamtuenmun.org

YWAM Tuen Mun
Unit A, 20/F Tak Wing Industrial Bldg
3 Tsun Wen Rd
Tuen Mun, NT
Hong Kong



PERSONAL HISTORY INFORMATION

Please write 2 or 3 paragraphs on each topic. Use additional pages if necessary.

Title _____ Legal Name _____
Family/Last First Middle
Permanent Mailing Address _____
Street/P.O. Box City
State/Province Zip/Postal Code Country

Personal History - Briefly describe the following:

A. Your conversion experience and present spiritual relationship with the Lord Jesus.

B. The areas of your character you are seeking to further develop and improve.

C. Your long-term goals.

D. Your relationship with your local church including areas of ministry, service and leadership experience.

E. Your business, professional, mission - related (including YWAM involvement) or other experience.

F. Your relationship with your family.

G. How does your family feel about your plans to enroll in a school with YWAM Hong Kong?

CONFIDENTIAL REFERENCE FORM

APPLICANT: Please fill in your information on this form, sign it and give it to your leader to complete.



Applicant Information

Title _____ Legal Name _____
Family/Last First Middle

Program Applying For _____

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

Applicant's Signature _____ Date _____
D/M/Y

Serious consideration will be given to your comments: therefore we ask you that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment where necessary.

How well do you know the applicant? Very Well Well Casually Comments _____

How would you rate the applicant in the following categories?

Initiative	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Decision making	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Emotional Stability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Health	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Personal Appearance	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior

Comments _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Industry	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Reliability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Cooperativeness	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Flexibility	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Christian Character	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Disposition	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Punctuality	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Financial Responsibility	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior

Comments _____

1. To what extent is the applicant actively involved in church? _____

2. Does he/she display high moral standards? Yes No Comments _____

3. Is he/she prejudiced against any groups, races or nationalities? Yes No Comments _____

4. With reference to his/her Christian service, this applicant is: Dedicated Average Casual

Comments _____

5. In consideration which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine & Growing Over Emotional Superficial

6. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to YWAM Hong Kong?

9. What could YWAM Hong Kong do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related or other life situations we should know more about):

11. Would you recommend the applicant for acceptance into YWAM Hong Kong? Yes No Yes with reservations.

Comments

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Applicant's Name

Referee's Signature _____

Date _____
D/M/Y

Name _____ Position _____

Address _____ Phone _____

Email _____

Would you like to receive further information about YWAM Tuen Mun Hong Kong or its courses? Yes No

Further comments (if any)

Please email / mail all forms to: info@ywamtuenmun.org

YWAM Tuen Mun
Unit A, 20/F Tak Wing Industrial Bldg
3 Tsun Wen Rd
Tuen Mun, NT
Hong Kong

LEADER/DTS LEADER'S REFERENCE FORM

APPLICANT: Please fill in your information on this form, sign it and give it to your leader to complete.



Applicant Information

Title _____ Legal Name _____
Family/Last First Middle

Program Applying For _____

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

Applicant's Signature _____ Date _____
D/M/Y

Serious consideration will be given to your comments: therefore we ask you that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment where necessary.

How well do you know the applicant? Very Well Well Casually Comments _____

How would you rate the applicant in the following categories?

Initiative	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
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Emotional Stability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Health	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Personal Appearance	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior

Comments _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Industry	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Reliability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Cooperativeness	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Flexibility	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Christian Character	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Disposition	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
Punctuality	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Inferior
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Comments _____

1. To what extent is the applicant actively involved in church? _____

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4. With reference to his/her Christian service, this applicant is: Dedicated Average Casual

Comments _____

5. In consideration which of the following would best describe the applicant's Christian experience?

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6. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to YWAM Hong Kong?

9. What could YWAM Hong Kong do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related or other life situations we should know more about):

11. Would you recommend the applicant for acceptance into YWAM Hong Kong? Yes No Yes with reservations.

Comments _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Applicant's Name

Leader's Signature _____

Date _____

D/M/Y

Name _____ Position _____

Address _____ Phone _____

Email _____

Would you like to receive further information about YWAM Tuen Mun Hong Kong or its courses? Yes No

Further comments (if any)

Please email / mail all forms to:

info@ywamtuenmun.org

YWAM Tuen Mun

Unit A, 20/F Tak Wing Industrial Bldg

3 Tsun Wen Rd

Tuen Mun, NT

Hong Kong

PASTOR'S REFERENCE FORM

APPLICANT: Please fill in your information on this form, sign it and give it to your leader to complete.



Applicant Information

Title _____ Legal Name _____
Family/Last First Middle

Program Applying For _____

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

Applicant's Signature _____ Date _____
D/M/Y

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11. Would you recommend the applicant for acceptance into YWAM Hong Kong? Yes No Yes with reservations.

Comments

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Applicant's Name

Pastor's Signature _____

Date _____

D/M/Y

Name _____ Position _____

Address _____ Phone _____

Email _____

Would you like to receive further information about YWAM Tuen Mun Hong Kong or its courses? Yes No

Further comments (if any)

Please email / mail all forms to:

info@ywamtuenmun.org

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Tuen Mun, NT
Hong Kong