



## Guide to Completing 24SEVEN Application

The following items must be submitted BEFORE your application can be processed. 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.

**1. Application Form and Process.** Print clearly and fill out completely, send a recent passport size photograph of yourself. We encourage applicants to send in their complete application in as soon as possible. Applications must be received May 27, 2011.

**2. Application Fee.** There is a non-refundable application fee in the amount of U.S. \$10.00.

**3. Confidential References.** Three confidential reference forms are enclosed. One reference form should be given to each of the following: 1) Parent 2) Pastor 3) Employer or Teacher. Each form requires your name and address. After you complete this information, request them to fill out the form and mail it directly to: YWAM - 24SEVEN, 15850 Richardson Springs Rd. Chico CA 95973 USA. You may want to give them a stamped envelope with the address on it.

**4. Requirements.** You need to be 15 to 18 to participate in 24SEVEN. You must be able to arrive on the June 12, 2011.

**5. Cost.** The cost for the week of outreach is \$140.00. This amount is due upon acceptance to 24SEVEN to secure your position in the program.

**6. Travel.** You are responsible for your own transportation to and from the Chico base. If you are traveling by air, the closest airport is in Chico and we will pick you up there.

**7. Parent/Guardian Consent Form.** This form must be signed and returned with the rest of the application.

Please keep in mind that before we can consider you for acceptance into the program,  
WE MUST RECEIVE ALL OF THE ABOVE INFORMATION TO PROCESS THE APPLICATION!

2011

Dates: June 12<sup>th</sup> -  
August 6<sup>th</sup>  
Cost: \$150.00

24SEVEN

Attach a recent  
photo of yourself  
here



### Personal information (Please Print Clearly)

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
First Middle Last

Mailing address: \_\_\_\_\_  
City State ZIP code

Sex:  Male  Female Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. T-Shirt size: S M L XL XXL

Grade in school: \_\_\_\_\_ Name of school or employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

### Emergency contact information

Name: \_\_\_\_\_ Home phone: (    ) \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
City State ZIP code

Relationship:  Father  Mother  Sibling  Relative  Other (specify): \_\_\_\_\_

Work phone: (    ) \_\_\_\_\_

### Alternate contact

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
First Last

Relationship:  Father  Mother  Sibling  Relative  Other (specify): \_\_\_\_\_

## Family status

Father's name and occupation: \_\_\_\_\_  
First Last Occupation

Mother's name and occupation: \_\_\_\_\_  
First Last Occupation

How many brothers and sisters do you have? \_\_\_\_\_ Where do you fit in that number? \_\_\_\_\_

Are your parents Christians?  Yes  No

Are your parents divorced?  Yes  No If so, how long? \_\_\_\_\_ years \_\_\_\_\_ months

Who are you currently living with?

Father  Mother  Sibling  Relative  Other: \_\_\_\_\_

How does your family feel about you applying for the 24SEVEN program?

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## Health and Personal history

Have you ever had, or do you have, any of the following?

	Yes	No		Yes	No		Yes	No
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated joints	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____			Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Food (specify) _____			Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Skin condition	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure problems	<input type="checkbox"/>	<input type="checkbox"/>

Other (please explain): \_\_\_\_\_

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If you answered "yes" on any of the above questions, please explain:

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Do you have any food allergies? \_\_\_\_\_

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Do you currently drink alcohol?  Yes  No If "yes", how long? \_\_\_\_\_

Do you currently smoke?  Yes  No If "yes", how long? \_\_\_\_\_

Have you ever used drugs?  Yes  No If "yes", specify what kind and when you stopped.

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Have you ever been arrested?  Yes  No If "yes", please explain:

Have you ever had any of the following communicable diseases?

	Yes	No		Yes	No		Yes	No
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>

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

Are you now under doctor's care for any condition?  Yes  No

If "yes", please specify: \_\_\_\_\_

Are you presently taking any medications?  Yes  No

If "yes", please specify: \_\_\_\_\_

Polio vaccination?  Yes  No

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Medical insurance company: \_\_\_\_\_ Policy # or ID #: \_\_\_\_\_

## Spiritual Information

What church do you attend? \_\_\_\_\_

How long have you been attending? \_\_\_\_ years \_\_\_\_ months

Are you involved in any youth programs or any other church functions?  Yes  No

Please explain: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Youth/Young Adults pastor's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How well do you know the pastor:  Excellent  Good  Fair  Not at all

How well do you know the youth/Young Adults pastor:  Excellent  Good  Fair  Not at all

## Personal Spiritual Insight

Are you committed to a daily time of prayer?  Yes  No

Are you committed to a daily time of reading God's word?  Yes  No

Are you involved in any Christian campus club or ministry?  Yes  No

Do you presently have an accountability partner?  Yes  No

Are you presently being mentored / disciplined by another Christian?  Yes  No

Name of mentor: \_\_\_\_\_

**IF NECESSARY, PLEASE USE A SEPARATE PIECE OF PAPER TO ANSWER THE FOLLOWING QUESTIONS.**

What are some strengths or gifts that you feel you have to offer 24SEVEN?

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What weaknesses do you feel you have that might hold you back from all that God wants to do in and with you?

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What age were you when you began your personal relationship with the Lord? \_\_\_\_\_

Please briefly write your personal testimony of how you came to know the Lord. (If necessary, use a separate piece of paper.)

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In your opinion, what is a committed Christian?

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Please read 1 Corinthians 8:9 and rewrite the verse in your own words.

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Referring again to the above scripture what are some 'stumbling blocks' we have today and how can you avoid being a 'stumbling block'?

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What character in the Bible, other than Jesus, do you enjoy or are challenged by the most? \_\_\_\_\_

Please explain: \_\_\_\_\_

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What is one of your favorite story or passages in the Bible? Please explain:

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How did you hear about the 24SEVEN program?

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Why would you like to participate in our 24SEVEN program?

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Any other thoughts you would like to share with us?

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## Personal Experience

Do you have any previous YWAM experience?  Yes  No

If "yes", when & where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the activities you are currently involved in.

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

Please list any spiritual leadership experience that you have had such as Bible study leading, teaching, preaching, discipleship programs, etc.

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

Please list any of your interests, strengths or abilities such as art, music, athletics, drama, dance, life-guarding, sports, first aid/medical training, etc.

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

# Parent/Guardian Consent Form

To: **Youth With A Mission (YWAM) / 24SEVEN**

Participant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City

State

ZIP code

Phone: (     ) \_\_\_\_\_

We, the undersigned, parent(s)/guardian(s) of the above mentioned participant, grant permission for him/her to participate in the 24SEVEN program at Youth With A Mission Chico.

We, the undersigned, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities. We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold Youth With A Mission Chico, including each of their staff members, agents, and volunteer workers thereafter, collectively referred to as " 24SEVEN, and/or Camp Staff", harmless from any liability for injury or death to the participant while engaged in this activity and agree to indemnify and defend Youth With A Mission Chico against such injury or death of participant.

We also hold Youth With A Mission Chico's 24SEVEN and/or Camps harmless from all liability to any other person or entity arising as a result of conduct of the participant in this activity and agree to defend and indemnify Youth With A Mission Chico's 24SEVEN and/or Camps against any claim or liability arising as a result of such conduct.

Youth With A Mission Chico's 24SEVEN and/or Camps is hereby authorized on our behalf to arrange for any medical and/or hospital treatment/s as may be deemed advisable for the health and well being of the participant. We agree to the performance of medical treatment, anesthesia and/or operation as, in the opinion of an attending physician, is deemed necessary.

Parent(s)/Guardian(s) signature(s):

\_\_\_\_\_

Signature

Date (month/day/year)

\_\_\_\_\_

Signature

Date (month/day/year)

Participant's signature:

\_\_\_\_\_

Signature

Date (month/day/year)

# Applicant's Agreement

- I have asked God, and I believe that He wants me to apply for this 24SEVEN program:  Yes  No
- I understand that the 24SEVEN leaders are responsible for the overall program and I agree to submit to their authority and will obey all the rules of the 24SEVEN program:  Yes  No
- I understand that my commitment is for the dates specified in this application:  Yes  No
- I agree to participate in all programmed activities, practices, and training; with my whole heart and attention:  Yes  No
- I agree to not smoke or drink alcohol during the 24SEVEN program:  Yes  No
- I agree to serve this summer in whatever capacity I am needed:  Yes  No
- I agree not to have any relationships with a member of the opposite sex beyond a friendship level while I am in the 24SEVEN program:  Yes  No
- I agree to be sent home at my own expense if I fail to follow the guidelines set before me:  Yes  No
- I agree to arrive with complete payment for my 24SEVEN  Yes  No

Applicant's signature: \_\_\_\_\_

Signature

Date (month/day/year)

## Applicant's Checklist

- I have completed the application
- I have enclosed the non-refundable \$10 application processing fee
- I have attached a recent photograph of myself
- I have given one confidential reference form to my pastor or youth pastor along with a stamped envelope addressed to the address listed below
- I have given one confidential reference form to a teacher or employer along with a stamped envelope addressed to the address listed below
- I have given one confidential reference form to my parents

**Address for all correspondence and forms:**

**YWAM – 24SEVEN**

**15850 Richardson Springs Road**

**Chico, CA 95973**

**Return form to:**

YWAM – Registrar  
15850 Richardson Springs Road  
Chico, CA 95973

Tel: (530) 893-6750 Ext 220  
(800) 841-0739 Ext 220

Fax: (530) 893-6759

Email: schools@ywamchico.com

Web: www.ywamchico.com



# Confidential Reference Form

*To be filled out by your Parents*

Please print clearly

Name of applicant: \_\_\_\_\_  
First Middle Last

Applying for: \_\_\_\_\_

*We need to discern together if this 24SEVEN is a step that God wants for your child. We are glad to join with you in seeking God's will for your child. Please keep in mind that this 24SEVEN program is about eight weeks long and that they may be stretched through their time of service, group dynamics and God at work in their lives. We pray over each application May 27<sup>th</sup>. We appreciate your honesty and frankness.*

***If you have not done so already, please thoroughly read the application and cover letter.***

1. Does he/she have a personal knowledge and friendship with God?  Yes  No  
If "yes", please describe the applicant's current relationship with the Lord?  
 Mature  Contagious  Genuine and growing  
 Dynamic  Lacks depth  Inconsistent
2. Does he/she spend time alone with the Lord without prompting?  
 Daily  Irregularly  
 3 – 5 hours per week  Once in a great while  Not at all
3. Is he/she faithful in church attendance?  Yes  No
4. Is he/she faithful in church activities/programs?  Yes  No
5. Does he/she have leadership qualities?  Yes  No
6. Does he/she have a servant's heart?  Yes  No
7. In your consideration, which of the following would best describe the applicant's past Christian experience?  
 Mature  Contagious  Genuine and growing  
 Superficial  Over emotional
8. Does the applicant respond well to authority?  Yes  No
9. Does the applicant express or portray any of these characteristics which would be identified as growth areas? (please check all that apply)  
 Impatient  Intolerant  Argumentative  
 Domineering  Critical of others  Easily embarrassed  
 Offended  Discouraged  Frequently worried  
 Anxious  Nervous/tense  Given to moods  
 Erratic in attitudes or actions  Addictive behavior  Unable to cope with stress  
 Prejudiced toward groups/races/nationalities

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)



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Email: schools@ywamchico.com  
Web: www.ywamchico.com



### Confidential Reference Form

*To be filled out by your Pastor*

Please print clearly

Name of applicant: \_\_\_\_\_  
First Middle Last

Applying for: \_\_\_\_\_

*The applicant is applying to be a part of the 24SEVEN program with Youth With A Mission. We appreciate your help in deciding if this is a step that God wants for this person. Please keep in mind that this program is about eight weeks long and that they may be stretched through their time of service, group dynamics and God at work in their lives. We pray over each application and reference forms believing for God guidance as we bring together a team. Completed application and references should be received by date May 27<sup>th</sup>. We appreciate your honesty and frankness.*

- 1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
- 2. On a scale of 1 – 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

- 3. How long has he/she attended your church? \_\_\_\_\_ years \_\_\_\_\_ months  
 In your association with the applicant, what has been the level of commitment you have seen exemplified?  
 Faithful                       Inconsistent                       Other

- 4. Does he/she display high moral standards?                       Yes                       No  
 If "no", please explain: \_\_\_\_\_

- 5. Is the applicant comfortable with meeting new and different people?                       Yes                       No
- 6. Can he/she lead and organize others?                       Yes                       No
- 7. Can he/she solve problems creatively?                       Yes                       No
- 8. Does the applicant respond well to authority?                       Yes                       No
- 9. Does he/she express both good and bad feelings verbally?                       Yes                       No                       With difficulties
- 10. What is the applicant's activity level?  
 Active                       Lethargic                       Athletic                       Under active
- 11. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature                       Contagious                       Genuine and growing  
 Superficial                       Over emotional
- 12. Does the applicant express or portray any of these characteristics which would be identified as growth areas? (please check all that apply)  
 Impatient                       Intolerant                       Argumentative  
 Domineering                       Critical of others                       Easily embarrassed  
 Offended                       Discouraged                       Frequently worried  
 Anxious                       Nervous/tense                       Given to moods  
 Erratic in attitudes or actions                       Addictive behavior                       Unable to cope with stress  
 Prejudiced toward groups/races/nationalities

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)



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**Confidential Reference Form**

*To be filled out by your Employer or Teacher*

Please print clearly

Name of applicant: \_\_\_\_\_  
First Middle Last

Applying for: \_\_\_\_\_

*The applicant is applying to be a part of the 24SEVEN program with Youth With A Mission. We appreciate your help in deciding if this is a step that God wants for this person. Please keep in mind that this program is about eight weeks long and that they may be stretched through their time of service, group dynamics and God at work in their lives. We pray over each application and reference forms believing for God guidance as we bring together a team. Completed application and references should be received by May 27<sup>th</sup>. We appreciate your honesty and frankness.*

- How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
- On a scale of 1 – 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
- Does he/she display high moral standards?     Yes                       No  
 If "no", please explain: \_\_\_\_\_
- Is the applicant comfortable with meeting new and different people?                       Yes                       No
- Can he/she lead and organize others?                       Yes                       No
- Can he/she solve problems creatively?                       Yes                       No
- Does the applicant respond well to you and other authority in his/her life?                       Yes                       No
- Does he/she express both good and bad feelings verbally?  
 Very well     With difficulty     Sometimes     Uninhibitedly     No, shows them in other ways: \_\_\_\_\_
- What is the applicant's activity level?  
 Active                       Lethargic                       Athletic                       Under active
- Does he/she have leadership qualities?                       Yes                       No
- Does he/she have a servant's heart?                       Yes                       No
- How does the applicant usually react in trying situations? (please only check one)  
 Withdraws                       Gets discouraged                       Gets angry  
 Meets constructively                       Accepts patiently                       Other: \_\_\_\_\_
- Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character, such as: alcohol/drug use or sexual immorality?  
 Yes                       No    If "yes", please explain: \_\_\_\_\_

