

# Teaching English to Speakers of Other Languages (TESOL)

## WHERE IS CHICO AND WHAT IS THE SPRINGS?

Chico is a mid sized university city, four hours Northeast of San Francisco, located on the edge of the Sacramento Valley. The YWAM facility is located 15 minutes out of town at the end of a canyon. In the 20's and 30's this facility catered to the rich and famous due to the healing properties of the mineral springs located on the property.

The original 7 story brick hotel, 50+ buildings, and 500 acres of land is still in frequent use by the thousands of conference guests and youth that come through each year to get blessed and refreshed. On the grounds we have tennis/basketball court, a swimming pool, a sand volleyball court, a climbing wall, hiking trails, water fall, creek, and loads of wildlife!



## ARE YOU INTERESTED IN TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES?

This 9-week course will give you a basic foundation of the principles of language learning and teaching.

### TOPICS WILL INCLUDE:

- The Seven Laws of the Teacher/Learner
- The seven learning styles
- Principles and practices in Second Language Acquisition
- Introduction to English Language including Linguistics, Grammar and Phonetics
- Develop and implement ESL lessons from beginning to advanced levels
- Classroom Management for effectiveness
- Testing/Evaluation practices
- How to develop a resource file of materials for future use

## COME JOIN US!

We know that God has an amazing destiny for YOU and a future where you can impact others for God. So why not come and join us to learn more about God and to take the Gospel to the world!



## Checklist to Completing TESOL 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. Husbands and wives must complete separate application forms.

- Application Form.** Print and fill out completely, send a recent passport size photograph of you, and sign the application form.
  
- Registration Fee.** Your fee in the amount of U.S. \$50.00 for a single, \$80.00 for a couple must be forwarded with your application. This fee is not refundable and your application cannot be processed without it.
  
- Confidential References.** Three confidential reference forms are enclosed. One reference form should be given to each of the following: 1) Pastor 2) Employer or Teacher 3) Friend. Each form requires your name and address. After you complete this information, request them to fill out the form and mail it directly to the Registrar at: YWAM, 15850 Richardson Springs Rd. Chico CA 95973 USA. You may want to give them a stamped envelope with the address on it.
  
- Medical Requirements.** Please complete the enclosed Confidential Health Form. These things are very important, and your application cannot be processed without a complete Confidential Health Form. If you have a medical condition that requires monitoring, please contact your Doctor about your decision to complete a TESOL.
  
- Release of Liability, Consent for Treatment, Acknowledgment of Financial Responsibility and Statement of Burial.** These forms must be signed and returned with the rest of the application. If you are under 18 years of age be sure to have a parent/guardian sign the form too.

**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!**



## Tuition Fees & Policy

### Lecture Phase:

Per Person: \$1,400.00, plus a \$50.00 Registration Fee  
(for the 9 week course—additional fee applies to complete 15 weeks)  
Couples: \$1,400.00 each, plus an \$80.00 Registration Fee per couple

### Tuition For Children

Lecture Phase:

0 - 4 years.....no charge

K - High School: First child.....\$700.00  
Second child.....\$500.00  
Third child.....\$300.00  
Fourth child.....\$100.00  
Remaining children.....no charge

### Tuition Policy

1. Upon receiving notification of your acceptance, you are **required** to send a deposit of \$500.00 (\$1000.00 per couple).
2. The remaining \$900.00 is due on or before the first day of school (for a total of \$1,400.00). Any student arriving without the full amount or pre-arranged approval will not be permitted to attend.
3. All payments must be made in U.S. Funds. Please do not send cash through the mail, checks are fine. If you live outside of the U.S.A., go to your bank and secure a bank check made payable to Youth With A Mission for U.S. dollars.
4. Student fees cover tuition, materials, meals and housing, supplies, and literature. In order to keep fees as low as possible, students participate in scheduled on-campus work duties.
5. Any personal or medical expenses incurred while involved with YWAM are the responsibility of the student. Medical expenses in the U.S. tend to be costly so we encourage you to have health insurance
6. Variations to these policies are rare and require written approval from the school leader. If you desire to apply for an exception, please contact the school leader for help in developing a suitable proposal.

If you are having difficulty in financing your school, please let us know so that we can be praying for you. Financial difficulty is an opportunity for you to exercise your faith by believing in God's ability to provide for you.



15850 Richardson Springs Rd  
Chico, CA, 95973

www.ywamchico.com

# Teaching English to Speakers Of Other Languages Application

### IMPORTANT

Please attach a recent Passport size photograph of yourself

\_\_\_Registration Fee Enclosed

Application is for \_\_\_\_\_(year)  Winter (*January*)  
 Fall (*September*)

### GENERAL INFORMATION

Male Female

Name as on passport:

Mr/Mrs/Miss \_\_\_\_\_  
(last/family) (first) (middle)

What do you like to be called? \_\_\_\_\_

Birth date (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Expiration Date (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Social Security No. \_\_\_\_\_

### PRESENT ADDRESS

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Permanent Address (if different from above):

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT

Full Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**FAMILY**

\_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated

If married, date of marriage \_\_\_\_\_ Spouses Name \_\_\_\_\_

***If divorced or separated, please give relevant history on a separate sheet of paper.***

Name(s) of Children	Birth Date	Sex	School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

Secondary/High School or equivalent from which you graduated: Date \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Total years of primary and secondary school completed: \_\_\_\_\_

University/Seminary: Name \_\_\_\_\_ Location \_\_\_\_\_

Date Graduated \_\_\_\_\_ Qualification \_\_\_\_\_

List any musical abilities or other skills \_\_\_\_\_  
\_\_\_\_\_

Which languages do you speak? Please list in order of fluency and rate from 5 (PROFICIENT) to 1 (LIMITED)

Language	Rating
1. _____	_____
2. _____	_____
3. _____	_____

**EMPLOYMENT**

Present Employer/Occupation \_\_\_\_\_ Since \_\_\_\_\_  
Employer/Type of work

If you have been employed at your present occupation for less than 2 years, please give details of the previous three places of employment.

Business Name	Position	Reason for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOME CHURCH**

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

P.O. Box/Street \_\_\_\_\_  
(Postcode/Zip) (City) (State/Province)

Country \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Length of attendance at the above church \_\_\_\_\_

**FINANCES**

Do you have your complete school fees? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how much do you have at this time? \_\_\_\_\_

What is your plan for paying the remainder? \_\_\_\_\_

Do you have any outstanding debts? (Please explain) \_\_\_\_\_

**BACKGROUND INFORMATION**

- Are you involved in any current or pending lawsuits or legal procedures?  No  Yes
- Do you have a police record (civil or military)?  No  Yes
- Have you ever been involved in the abuse of alcohol?  No  Yes
- Have you ever been involved in smoking/chewing tobacco?  No  Yes
- Have you ever been involved in the use of illegal drugs?  No  Yes  
If "Yes", please list which ones, frequency of use, and most recent dates of involvement

**CHRISTIAN LIFE AND CALL**

***Please prayerfully answer the following questions on a separate sheet of paper.***

1. *Please describe your conversion experience and present relationship with God. How long have you been a Christian?*
2. *Please describe your relationship with your local church, i.e. areas of ministry, service, and leadership experience.*
3. *What is your teaching philosophy?*
4. *Why do you want to take TESOL*
5. *What are your plans after TESOL?*
6. *What is your educational background?*
7. *What is your second language experience?*

I certify that all information in this application is complete and accurate and if accepted by Youth With A Mission, I will abide by the spirit, guidelines and schedule of the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day / Month / Year

THANK YOU



www.ywamchico.com

<p><b>Pastor/Pastoral Staff Member</b> <b>YWAM-Chico</b> <b>Teaching English to Speakers</b> <b>of Other Languages</b> <b>Confidential Reference Form</b></p>	<p><b>Please return to:</b> Registrar 15850 Richardson Springs Rd. Chico, CA. 95973</p> <p>Ph: (530) 893 6750 Ext. 220 Fax: (530) 893 6759 1-800-841-0739 email: schools@ywamchico.com</p>
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Dear Pastor or Pastoral Staff Member,

The person who gave you this form (listed below) is applying 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 mobilizing 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. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

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

Address \_\_\_\_\_  
(Street) (City) (State) (Zip code) (Country) (Phone #)

I, the above named applicant, waive any right to have or obtain copies of this recommendation knowing that this waiver is not required as a condition for admission.

Applicant's Signature \_\_\_\_\_

Reference is for:  Winter (January)  Fall (September) Year \_\_\_\_\_

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant? very well\_\_\_\_ well\_\_\_\_ casually\_\_\_\_
- How long has the applicant attended your church? \_\_\_\_\_  
In your association with the applicant, what has been the level of commitment you have seen exemplified?  
Faithful\_\_\_\_ inconsistent\_\_\_\_ Other\_\_\_\_
- Were you aware of the applicant's intention to participate in this program prior to receiving this form? \_\_\_\_\_
- In your opinion, in which of the following areas of ministry is the applicant gifted?
 

<input type="checkbox"/> Communication	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Preaching	<input type="checkbox"/> Prayer
<input type="checkbox"/> Administration	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Drama	<input type="checkbox"/> Servanthood
<input type="checkbox"/> Teaching	<input type="checkbox"/> Discipleship	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Encourager
<input type="checkbox"/> Children's Work	<input type="checkbox"/> Counseling	<input type="checkbox"/> Worship	<input type="checkbox"/> Hospitality

Other: \_\_\_\_\_
- In which of the above areas has the applicant participated in since attending your church? \_\_\_\_\_

7. Please rate this applicant by placing a check under each of the following categories:

Christian character	___immature	___growing	___mature
Self Discipline	___lacking	___growing	___very disciplined
Temperament	___fun loving	___reserved	___easy going
Ability to cope with stress	___poor	___growing	___responds well
Stewardship	___needs guidance	___growing	___very responsible
Leadership	___controlling	___growing	___mature
Punctuality	___often late	___growing	___punctual
Reliability	___not reliable	___growing	___dependable
Flexibility	___rigid	___growing	___Very flexible
Initiative	___needs direction	___growing	___self starter
Teamwork	___independent	___growing	___cooperative

Concern for others                    \_\_\_limited                    \_\_\_growing                    \_\_\_strong

8. Check any of the following, which you feel, are motivating the applicant to attend a YWAM school?

- Christian Service                     Escape an unpleasant home situation
- Desire to learn more about prayer                     Desire to help others
- Travel                     Adventure
- Receive help, ministry and discipleship                     Other: \_\_\_\_\_

9. For discipleship purposes, would you please circle the words or descriptions that pertain to the applicant:

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody
Nervous or tense	Critical of others	Intolerant	Prejudice toward groups

10. Please answer the following to the best of your knowledge:

- Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_ No \_\_\_
- Has the applicant has been arrested for any offense? Yes \_\_\_ No \_\_\_
- Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_ No \_\_\_
- If "Yes", please explain \_\_\_\_\_

11. Does the applicant respond well to authority? Yes \_\_\_ No \_\_\_

12. Please comment briefly on the applicant's family background: \_\_\_\_\_

\_\_\_\_\_

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

Mature \_\_\_ Contagious \_\_\_ Genuine and growing \_\_\_ Superficial \_\_\_ Over-emotional \_\_\_

14. Is your congregation standing behind the applicant's decision to attend this school? Yes \_\_\_ No \_\_\_

If "No", Please explain: \_\_\_\_\_

\_\_\_\_\_

15. Would your church consider supporting the applicant financially? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_

17. What do you see this training program equipping that applicant for? \_\_\_\_\_

18. Would you recommend the applicant for the YWAM school, which he/she is applying for?

- At this time, he/she is unsuited                     Good prospect
- I have some reservations                     Great prospect

I declare that the contents of this confidential reference are correct to the best of my knowledge.				
Name _____				
Address _____				
(Street)	(City)	(State)	(Zipcode)	(Country)
Day Phone: _____ - _____ Eve Phone: _____ - _____				
E-mail Address: _____				
Signed: _____ Date: _____				
I would like to receive more information about YWAM, Chico. Yes ___ No ___				



<p><b>Employer or Teacher</b> <b>YWAM-Chico</b> <b>Teaching English to Speakers of Other Languages</b> <b>Confidential Reference Form</b></p>	<p><b>Please return to:</b> Registrar 15850 Richardson Springs Rd. Chico, CA. 95973</p> <p>Ph: (530) 893 6750 Ext. 220 Fax: (530) 893 6759 1-800-841-0739 email: schools@ywamchico.com</p>
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Dear Employer or Teacher,  
The person who gave you this form (listed below) is applying 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 mobilizing 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. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

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

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country) (Phone #)

I, the above named applicant, waive any right to have or obtain copies of this recommendation knowing that this waiver is not required as a condition for admission.

Applicant's Signature \_\_\_\_\_

1. What is your relationship to the applicant? Employer\_\_\_\_ Teacher\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. How well do you know the applicant? very well\_\_\_\_ well\_\_\_\_ casually\_\_\_\_
4. Please rate this applicant by placing a check under each of the following categories:

Christian character	___immature	___growing	___mature
Self Discipline	___lacking	___growing	___very disciplined
Temperament	___fun loving	___reserved	___easy going
Stewardship	___needs guidance	___growing	___very responsible
Leadership	___controlling	___growing	___mature
Punctuality	___often late	___growing	___punctual
Reliability	___not reliable	___growing	___dependable
Flexibility	___rigid	___growing	___Very flexible
Initiative	___needs direction	___growing	___self starter
Teamwork	___independent	___growing	___cooperative
Concern for others	___limited	___growing	___strong
5. Does he or she display high moral standards? Yes\_\_\_\_ No\_\_\_\_  
If "No", please explain): \_\_\_\_\_
6. How does the applicant react in trying situations?

___ Withdraws	___ Gets Discouraged	___ Gets Angry
___ Meets constructively	___ Accepts Patiently	___ Other _____
7. Please answer the following to the best of your knowledge:

Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_\_ No \_\_\_\_

Has the applicant has been arrested for any offense? Yes \_\_\_\_ No \_\_\_\_

Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please explain \_\_\_\_\_

8. Please circle the words or descriptions that pertain to the applicant?

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody
Nervous or tense	Critical of others	Intolerant	Prejudice toward groups

9. Due to the cultural and environmental aspect of the school, adjustments have to be made as to diet, social customs, climate change and living arrangements. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability. Please check one of the following:

- Outstanding mature. Has proven his/her ability to cope with 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

10. Does the applicant respond well to authority? Yes\_\_\_ No\_\_\_

If "No", please explain: \_\_\_\_\_

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

If "No", please explain: \_\_\_\_\_

12. Have you enjoyed having the applicant study/work under you? Yes\_\_\_ No\_\_\_

Has the applicant been an asset to your class/business? Yes\_\_\_ No\_\_\_

If "No", please explain: \_\_\_\_\_

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

14. Would you recommend the applicant for the YWAM School, which he/she is applying for?

- At this time, he/she is unsuited
- Good prospect
- I have some reservations
- Great prospect

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zipcode) (Country)

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ Eve Phone: \_\_\_\_\_ - \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive more information about YWAM, Chico. Yes\_\_\_ No\_\_\_



<p><b>Friend YWAM-Chico Teaching English to Speakers of Other Languages Confidential Reference Form</b></p>	<p><b>Please return to:</b> Registrar 15850 Richardson Springs Rd. Chico, CA. 95973</p> <p>Ph: (530) 893 6750 Ext. 220 Fax: (530) 893 6759 1-800-841-0739 email: schools@ywamchico.com</p>
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Dear Friend of Applicant,  
The person who gave you this form (listed below) is applying 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 mobilizing 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. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

Name of Applicant _____					
Address _____					
(Street)	(City)	(State)	(Zip code)	(Country)	(Phone #)
I, the above named applicant, waive any right to have or obtain copies of this recommendation knowing that this waiver is not required as a condition for admission.					
Applicant's Signature _____					

- How long have you known the applicant? \_\_\_\_\_
  - How well do you know the applicant? very well\_\_\_\_ well\_\_\_\_ casually\_\_\_\_
  - Does he or she display high moral standards? Yes\_\_\_\_ No\_\_\_\_  
If No, please explain): \_\_\_\_\_
  - In your opinion, in which of the following areas of ministry is the applicant gifted?
 

<input type="checkbox"/> Communication	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Preaching	<input type="checkbox"/> Prayer
<input type="checkbox"/> Administration	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Drama	<input type="checkbox"/> Servanthood
<input type="checkbox"/> Teaching	<input type="checkbox"/> Discipleship	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Encourager
<input type="checkbox"/> Children's Work	<input type="checkbox"/> Counseling	<input type="checkbox"/> Worship	<input type="checkbox"/> Hospitality
- Other: \_\_\_\_\_

- Please rate this applicant by placing a check under each of the following categories:
 

Christian character	___immature	___growing	___mature
Self Discipline	___lacking	___growing	___very disciplined
Temperament	___fun loving	___reserved	___easy going
Stewardship	___needs guidance	___growing	___very responsible
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Reliability	___not reliable	___growing	___dependable
Flexibility	___rigid	___growing	___Very flexible
Initiative	___needs direction	___growing	___self starter
Teamwork	___independent	___growing	___cooperative
Concern for others	___limited	___growing	___strong

6. Would you please circle the words or descriptions that pertain to the applicant:

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody
Nervous or tense	Critical of others	Intolerant	Prejudice toward groups

7. How does the applicant react in trying situations?  
 Withdraws                       Gets Discouraged                       Gets Angry  
 Meets constructively                       Accepts Patiently                       Other \_\_\_\_\_

8. Does the applicant respond well to authority? Yes\_\_\_ No\_\_\_  
If "No", please explain: \_\_\_\_\_

9. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes\_\_\_ No\_\_\_  
If "No", please explain: \_\_\_\_\_

10. Please answer the following to the best of your knowledge:  
Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_ No \_\_\_  
Has the applicant has been arrested for any offense? Yes \_\_\_ No \_\_\_  
Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_ No \_\_\_  
If Yes, please explain \_\_\_\_\_

11. Please comment briefly on the applicant's family background: \_\_\_\_\_  
\_\_\_\_\_

12. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_

13. Would you please make any comments regarding the applicant that you feel could be helpful? (use a separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_

14. Would you recommend the applicant for the YWAM School, which he/she is applying for?  
 At this time I would say no                       Good prospect  
 I have some reservations                       Great prospect

I declare that the contents of this confidential reference are correct to the best of my knowledge.				
Name _____				
Address _____				
(Street)	(City)	(State)	(Zipcode)	(Country)
Day Phone: _____ - _____ Eve Phone: _____ - _____				
E-mail Address: _____				
Signed: _____ Date: _____				
I would like to receive more information about YWAM, Chico. Yes___ No___				



**Youth With A Mission**  
Chico California

15850 Richardson Springs Rd  
Chico, CA, 95973  
www.ywamchico.com

# Confidential Health Form

Application is for \_\_\_\_\_(year)

Name \_\_\_\_\_  
Last/Family Name First Middle

Address \_\_\_\_\_  
Street City State Zip/Post Code

Do you have medical insurance? Yes \_\_\_ No \_\_\_

If "Yes", name of insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

**Personal History:**

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Blood type \_\_\_\_\_

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

	Yes	No		Yes	No		Yes	No
Allergy:			Surgery:			Jaundice		
Penicillin			Appendectomy			Hepatitis		
Sulfonamides			Tonsillectomy			Kidney Disease		
Serum			Hernia Repair			Gall Bladder problems		
Other-specify			Other-specify			Intestinal troubles		
Food-specify			Broken bones			Recurrent Diarrhea		
Skin Conditions			Dislocation of joints			Shortness of breath		
Eye trouble			Rheumatism/Arthritis			Stomach or Duodenal ulcer		
Ear trouble			Back problems			Mental or Nervous Disorder		
Recurrent headache			Paralysis			Depression		
Fainting spells			Head Injury					
Insomnia			Epilepsy			FEMALES ONLY		
Hay fever, Asthma			Anemia			Irregular periods		
Heart trouble			Diabetes			Severe cramps		
High blood pressure			Tumor: Cancer			Hysterectomy		
Low blood pressure			Venereal Disease			Are you pregnant?		
Weakness			HIV+			Have you ever been pregnant?		

Other \_\_\_\_\_

Please describe those to which you answered 'yes' \_\_\_\_\_

Do you have any special dietary needs? No \_\_\_ Yes \_\_\_ (please describe) \_\_\_\_\_

Are you now a under a Doctor's care for any condition? No \_\_\_ Yes \_\_\_ (please describe)\_\_\_\_\_

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Are you taking medication at this time? No \_\_\_ Yes \_\_\_ (please describe) \_\_\_\_\_

---

Do you have any handicaps? No \_\_\_ Yes \_\_\_ (please describe)\_\_\_\_\_

---

**Please attach a copy of your immunization records.**

**I declare that the contents of this health form are complete and accurate, to the best of my knowledge.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Statement of Burial

We would encourage each YWAMer, prospective student and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. And we need to prepare for it.

In extensive travel in less developed countries where diseases are more prevalent, fatal accidents and sicknesses can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars. Also, a special, expensive coffin is sometimes required by law in some countries and the coffin must be accompanied by someone on the return journey.

We endeavor to maintain a Christian view of death, that it is not the final step but just a passage, that the person is not in that coffin but just his earthly shell and that the priority for limited resources must be for the living.

YWAM Chico does everything possible to protect staff and students. In case of death, YWAM Chico cannot commit to cover the costs of shipping a body to another country for purposes of burial or to ultimately cover the burial costs in the country of death. If the family desires to see a body transported back home, the family must incur the entire cost.

Note: It is the responsibility of every individual or family to have field burial or death related remains transport insurance, not YWAM Chico.

I agree that in case of my death while in Youth With A Mission, YWAM Chico may carry out the burial in the location of decease. If my family desires to see the body shipped home, they will pay for it. I hereby absolve YWAM, all its staff and associates, from any responsibility for burial costs.

Sign \_\_\_\_\_

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

Names of children accompanying you: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian required if applicant is under 18 years of age

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



## Release of Liability, Consent for Treatment, Acknowledgment of Financial Responsibility

### **RELEASE OF LIABILITY**

I/ We do hereby release Youth With A Mission, Inc., its staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person (s) during the course of involvement with Youth With A Mission.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Signature of parent or Guardian required if applicant is less than 18 years of age

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

### **CONSENT FOR TREATMENT**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, the attending doctor or physician may deem necessary.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Signature of parent or guardian required if applicant is less than 18 years of age

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

### **ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I understand that payment of the required school tuition fees must be made **prior to or upon my arrival**, unless otherwise approved by the school leader before my departure to Chico, CA. I further understand that payment must be made in U.S. currency. I also confirm that I am fully aware of my financial obligations in attending the Teaching English to Speakers of Other Languages. I therefore promise to keep my word by paying in a timely manner all personal expenses incurred during my involvement with Youth With A Mission.

I have completed all portions of this application for admission to the school of which I am applying, and if accepted by Youth With A Mission, I will abide by the spirit, policies, and schedules of the school.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Signature of parent or guardian required if applicant is less than 18 years of age

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



## Work Skill Questionnaire

Part of the character building of our schools, and a means of defraying costs, is a ten-hour per week work schedule. The following is a list of jobs and skills that have been beneficial to us both now and in the past. Please mark an "X" by the specific skills in which you have experience.

### Communication Department

- Graphic Artist
- Print Shop Worker
- Typing
- Layout/Design
- Video/Audio Engineer

### Construction Work

- Asphalt
- Carpet Layer
- Concrete
- Electrical
- Masonry (brick layer)
- Painting
- Plumbing
- Power Tools
- Roofing
- Surveying

### Driving and Auto Repair

- Bus driver
- Delivery driving
- Engine repair
- Auto body repair

### Gardening and Grounds Maintenance

- Gardening
- Landscaping
- Tree maintenance

### Kitchen Related Duties

- Cooking
- Stocking Food

### Repair Work

- Air conditioner repair
- Appliance repair
- Pool repair

### Secretarial Skills

- Accounting
- Bookkeeping
- Bulk mail outs
- Computer operator
- Filing

- Receptionist
- Typing

Any Other Skills: \_\_\_\_\_

\_\_\_\_\_