

School of Reformation and Transformation (SRT) Application

Name: _____

Phone: (____) _____

Present Address: _____

Permanent Address: _____
(if different)

Fax or E-mail: _____

(Circle one)

Male Female

Marital status: Single Married Separated Divorced Engaged

Nationality: _____ **Birth Date:** _____

If married, Spouse's Name: _____

If you would have children coming with you, please list them here:

Name: _____ BOY GIRL **Age:** _____

Name: _____ BOY GIRL **Age:** _____

Name: _____ BOY GIRL **Age:** _____

In case of emergency, contact: _____

Relation to you: _____

Address: _____

Phone: (____) _____

Fax or E-mail: _____

Home church: _____

Phone: (____) _____

Pastor's name: _____

Phone: (____) _____

YWAM DTS: _____ *Year:* _____

Leader: _____

YWAM SOE: _____ *Year:* _____

Leader: _____

Other YWAM experience: _____

Last school grade or degree completed: _____

Please answer the following questions on a separate piece of paper:
(TYPE INTO THE E-MAIL RESPONSE):

1. What specific field of ministry are you interested in?
2. To date, what has been your experience in this area?
3. What are your objectives for coming to the SRT?
4. Do you presently have all your finances for your tuition? If not, how do you plan to pay it?

Yes, I have enclosed my N\$75(\$10 US dollars) non-refundable application fee (same for couples or singles.)

I agree to resolve any and all disputes with Youth With A Mission, YWAM Directors or staff by means of reconciliation or arbitration; and waive any right to pursue any action by way of litigation.

Signature: _____

Date: _____

School of Reformation and Transformation (SRT) Reference Form

Name of Applicant: _____

The above applicant has applied for participation in the School of Reformation and Transformation. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence and will not be shown to the applicant. Please mail completed form to the address listed below. Thank you so much for your time and assistance.

Your relationship to the applicant:

Employer Teacher Pastor Friend YWAM leader

How well do you know the applicant?

Very well Well Casually

Length of time of your acquaintance with the applicant: _____ years _____ months

Please check the following and comment as necessary:

	Strong	Mature	Average	Developing	Weak
Leadership					
Christian Character					
Positive contagious spirit					
Ability to motivate others					
Ability to receive correction					

	Strong	Mature	Average	Developing	Weak
Self confidence					
Willing to serve/ Dependable					
Emotional stability					
Communication skills					
Mental ability					
Financial responsibility					
Maturity / Integrity					
Teachability					
Assurance of God's calling					

Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and growing Over emotional Superficial

With reference to his/her Christian service, is the applicant:

Dedicated Average Casual

Comments: _____

What role does the applicant generally take in a cooperative team effort?

Evaluation of applicant's skill/trade/profession:

Superior Average Poor

Other skills: _____

Listed below are tendencies which may reduce the effectiveness of a Christian worker. Please check if one applies:

- impatient
- intolerant
- argumentative
- domineering
- arrogant
- critical
- easily embarrassed
- easily offended
- often discouraged
- frequently worried
- anxious
- nervous
- tense
- moody
- withdraws
- prejudiced
- gossips
- causes friction
- infatuations
- impulsive
- lacking humor
- easily angered
- other (*please specify*) _____

To your knowledge, has the applicant ever been arrested for any offense?

To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?

Is the applicant financially responsible? Yes No

Do you recommend that the applicant be accepted into the School of Reformation and Transformation?

Yes without hesitancy

With some reservations (Please explain)

No (Please explain)

Comments: _____

Is there anything else which would be helpful for us to know?

Signature: _____

Date: _____

Please print:

Phone: (_____) _____

Your address: _____

Mail to: John and Suzanne Hunter
Directors, Teachers for Africa
Youth With a Mission
PO Box 8618, Windhoek, Namibia