



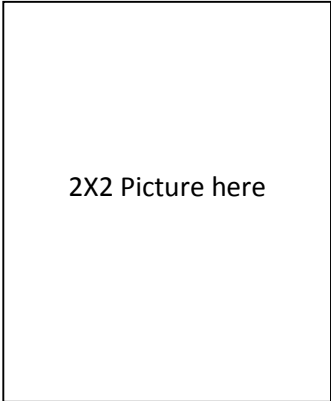
YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

BIBLICAL CORE COURSE (BCC) APPLICATION FORM

This application will be considered only when all of the items listed below are received by the Personnel Office of Youth With A Mission Davao.

- **Forms** - Application form, medical, and consent forms, agreement about special relationship, including signatures and all requested information. All forms must be completed for acceptance.
- **Application Fee** - Must include a non-refundable application fee of \$30 USD, or Euro 25, or Peso 200 (for Filipino only).
- **Photograph** - two recent pictures of yourself (passport photo)
- **3 Confidential Reference Forms** completed by:
 - a) Your Pastor
 - b) Your Christian Friend who has known you for longer than 2 years
 - c) Your Employer/Ministry Leader



Personal Information

Name _____

Last

First

Middle

E-mail Address _____ Phone/Cell _____

Postal Address _____

P.O. Box/Street

Zip/Postal Code

City

Country _____ Citizenship _____

Passport Number _____ Date of Expiration _____

Date of Birth _____ Sex male female

Marital Status Single Married Separated

Divorced Engaged Widowed

Name of Spouse _____

Last

First

Middle

Name of children _____ Age _____ Date of Birth _____

_____ Age _____ Date of Birth _____



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

In case of emergency

Name _____

Last

First

Middle

Address _____

P.O. Box/Street

Zip/Postal Code

City/Country

Relationship _____ Phone _____

Special Information

Home Church _____

Church Address _____

P.O. Box/Street

Zip/Postal Code

City/Country

Pastor's Name _____ Phone _____

Denomination

How long have you attended this church? _____

How long have you been a 'Born Again' Christian? _____

Any previous YWAM experience? If so, when and where? _____

What is your highest level of education completed? _____

Post-Secondary schools attended? _____

What languages do you speak? (In decreasing order of fluency):

1. _____

2. _____

3. _____

Any military service? Specify _____

Driver's License? What kind? _____



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

Social Security Number _____

Present employer _____

Occupation _____

Years of experience _____

Musical abilities _____

Other talents _____

What are your plans after you complete this Training?

Financial Information

Do you have the total school fees? Yes No

If No, what percentage do you have? _____

From what sources will you receive the remainder? _____

Do you have any outstanding debts? Yes No

If yes, please explain _____

Christian Life

On a **SEPARATE** sheet of paper, TYPE or PRINT the following information as fully as possible:

1. What is your family's religious background?
2. Please describe in some detail your experience with God (your circumstances before becoming a Christian, your conversion experience...)
3. Describe other significant spiritual experiences you have had in your walk with the Lord.
4. Summarize your relationship with God at present.
5. Describe your relationship with your local church; include areas of worship and leadership. How are you involved? How does your Church leadership feel about you doing a BCC?
6. Describe your involvement within your local Christian scene. Describe any cross-cultural mission experiences you have had.



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

7. Have you had any mission's experiences? If so, where and what type(s) of ministry were you involved in?
8. How would you describe your motivations and gifts? Are there any skills or talents that you are working to develop at present (ex. Music, sport, art, language...)
9. Have you ever been involved in felonious crime, drug or alcohol abuse, smoking/vaping, occult activities, or homosexual practices? Explain.
10. In terms of relationships, is there anything in the past or present that you are concerned about and would like to make us aware of?
11. In describing yourself, what would you say are your strengths and weaknesses?
12. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
13. What areas of your character are you presently seeking God to further develop and improve?
14. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program. Please relate pertinent details of any past marriages or present marital separation.
15. Is there anything about your family relationships that you would like us to be aware of?
16. How did you hear about YWAM Davao base in the Philippines?
17. Why do you desire to attend this school?
18. What expectations do you have? What do you want to see happen in your life during BCC?
19. Are you presently employed or in school? Please specify.
20. Please list any special circumstances or situations we should know about.
21. Please list the names and addresses of your three references.

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with Biblical principles, I agree to resolve any and all disputes with Youth With A Mission, YWAM Directors or staff by means of reconciliation or mediation, and waive any right to pursue action by way litigation. I confirm that I understand that payment of the required school tuition fee must be made upon or before the deadline set by the School Director. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at the school. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission Davao.

Name _____ Date _____

Submit this application to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

“To know God and make Him known”



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
 PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

REFERENCE FORM - FRIEND

To the applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant _____
Last
First
Middle

Dates of school applying for _____

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

Applicant's Signature _____ Date _____

To the Friend: The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM as a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please check the following, and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually	
	Excellent	Above Avg.	Average	Below Avg.
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-making:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

Health:

Personal appearance:

Comments: _____

Mental Ability: Quick to comprehend Average Slow

Ability to Work: Hard worker Average Lacks Persistence

Reliability: Meets obligations Average Neglects obligations

Cooperation: Works well with others Average Experiences difficulty

Flexibility: Open to change Average Unyielding

Christian Character: Well-balanced Average Unstable

Positive Attitude: Cheerful Average Passive

Punctuality: Punctual Average Often late

Financial

Responsibility: Honors obligation Average Neglectful

Comments:

Please answer the following questions. If you are unable to comment, or the question is not relevant to your relationship with the applicant, please state this.

1. Does he/she display high moral standards? Yes No (please explain)

2. Is he/she prejudiced against any groups, races or nationalities?

Yes No (please explain)

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

Mature Genuine and growing Over-emotional Superficial



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

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

5. Please comment on the applicant's family background (if known).

6. In your opinion, what are the applicant's motives for applying to YWAM Training?

7. Please add any other relevant remarks

8. Do you see the applicant as having potential for missionary services with Youth With A Mission?

Yes With some reservation (please explain) No (please explain)

9. I have known this applicant for _____ years _____ month.

Signed by: _____ **Date:** _____

Name/Position: _____

Address: _____

P.O. Box/Street

Zip/Postal Code

City/Country

Phone: _____ **Fax:** _____

E-mail: _____ **Cell Phone:** _____

Youth With A Mission Training admits students of any race, color, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the course.

Please direct all forms to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

“To know God and make Him known”



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
 PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

REFERENCE FORM - PASTOR

To the applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant _____
Last First Middle

Dates of school applying for _____

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

Applicant's Signature _____ Date _____

To the Pastor: The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM as a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please check the following and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually	
	Excellent	Above Avg.	Average	Below Avg.
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-making:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

Health:

Personal appearance:

Comments: _____

Mental Ability: Quick to comprehend Average Slow

Ability to Work: Hard worker Average Lacks Persistence

Reliability: Meets obligations Average Neglects obligations

Cooperation: Works well with others Average Experiences difficulty

Flexibility: Open to change Average Unyielding

Christian Character: Well balanced Average Unstable

Positive Attitude: Cheerful Average Passive

Punctuality: Punctual Average Often late

Financial

Responsibility: Honors obligation Average Neglectful

Comments: _____

3. To what extent is the applicant actively contributing to church work?

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

Mature Genuine and growing Over-emotional Superficial

Comments: _____



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

5. How does the applicant usually react in trying situations?

- Withdraws Gets discouraged Gets angry
 Meets constructively Accepts patiently Others (explain)

6. Overall, what do you consider to be the applicant's strong points?

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 Training?

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

- No Yes (please explain)

10. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of the applicant's life we should know more about for us to be of service to the applicant.

11. Do you see the applicant of having potential for missionary services with Youth With A Mission?

- Yes With some reservation (please explain) No (please explain)



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

12. Is your congregation aware that this person has applied to do a course with YWAM Training?

Yes No

13. As a pastor, if you feel it is right for the applicant to participate in this training program, would you offer any pastoral counsel to us in helping him/her adjust to a foreign country and new situation?

14. Is your congregation supporting this applicant during this course?

Prayerfully Financially

15. I have known this applicant for _____ years _____ month.

Signed by: _____ **Date:** _____

Name/Position: _____

Address: _____

P.O. Box/Street

Zip/Postal Code

City/Country

Phone: _____ **Fax:** _____

E-mail: _____ **Cell Phone:** _____

Youth With A Mission Training admits students of any race, color, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the course.

Please direct all forms to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

“To know God and make Him known”



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

REFERENCE FORM – EMPLOYER/MINISTRY LEADER

To the applicant: Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant _____
Last First Middle

Dates of school applying for _____

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

Applicant's Signature _____ Date _____

To the Employer/Ministry Leader: The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM as a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please check the following and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually	
	Excellent	Above Avg.	Average	Below Avg.
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision making:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

Health:

Personal appearance:

Comments: _____

Mental Ability: Quick to comprehend Average Slow

Ability to Work: Hard worker Average Lacks Persistence

Reliability: Meets obligations Average Neglects obligations

Cooperation: Works well with others Average Experiences difficulty

Flexibility: Open to change Average Unyielding

Christian Character: Well balanced Average Unstable

Positive Attitude: Cheerful Average Passive

Punctuality: Punctual Average Often late

Financial

Responsibility: Honors obligation Average Neglectful

Comments: _____

Please answer the following questions. If you are unable to comment, or the question is not relevant to your relationship with the applicant, please state this.

16. Does he/she display high moral standards? Yes No (please explain)

17. Is he/she prejudiced against any groups, races or nationalities?

Yes No (please explain)

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

Mature Genuine and growing Over-emotional Superficial



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

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

12. Please comment on the applicant's family background (if known).

13. In your opinion, what are the applicant's motives for applying to YWAM Training?

14. Please add any other relevant remarks:

15. Do you see the applicant as having potential for missionary services with Youth With A Mission?

Yes With some reservation (please explain) No (please explain)

16. I have known this applicant for _____ years _____ month.

Signed by: _____ **Date:** _____

Name/Position: _____

Address: _____

P.O. Box/Street

Zip/Postal Code

City/Country

Phone: _____ **Fax:** _____

E-mail: _____ **Cell Phone:** _____

Youth With A Mission Training admits students of any race, color, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the course.

Please direct all forms to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

“To know God and make Him known”



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

MEDICAL REPORT

For each Adult and Child

To the Physician:

Name of Applicant: _____ has applied for a course with YWAM Training. This is a short-term missionary service in which there will be some physical exertion over a period of 3 months training and study in a group situation with possible overseas travel.

Thank you for completing this Medical Report for us.

Doctor's Name _____

Address _____
P.O. Box/Street Zip/Postal Code City/Country

Phone _____ **Fax** _____

E-mail _____ **Cell Phone** _____

Doctor's Signature _____ **Date** _____

Please answer the following questions regarding the applicant's health:

1. Weight _____ kg Height _____ cm
2. Is the applicant under medical supervision at this time or taking medication? (If so, what kind?)

3. Would you consider the applicant in good physical health?

4. Is the applicant's chest, heart, and blood pressure normal?

5. Is the applicant's sight, hearing and speech normal?

6. Has the applicant adequate emotional and mental stability to undertake such service and training?



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

7. Please list any significant medical and/or psychiatric history:

8. Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Please direct all forms to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

"To know God and make Him known"



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

CONSENT AND AGREEMENT

Consent and Agreement

I/We do hereby release YOUTH WITH A MISSION – INC. Philippines, its agents and volunteer's assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by, said person during the course of involvement with Youth With A Mission.

Applicant's signature _____ **Date** _____

Signature _____ **Date** _____ **Relationship** _____

(If applicant is under 18 years of age, signature of parent or responsible party is required.)

Consent for Treatment

I/We hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary on:

Name of Applicant _____

Applicant's Signature _____ **Date** _____

Parent's signature (or responsible party) if applicant is under 18 years of age:

Signature _____ **Date** _____

Relationship _____

Consent for Burial

In case of accidental death, some Asian nations require by law either immediate entombment or cremation. For the purpose of government formalities, please sign the following statement:

I, the undersigned, hereby grant consent to whatever national laws require, in the eventuality of my death while in the service of Youth With A Mission. I acknowledge that Youth With A Mission is under no obligation to underwrite the cost of shipping my body to another country in the event of my death.

Applicant's Signature _____ **Date** _____



YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City
PO Box 80236, Davao City, Philippines
bccywamdavao@gmail.com

Acknowledgement (Please read carefully and sign)

Because of the recent increase in attempts at extortion and incidents of violence against missionaries we feel it necessary to state the position and policy of Youth With A Mission, Philippines with regard to ransom payments and extortion.

Our responsibility as an organisation is not just to Youth With A Mission personnel, but also to other missionaries and expatriates living in the country. If we are prepared and wise in our response to a crisis of this nature we can do a lot to minimize the likelihood of recurrences.

Please carefully note the following:

1. Youth With A Mission will not pay extortion.
2. Youth With A Mission will not make ransom payments in the event of a hostage taking.
3. Youth With A Mission will not withdraw from ministry in the Philippines under duress or pressure from hostage takers or extortionists.
4. Youth With A Mission, Philippines will not allow funds to be channelled through its bank accounts for the purpose of paying ransom or extortion.

A Crisis Management Team has been set up to prepare for and handle such contingencies. In the event of a hostage taking, act of violence or natural disaster, this team would be Youth With A Mission's official representatives in dealing with the authorities, press, family etc., and if necessary, with the perpetrators. This team consists of most of the National Council and others as deemed necessary.

I have read and understood the above and acknowledge that I am agreeing to these conditions and policies, and accepting the involvement of the Crisis Management Team on my behalf should it be necessary.

Signature of Applicant _____ **Date** _____