

AKWAABA WELCOME

YWAM Accra, Sea Breeze

Thank you for interest in Youth With A Mission Accra Sea Breeze. We are excited about your inquiry regarding the Discipleship Training School.

YWAM Accra Sea Breeze located in Weija, which is the on west side of Accra the capital city of Ghana. We are YWAM Accra Sea Breeze not only because we are close to the ocean, but we believe that the breath of God is exhaling a breeze of His kingdom over the country of Ghana and the nations through Ghana. There is a tangible anticipation of what God is doing in this region and excitement being a part of His plans.

For us to process your inquiry the application must be completed in its entirety and returned. Completing the confidential application is the first step in the application process. When the application and its entirety is submitted, we will inform you of your acceptance and expected date of arrival. If there are any questions or additional help needed when filling out the application, please do not hesitate to ask for assistance.

Checklist for required documents:

- Application Form
- Personal Questionnaire
- Student health form
- Physicians' medical examination
- Three references
- Two passport photos
- Photocopy of your passport
- Financial policy form

Application

Last Name _____ First _____ Middle _____

Present Address (if applicable) _____

State/Village _____ Postal Code _____ Country _____

Contact Details:

Phone (include country code & area code) _____

Whatsapp _____ Email _____ Facebook _____

Personal Details:

Date of Birth (dd/mm/yyyy) _____ Age _____

Country of Birth _____ Country of residency _____

Marital Status:

- Single
- Engaged
- Married
- Separated
- Divorced
- Widowed

Spouses Name (if applicable) _____

Do you have any children? Yes No

If yes please list name, age, and gender

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

YWAM encourages the participation of the family together in missions. If you are married with children, do you need assistance in arranging any educational needs?

Passport Details:

Passport number _____ Date of Expiration _____ Country _____

Please include photocopy of passport with application.

Emergency Contact:

Who do we contact in case of emergency involving you?

Last Name _____ First _____ Middle _____

Relationship to you (parent, sibling, etc.) _____

Phone _____ Work Phone _____ Email _____

Language:

What is your first language? _____

What other languages do you speak? _____

How well can you understand English? none poor fair good excellent

How well can you write English? none poor fair good excellent

How well can you read English? none poor fair good excellent

Ghana is an English-speaking country but as YWAM we embrace all nations and languages in our educational process. Please advise correctly how we can serve your language needs to provide the best learning process.

Please tick any assistances you would need regarding the English language.

- Translation
- Reading
- Writing

Home Church:

Name of Church: (if applicable) _____

Pastors Name: _____

Phone _____ Email:(if applicable) _____

How long have you attended this church? _____

What is your involvement? _____

Education, Skills, and Work Experience

**Please list your educational background.*

	Name of Establishment	Dates attended	Qualifications/Diploma
Secondary/High School			
University/College			
Trade School/Other			

**Please list your work/volunteer experience*

Name of Employer	Position/Role	Length of employment

**Please tick appropriately [X] below the skills you have experience in.*

	Skills	Much	Some	Little	Please list any other skills/or use this space to give us more details.
1	Drama				
2	Auto Mechanic				
3	Computer				
4	Accounting				
5	Video				

6	Arts/Crafts				
7	Music				
8	Cooking				
9	Carpentry				
10	Construction				
11	Public Relations				
12	Electronics				
13	Plumbing				
14	Hospitality				
15	Housekeeping				
16	Typing/Office Work				
17	Sound Equipment				
18	Driving				
19	Other				

YWAM Accra Sea Breeze:

How did you first hear about YWAM Accra Sea Breeze? _____

What expectations do you have being a student at YWAM Accra Sea Breeze? _____

Financial Information:

How do you anticipate paying your DTS tuition? _____

Do you currently have the amount to pay for your fees?

Financial Policy

School Fees

We have a category system in operation which aims to enable all students regardless of social or economic backgrounds to attend our training programs. The following cost are for a normal 3-month lecture phase of the Discipleship Training School. The following cost do not include visas, personal expenses, airline travel.

Category A

All first world nations (e.g., USA, European Countries, Australia, South Korea)

\$2000.00 USD

Category B

All second world nations (e.g., South Africa, Botswana, South America)

\$1500.00 USD

Category C (All developing nations)

\$1000.00 USD/12,000.00 Cedi

**If you are not sure which category your nation, please contact us.*

3-month outreach phase

The cost per outreach varies on place and location. Outreach consists of a 3-month phase.

\$600.00/7,000 Cedi in addition to possible airline tickets.

We believe that this fee scale reflects an understanding of a loving God who is fully committed to justice and meeting people within the reality of their circumstances. The reality in the world is that not all currencies have equal value, yet our desire is to see people from all over the world receive quality training. We believe that this financial scale is an attempt to act justly according to an internationally recognized non-arbitrary standard.

Although there are nations in Category B, we recognize that a specific person and or situation may qualify for Category C. We also recognize that persons in Category C may also have specific considerations regarding their financial situation. If you feel this scenario applies to you, please contact us. The decisions regarding our financial policy and in relation to specific financial hardships are decided on a case-by-bases.

****Please note:** The school fees are for a three-month term and include accommodation, meals, and tuition. The school includes an outreach phase, costs for the outreach is in addition to the school fees. This will be determined during the lecture phase and will be each student's responsibility. Please start preparing for these costs in advance, as there is limited time during the lecture phase to raise this money.

Payment Due Dates

Fees must be paid in full on the registration day/arrival day for each school unless a prior written arrangement has been made with the Training Director. In line with the policy of the University of the Nations, students who are unable to meet their financial obligations will not be allowed to complete the school.

Outreach Fees will be due 4 weeks prior to departure.

Refund Policy

After the first week in the school 70% and 50% will be refunded after the second week of school. After the second week there is no refund. Refunds are based on the event of departure of a voluntarily withdrawal, violation of visa conditions, and or violation of community living standards.

Personal Questionnaire

Please answer the questions below. Remember that this application is confidential and will only be accessible to the leaders of your school. Please answer to the best of your ability and include it together with the application form.

1. How did you come to be a follower of Jesus?
2. Please describe how your life has changed since becoming a follower of Jesus.
3. Are there any specific areas of your life you are seeking help to grow in?
4. Describe your relationship with your family?
5. What led you to the decision to attend a DTS?
6. Do you sense the Lord is leading you to work in missions?
7. Have you ever participated in any drug abuse, alcohol abuse, occult practices, religious cults, homosexuality, or gender fluidity? If yes, are you currently participating or working through any personal issues regarding these?
8. Have you or do you struggle with issues regarding pornography, eating disorders, self-mutilation and or been under the supervision of a counselor/therapist?
9. Are there any adverse abuses that you have dealt with or continue to deal with? Such as physical abuse, sexual abuse, abandonment, etc.?
10. Do you have a current situation to deal with regarding you attending DTS? If yes, how can we pray for you?
11. Have you ever lived in or visited other countries? If so, where, how long, what were you doing?
12. Do you have the support of your family, church and or friends to attend DTS?
13. Are you considering working and or studying with YWAM following your DTS? If yes, what areas are you planning on pursuing and working as a missionary?

Pastor Reference Form

TO THE PERSON FILLING OUT THIS FORM:

The below named person has applied for participation in Youth With A Mission Accra Sea Breeze, Ghana. In view of the nature of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the following questions. Please bear in mind that your responses will greatly benefit the applicant in how we can serve not only his/her missional service, but the whole person as he/she is applying to join our community. All evaluation forms will be kept in strict confidence and will not be shown to the applicant. The reference forms will be given to the base leadership and or the ministry leader.

Please be sure to email the form directly to YOUTH WITH A MISSION YWAM Accra, Sea Breeze at the given email address below. If this is not an option for you can hand deliver the reference form at this address _____ and or send it via post _____

Your early response will be most appreciated as the applicant’s file cannot be considered until all the forms have been received by this office. Thank you for taking the time to help us in this way. We sincerely appreciate your cooperation.

Name of applicant: _____

1. How long have you known the applicant? _____

2. How would you describe your relationship with him/her? _____

3. Does he/she display high oral standards? Yes No
If no, please specify. _____

4. Is he/she prejudiced against groups, races, or nationalities? Yes No
If yes, please specify _____

5. Has the applicant been involved in any ministry with the church? Yes No
If yes, please specify _____

6. In your opinion, what are the applicants motives for applying to work as a missionary with Youth with a Mission Accra, Sea Breeze? _____

7. How could we help the applicant in his personal/ministry development as he/she works with us?

8. Please add any other remarks that you would see beneficial in welcoming the applicant as staff with YWAM Accra Sea Breeze.

9. Evaluation of the applicant’s emotional and spiritual maturity:

**Please (X) your understanding of the applicant’s ability regarding the qualities below.*

	Above average	Average	Below average	Additional information
Ability to follow				
Ability to work with others				
Willingness to accountability				
Concern for others				
Emotional stability				
Financial responsibility				
Flexibility/openness to change				
Grateful spirit				
Initiative/Self-starter				
Industrial/hard worker				
Leadership				
Personal Appearance				
Positive attitude				
Reliability				
Response to authority				
Servant heart				
Teachable spirit				
Honors obligations				
Cooperative				

10. Is your church in support of the applicant with prayer and or financial partnership? Yes No
 Please specify _____

11. As a pastor would you like to have more information about the organization YWAM and our YWAM financial values that staff agree to? Yes No

If yes, you are agreeing to one of the base leaders to be in contact with you either by phone or email.

Thank you for your time and consideration in filling out the applicant’s request.

Please remit reference form to:

Whatsapp: +233509555306 and or Email: registrar@ywamaccra.org

Name _____	
Signature (X) _____	Date _____
Email _____	Phone _____

YWAM Leader Reference Form

**To be completed by immediate YWAM Leader or last YWAM school leader.*

TO THE PERSON FILLING OUT THIS FORM:

The below named person has applied for participation in Youth With A Mission Accra Sea Breeze, Ghana. In view of the nature of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the following questions. Please bear in mind that your responses will greatly benefit the applicant in how we can serve not only his/her missional service, but the whole person as he/she is applying to join our community. All evaluation forms will be kept in strict confidence and will not be shown to the applicant. The reference forms will be given to the base leadership and or the ministry leader.

Please be sure to email the form directly to YOUTH WITH A MISSION YWAM Accra, Sea Breeze at the given email address below. If this is not an option for you can hand deliver the reference form at this address _____ and or send it via post _____

Your early response will be most appreciated as the applicant's file cannot be considered until all the forms have been received by this office. Thank you for taking the time to help us in this way. We sincerely appreciate your cooperation.

Name of applicant: _____

1. How long have you known the applicant? _____

2. How would you describe your relationship with him/her? _____

3. To what extent is the applicant active in school or Ywam base activities? _____

4. How does the applicant handle conflict in relationships? _____

5. Does he/she display high moral standards? Yes No
If no, please specify _____

6. Is he/she prejudiced against groups, races, or nationalities? Yes No
If yes, please specify _____

7. In your opinion, what are the applicants motives for applying to work as a missionary with Youth with a Mission Accra, Sea Breeze? _____

8. How could we help the applicant in his personal/ministry development as he/she works with us? _____

9. What is your view on their financial responsibility? Do they have any outstanding debt at your base regarding staff fees and or school fees? _____

10. Please add any other remarks that you would see beneficial in welcoming the applicant as staff with YWAM Accra Sea Breeze.

11. Would you recommend the applicant for acceptance into Ywam Accra Sea Breeze?
 Yes No with reservations Please explain, _____

12. Which of the following would best describe the applicant's Spiritual maturity:
 Mature Contagious Genuine and growing over-emotional Superficial

13. Evaluation of the applicant's emotional and spiritual maturity:
**Please (X) your understanding of the applicant's ability regarding the qualities below.*

	Above average	Average	Below average	Additional information
Ability to follow				
Ability to work with others				
Willingness to accountability				
Concern for others				
Emotional stability				
Financial responsibility				
Flexibility/openness to change				
Grateful spirit				
Initiative/Self-starter				
Industrial/hard worker				
Leadership				
Personal Appearance				
Positive attitude				
Reliability				
Response to authority				
Servant heart				
Teachable spirit				
Honors obligations				
Cooperative				

Thank you for your time and consideration when filling out the applicants' request.
 Please remit reference form to:

Whatsapp: +233509555306 and or Email: registrar@ywamaccra.org

Name _____	
Signature (X) _____	Date _____
Email _____	Phone _____

Health Form (A)

***This medical form is to be completed by you personally.**

PERSONAL MEDICAL HISTORY

Are you allergic to any drug, food or other physiological influences, such as dust, pollen, smoke etc?
 No Yes If yes, please specify _____

Are you presently under a doctor's care?
 No Yes If yes, please specify _____

Do you have a history of emotional instability or psychiatric treatment?
 No Yes If yes, please specify _____

Are you taking any medication currently?
 No Yes If yes, please specify _____

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

YES	NO		YES	NO		YES	NO	
		Recurrent Headache			High blood pressure			Anemia
		Epilepsy			Low blood pressure			Cancer
		Insomnia			Back problems			Chronic pain
		Surgery			Gastro complications			Diabetes
		Ulcers			Mental disorders			Malaria complications
		HIV/AIDS			Eye problems			Hepatitis

For women only:

YES	NO		YES	NO	
		Irregular Periods			Excessive menstrual flow
		Severe Cramps			Are you pregnant?

Are you able to walk up to 6 miles (10KM) in a day?
 Yes No If no, please specify why _____

Are you able to carry out reasonable strenuous physical work?
 Yes No If no, please specify why _____

Are there any other medical concerns and or conditions that we need to be made aware of?
 Yes No If no, please specify why _____

I certify that all this information is complete and accurate to the best of my knowledge

Name _____	
Signature X _____	Date _____

Health Form (B)

This health form is to be filled out by a qualified medical provider.

This information is treated confidentially and separate from your academic records. Please fill in your name then give it to the qualified medical provider to fill it for you.

Name: _____
Family/Last
First /
Middle

The above applicant is applying to work with Youth with a Mission, Accra Sea Breeze. We kindly request that you examine the person medically and make appropriate observations, comments, and recommendation regarding their health as below:

1. Past medical history _____

2. Relevant family history _____

3. Current medication use _____

4. What is their height? Ft _____ In _____ or (M/Cm) _____ Weight? (Kgs/lbs) _____ B/P _____/_____

5. In your opinion is the applicant presently in good health?
 Yes No If no, please specify why _____

5. GENERAL HEALTH: Please give details if the applicant has had any problems with:

YES	NO		YES	NO		YES	NO	
		Recurrent Headache			High blood pressure			Anemia
		Epilepsy			Low blood pressure			Cancer
		Insomnia			Back problems			Chronic pain
		Surgery			Gastro complications			Diabetes
		Ulcers			Mental disorders			Malaria complications
		HIV/AIDS			Eye problems			Hepatitis

For women only:

YES	NO		YES	NO	
		Irregular Periods			Excessive menstrual flow
		Severe Cramps			Are you pregnant?

Is there any relevant health information which impede this applicant from being able to achieve daily work and contribute to moderate physical labor?

Yes No If yes, please specify _____

Doctor's name: _____ Address: _____

Tel: _____ E-mail : _____

Doctor's Signature X _____ Date _____

Practice stamp:

Partnership Agreements

Waiver and Release of Liability

I do hereby release Youth With a Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvement with Youth With a Mission.

Print Name _____

Signature X _____ **Date** _____

Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment; anesthetics and operations to be performed upon myself as in the opinion of the attending physicians is deemed necessary.

Signature X _____ **Date** _____

Community Living Standards

I confirm that I have read and understand the Community Living Standards form. During the period I am attending a YWAM Accra Sea Breeze school, I will keep the highest moral standards and maintain a clear personal witness through proper conduct. I will not drink alcoholic beverages, use any type of tobacco product or illegal drugs. I will not start an exclusive relationship. I understand that if I do not abide by these conditions, I may be asked to leave.

Signature X _____ **Date** _____

Financial Responsibility

I confirm that I have read and understand the payment and refund policy as stated. I am fully aware of my financial obligations, both to the Lord, and to YWAM Accra Sea Breeze. I therefore accept full responsibility for all fees and personal expenses incurred during my involvement with YWAM Accra Sea Breeze.

Signature X _____ **Date** _____

Declaration

I declare that all the information contained herein is true, correct, and complete to the best of my knowledge.

Signature X _____ **Date** _____

If the applicant is under 18 years of age, then the signature of parent/guardian is also required.

Print Name (parent/guardian) _____

Signature X _____ **Date** _____