

**YWAM-AIIM**  
**New Korea Servant School**  
**안디옥 선교 훈련원 새코리아섬김학교 (NKSS)**

신청서 작성 안내문

국제 YWAM 소속인 안디옥 선교 훈련원(AIIM)의 훈련학교에 관심을 갖고 신청해 주심에 감사드립니다.

학교 시작날짜에서 3개월 전까지는 신청하셔서 모든 서류 진행에 지장이 없도록 해 주시기 바랍니다. 저희가 신청서를 효과적으로 처리하도록 추천서를 제외한 다른 모든 양식은 한꺼번에 보내주시고, 추천서는 추천인이 직접 보내실 수 있도록 봉투에 수신인 주소(AIIM-NKSS) 앞으로 기입하시고 우표를 부착하셔서 의뢰하시기 바랍니다.

해당사항이 없는 난에는 '해당 없음' 이라고 써 주시고, 모든 양식은 영어로 기입해 주시기 바랍니다. (단, 개인 소개서와 간증문은 한글도 가능)

1. 신청서 작성 - 부부일 경우라도 학생으로 참석할 경우, 각자 기록해 주시기 바랍니다.
2. 신청 등록비 - 미화 50불, 부부는 미화 80불. 신청서와 반드시 함께 동봉하여 주시기 바랍니다. (은행수표나 현금 수표(Money Order)만 가능. 단, 미국 내는 개인 수표도 가능)  
\* 신청 등록비는 반환되지 않습니다.
3. 개인 소개서를 별지에 첨부 해 주십시오 : 각 질문에 간단 명료하게 4-5문장 내로 적어 주시기 바랍니다.
  - ① 예수님을 만난 경험과 간증, 현재 하나님과의 관계에 대해 기술하십시오.
  - ② 어떻게 북한에 대한 마음과 비전을 갖게 되었는지 기술하십시오.
  - ③ 현재 자신 안에 영적 성숙을 위해 변화되어야 하는 부분은 무엇입니까?
  - ④ 영적, 사역적, 개인적인 목표는 무엇입니까?
  - ⑤ 교회사역이나 지도자로서의 경험이 있다면 어떤 분야의 일이었는지 기술하십시오.
  - ⑥ 직장 및 사회 경험이 있다면 기술하십시오.
  - ⑦ 앞으로 북한 사역에 관계 된다면, 어떤 분야에 관심이 있는지 기술하십시오.
  - ⑧ 가족관계와 현재 가족상황(부모님, 형제관계와 성장지역, 어린시절)에 대하여 간단히 기술하십시오.
  - ⑨ 이 학교 후 5년간 하나님 나라를 확장하기 위해 계획이 있다면, 어떠한 것입니까?
  - ⑩ 북한을 위한 비전과 관심있는 사역분야에 대해 기술하십시오.
4. 건강진단서 - 가족일 경우 가족수 대로 각각 동봉해 주시기 바랍니다.
5. 추천서 - 각각 목사님, 선생님/고용인/ YWAM 리더, 친구 3개의 추천서가 도착하기 전까지 지원과정이 진행되지 않습니다.
6. 사진 두장 - 여권용 사진(3.5x4.5센티미터) 반드시 부착요.
7. 자녀교육 - 학교에서는 자녀교육을 지원하지 않습니다. 자녀를 동반한 지원자는 본인이 자녀보육 책임자를 동반 하셔야 하며, 모든 재정적인 면도 학생 본인이 책임져야 합니다.
8. 건강. 여행자보험- 각 개인, 가족이 별도로 본국에서 보험을 사되 외국에서도 커버될 수 있는 보험을 지참하시고 학교에 오셔야 합니다.

Send all mails to: P.O Box 778, Monroe, WA 98272 U.S.A  
YWAM-AIIM Phone: 360-794-6408  
NKSS Admissions fax: 360-794-1997  
Email: [aiimnkm@gmail.com](mailto:aiimnkm@gmail.com)  
Website: <http://www.ywam-aiim.org>

## GUIDE TO COMPLETING STUDENT APPLICATION

Thank you for applying to AIIM-NKSS. You are encouraged to apply early, **at least two month prior to the start of school for US citizens and four month prior to the start of school for non-US citizens.**

**In order for us to process your application most efficiently, we must receive all of the following forms and/or information.** (If a question on a form does not apply to you, write N/A in the blank.)

**1. Application Form** – Each individual must complete an application

**2. Application Fee** – Applications will only be processed when the non-refundable fee of \$50 single or \$80 couple is received. Payment may be made by bank deposit or sent by mail using a money order (for applicants from outside of U.S.) or check. (Do not send cash)

**3. Personal History** – Write on a separate sheet of paper with answers to the following questions: (In 4-5 sentences each)

A. Please tell us your experience of how you became a Christian and your relationship to God at the present. What experiences have helped you grow? What difficulties have taught you more about God?

B. What areas of your character are you presently seeking to further develop and improve?

C. Please describe your spiritual and/or ministry goals, including missionary service goals?

D. Please describe your relationship with your local church, such as your areas of ministry, service, and any leadership experience.

E. Describe your business, professional, missions or other significant experiences.

F. Tell us about your family background – about your parents, siblings, and other relatives, how and where you grew up, and what you were like as a child.

G. What is your family situation now? How is your relationship with them?

H. What would you like to do during the next five years to advance the Kingdom of God?

I. Please describe your vision and area of interest in ministry to North Korea

**4. Health Form** – If family, please supply separate forms for each member accompanying you.

**5. Health Insurance** – We require that all students have coverage for themselves and all family members who accompany them to YWAM-AIIM NKSS. Proof of insurance is required on Arrival Day.

**6. Reference Forms** – We require 3 reference forms; on each from a pastor, a teacher/employer/YWAM leader and a friend. Your application will not be processed until we receive all 3 reference forms. The individuals you give the forms to should personally send the completed form to our office by mail.

**7. 2 photos** – Passport size (2x2): Required.

**8. Child care** – Child care will not be provided. Parents with children must provide their own way of education and care for children.

**Send all mails to: PO Box 778, Monroe, WA 98272 USA**

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**NKSS Admissions fax: 360-794-1997**

**Email: aiimnkm@gmail.com**

**Website: <http://www.ywam-aiim.org>**

# New Korea Servant School(NKSS) STUDENT APPLICATION

Attach  
photo  
here

Date of Application: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Fee(US\$):\_\_\_\_\_

**Identity:** Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Sex:  Male  Female Age: \_\_\_\_\_  
Birth date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Birthplace(city/country) \_\_\_\_\_/\_\_\_\_\_

**Mailing address:** (Until M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  
Street/Box \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web \_\_\_\_\_ sites/Home  
page \_\_\_\_\_

**Permanent address:**(본적이 아님- 이동 시에도 받을 수 있는 주소)  
Street/Box \_\_\_\_\_ Telephone \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_

## Marital status:

Single  Engaged (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  Married (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  
 Separated (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  Divorced (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  
 Remarried (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)  Widowed (Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_)

Spouse Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Birth place(city/country): \_\_\_\_\_

Will spouse be accompanying you?  Yes  No

## Children: (List only children coming with you. Number of children: \_\_\_\_\_)

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

**Criminal record:** (If answer to either question is yes, please explain details on separate sheet of paper)

Have you ever been convicted of a felony? [ ]Yes [ ]No If so, when and where? \_\_\_\_\_

Have you ever been convicted of a sexual crime? [ ]Yes [ ]No If so, when and where? \_\_\_\_\_

**Emergency information:**

In case of emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Street/Box \_\_\_\_\_ Phone \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email(s) \_\_\_\_\_

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

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature(required for minors) \_\_\_\_\_ Date \_\_\_\_\_

**Church information:**

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_ Denomination \_\_\_\_\_

Street/Box \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Language:** (Please identify and rate your English language proficiency below.)

[ ]1-Elementary speaking [ ]2-Limited word proficiency [ ]3-Minimum professional proficiency

[ ]4-Full professional proficiency [ ]5-Native speaking proficiency [ ]6-Mother tongue

Other languages and proficiency \_\_\_\_\_

**Work Experience:** (Please list all work experience for the last 10 years, starting with most recent.)

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

Position \_\_\_\_\_ Company \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Skills used \_\_\_\_\_

**Skills and talents:**

Occupational skills: \_\_\_\_\_ Years experience: \_\_\_\_\_  
 Musical or other talents: \_\_\_\_\_ Years experience: \_\_\_\_\_

**Educational experience:** (please start with the most recent or current institution)

Grades completed: [ ] Grade School [ ] Secondary/High school [ ] Equivalent secondary/high school  
 [ ] College/University [ ] Post graduate

Institution: \_\_\_\_\_ Dates: M\_\_ Y\_\_ to M\_\_ Y\_\_ Degree/Major \_\_\_\_\_ Dates: M\_\_ Y\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_ Y\_\_ to M\_\_ Y\_\_ Degree/Major \_\_\_\_\_ Dates: M\_\_ Y\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_ Y\_\_ to M\_\_ Y\_\_ Degree/Major \_\_\_\_\_ Dates: M\_\_ Y\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_ Y\_\_ to M\_\_ Y\_\_ Degree/Major \_\_\_\_\_ Dates: M\_\_ Y\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_ Y\_\_ to M\_\_ Y\_\_ Degree/Major \_\_\_\_\_ Dates: M\_\_ Y\_\_

Address: \_\_\_\_\_

**YWAM background:** (If applicable please arrange for your most recent school leader to send a Reference Form to NKSS

Admissions)

Have you previously attended or experienced a YWAM school or program? [ ] Yes [ ] No

School/program: \_\_\_\_\_ Lecture phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

Field assignment phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

School/program: \_\_\_\_\_ Lecture phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

Field assignment phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

School/program: \_\_\_\_\_ Lecture phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

Field assignment phase: M\_\_ Y\_\_ to M\_\_ Y\_\_ Location: \_\_\_\_\_

**Passport/Visa information:**

Country of citizenship \_\_\_\_\_

Name as listed on passport \_\_\_\_\_

City and country where passport was issued \_\_\_\_\_

Passport No. \_\_\_\_\_ Passport expire date: M\_\_ D\_\_ Y\_\_ Visa type(non US citizen only) \_\_\_\_\_

Date visa issued: M\_\_ D\_\_ Y\_\_ City and country where visa was issued \_\_\_\_\_

Visa expiration date: M\_\_ D\_\_ Y\_\_ Have you ever been denied a passport or visa? [ ] Yes [ ] No

If yes, nation and details: \_\_\_\_\_

**\*\*\* If family, please submit your children's passport and visa information regarding above information in a separate sheet if they are coming.**

**Financial information:**

Do you have your complete school fees? [ ] Yes [ ] No

What amount do you have? US\$ \_\_\_\_\_ Amount still needed? US\$ \_\_\_\_\_

From what source will still-needed funds come? \_\_\_\_\_

Do you have any significant outstanding debts? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

**Acknowledgment of financial responsibility:**

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for AIIM. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission. If I am accepted by AIIM-NKSS, I will abide by the spirit, rules and schedule of the school.

Applicant signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_  
Signature of parent or guardian:(Required if applicant is under 18 years of age)  
Signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Relationship: \_\_\_\_\_

“Lord, who may dwell in you sanctuary? Who may live in you holy hill? He...who keeps his oath even when it hurts...”  
(Psalm 15:1, 4b)

**Release of Liability:**

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

Applicant signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_  
Signature of parent or guardian:(Required if applicant is under 18 years of age)  
Signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Relationship: \_\_\_\_\_

**Consent of Treatment:**

In case of accident or serious illness, I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of the attending physician(s).

Applicant's Signature \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

**Expectations:**

What reason most influenced your decision to apply? \_\_\_\_\_

What expectations do you have for this course? \_\_\_\_\_

**Certification:**

I certify that all the information in this application is complete and accurate.

Applicant signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_  
Signature of parent or guardian:(Required if applicant is under 18 years of age)  
Signature: \_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Relationship: \_\_\_\_\_

Please mail all forms to: **PO Box 778 Monroe, WA 98272 USA**  
**AIIM-NKSS Admissions Phone: 360-794-6408**  
**Fax: 360-794-1997**  
**Email: aiimnkm@gmail.com**  
**Website: Http://www.ywam-aiim.org**

# STUDENT HEALTH FORM

**Identity:**  
 Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Citizen of: \_\_\_\_\_ US Social Security Number: \_\_\_\_\_  
 Local phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information:**  
 Name of insurance carrier: \_\_\_\_\_ Contact phone: \_\_\_\_\_  
 Policy type: \_\_\_\_\_ Policy number: \_\_\_\_\_ Expiration date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_  
 In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street/Box: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Health history:** (Answer all questions. Explain positive answers below or on a separate piece of paper.)  
 Do you now have, or have you ever had, any of the following?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-Skin condition		15-Hear trouble		25-Jaundice	
2-Eye trouble		16-High blood pressure		26-Heapatitis	
3-Ear trouble		17-Low blood pressure		27-Intestinal troubles	
4-Head injury		18-Rheumatism/Arthritis		28-Recurrent diarrhea	
5-Recurrent headache		19-Back problems		29-Diabetes	
6-Epilepsy		20-Dislocation of joints		30-Kidney disease	
7-Fainting spells		21-Broken bones		31-Anemia	
8-Mental/Nervous Disorders		22-Stomach/Duodenal ulcer		32-Gall bladder prob.	
9-Depression		23-Sexually transmitted disease		33-Cancer/Tumors	
10-Paralysis		24-Surgery		34-Female conditions	
11-Insomnia		Appendectomy		Irregular periods	
12-Shortness of breath		Tonsillectomy		Severe cramps	
13-Hay fever/Asthma		Hernia repair		Excessive flow	
14-Allergies		Other		Now pregnant	

Specify: \_\_\_\_\_ Specify: \_\_\_\_\_ Other: \_\_\_\_\_  
 Other illnesses or conditions: \_\_\_\_\_  
 Explanations for above: \_\_\_\_\_

Are you presently under a doctor's care?  Yes  No Specify: \_\_\_\_\_  
 Are you presently taking any medication?  Yes  No Specify: \_\_\_\_\_  
 Are you allergic to any drugs/medications?  Yes  No Specify: \_\_\_\_\_  
 Are you now receiving or did you ever receive compensation for disability from any source?  Yes  No  
 Specify: \_\_\_\_\_  
 Do you have any physical impairments, handicap or health conditions which require special attention?  Yes  No  
 Specify: \_\_\_\_\_  
 (Your response to this question will not affect admission consideration.)  
 Are you underweight?  Yes  No How much? \_\_\_\_\_  
 Are you overweight?  Yes  No How much? \_\_\_\_\_ Blood type \_\_\_\_\_

**How would you rate your overall health condition?**  Excellent  Good  Fair  Poor

**\*\*\* If family, please submit health forms for each family member accompanying you.(photocopy this 2 pages health form for your each family member)**

**Health history (Cont.):**

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> 1-Chickenpox	<input type="checkbox"/> <input type="checkbox"/> 5-Pertussis
<input type="checkbox"/> <input type="checkbox"/> 2-Measles (rubella)	<input type="checkbox"/> <input type="checkbox"/> 6-Scarlet fever
<input type="checkbox"/> <input type="checkbox"/> 3- Measles (rubella)	<input type="checkbox"/> <input type="checkbox"/> 7-Tuberculosis
<input type="checkbox"/> <input type="checkbox"/> 4-Mumps	<input type="checkbox"/> <input type="checkbox"/> 8-Other

**Family history:**

Have any of your relatives ever had any of the following?

Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> 1-Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> 6-Arthritis
<input type="checkbox"/> <input type="checkbox"/> 2-Diabetes	<input type="checkbox"/> <input type="checkbox"/> 7-Stomach disease
<input type="checkbox"/> <input type="checkbox"/> 3-Kidney disease	<input type="checkbox"/> <input type="checkbox"/> 8-Asthma/Hay fever
<input type="checkbox"/> <input type="checkbox"/> 4-Heart disease	<input type="checkbox"/> <input type="checkbox"/> 9-Epilepsy/Convulsions
<input type="checkbox"/> <input type="checkbox"/> 5-Hypertension	<input type="checkbox"/> <input type="checkbox"/> 10-Cancer

**Immunizations:**

DISEASE	BASIC(year)			BOOSTER(year)		
	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose
Diphtheria:	_____	_____	_____	_____	_____	_____
Tetanus:	_____	_____	_____	_____	_____	_____
Pertussis:	_____	_____	_____	_____	_____	_____
Polio:	_____	_____	_____	_____	_____	_____
Rubella:	_____	_____	_____	_____	_____	_____
Mumps:	_____	_____	_____	_____	_____	_____
Hepatitis A:	_____	_____	_____	_____	_____	_____
Hepatitis B:	_____	_____	_____	_____	_____	_____

**Physician certification:** (Tuberculosis clearance, or a copy of a signed physical report clearing of TB in the past 6 months.)**This information MUST be filled in and signed by a physician. One of the following must be performed.**

Chest X-Ray: Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Result:\_\_\_\_\_ Facility:\_\_\_\_\_

Skin test: Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Result:\_\_\_\_\_ Facility:\_\_\_\_\_

BCG vaccination: Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Result:\_\_\_\_\_ Facility:\_\_\_\_\_

Physician's signature\_\_\_\_\_ Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

Print name:\_\_\_\_\_ Facility:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Please mail all forms to: **PO Box 778 Monroe, WA 98272 USA**  
**AIIM-NKSS Admissions Phone: 360-794-6408**  
**Fax: 360-794-1997**  
**Email: aiimnkm@gmail.com**  
**Website: Http://www.ywam-aiim.org**

# PASTOR REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to pastor with a stamped envelope:  
YWAM AIIM-NKSS Admissions: PO Box 778, Monroe, WA 98272 USA**

Applicant's name: \_\_\_\_\_  
Legal Last / Family Name First Middle name

School applying for \_\_\_\_\_ Start Date: M \_\_\_\_\_ Y \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admissions to New Korea Servant School of Antioch Institute for International Ministries(AIIM). AIIM-NKSS is a mission-oriented training program under the auspices of Youth With A Mission(YWAM), an international, interdenominational Christian mission organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposed include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples for North Korea.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form(within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary;

How well do you know the applicant?  Very Well  Well  Casually

Superior      Above      Average      Average Below      Average Inferior

Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

Mental ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

**YWAM-AIIM**

# PASTOR REFERENCE FORM CONTINUED

1. What extent is the applicant active in church work? \_\_\_\_\_
2. Does s/he display high moral standards? [ ]Yes [ ]No (please explain)\_\_\_\_\_
3. Is s/he prejudiced against groups, races or nationalities? [ ]Yes (please explain)\_\_\_\_\_ [ ]No
4. With reference to his/her Christian service, so you consider the applicant to be: [ ]Dedicated [ ]Average [ ]Casual  
Please explain: \_\_\_\_\_
5. In your consideration, which of the following would best describe the applicant's Christian experience?  
[ ]Mature [ ]Contagious [ ]Genuine and Growing [ ]Over-emotional [ ]Superficial  
Comments: \_\_\_\_\_
6. Overall, what do you consider to be the applicant's strong points? (include special abilities)  
\_\_\_\_\_
7. What do you see as one of the applicant's weak points? Is he/she aware of it?  
\_\_\_\_\_
8. Please comment on the applicant's family background (if known):  
\_\_\_\_\_
9. In your opinion, what are the applicant's motives and purpose for applying to this course?  
\_\_\_\_\_
10. What could AIIM do to aid in the applicant's personal development?  
\_\_\_\_\_
11. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.)  
\_\_\_\_\_
12. Would you recommend the applicant for acceptance into AIIM?  
[ ]Yes [ ]With some reservation (please explain) [ ]No( please explain)\_\_\_\_\_
13. Is your congregation/groups standing behind the applicant with enthusiasm and prayer?  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years as her/his \_\_\_\_\_,  
and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to receive further information about YWAM-AIIM? [ ]Yes [ ]No

**YWAM-AIIM**

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**Website: [Http://www.ywam-aiim.org](http://www.ywam-aiim.org)**

# FRIEND REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to your friend with a stamped envelope:  
AIIM-NKSS Admissions, YWAM, PO Box 778, Monroe, WA 98272**

Applicant's name: \_\_\_\_\_  
Legal Last / Family Name First Middle name

School applying for \_\_\_\_\_ Start Date: M \_\_\_\_\_ Y \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admissions to New Korea Servant School of Antioch Institute for International Ministries(AIIM). AIIM-NKSS is a mission-oriented training program under the auspices of Youth With A Mission(YWAM), an international, interdenominational Christian mission organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposed include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples for North Korea.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form(within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary;

How well do you know the applicant?	<input type="checkbox"/> Superior	<input type="checkbox"/> Very Well Above	<input type="checkbox"/> Well Average	<input type="checkbox"/> Casually Average Below	<input type="checkbox"/> Average Inferior
Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Comments:	_____				

Mental ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful
Comments:	_____		

**YWAM-AIIM**

# FRIEND REFERENCE FORM CONTINUED

1. What extent is the applicant active in church work? \_\_\_\_\_
2. Does s/he display high moral standards? [ ]Yes [ ]No (please explain)\_\_\_\_\_
3. Is s/he prejudiced against groups, races or nationalities? [ ]Yes (please explain)\_\_\_\_\_ [ ]No
4. With reference to his/her Christian service, so you consider the applicant to be: [ ]Dedicated [ ]Average [ ]Casual  
Please explain: \_\_\_\_\_
5. In your consideration, which of the following would best describe the applicant's Christian experience?  
[ ]Mature [ ]Contagious [ ]Genuine and Growing [ ]Over-emotional [ ]Superficial  
Comments: \_\_\_\_\_
6. Overall, what do you consider to be the applicant's strong points? (include special abilities)  
\_\_\_\_\_
7. What do you see as one of the applicant's weak points? Is he/she aware of it?  
\_\_\_\_\_
8. Please comment on the applicant's family background (if known):  
\_\_\_\_\_
9. In your opinion, what are the applicant's motives and purpose for applying to this course?  
\_\_\_\_\_
10. What could AIIM do to aid in the applicant's personal development?  
\_\_\_\_\_
11. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.)  
\_\_\_\_\_
12. Would you recommend the applicant for acceptance into AIIM?  
[ ]Yes [ ]With some reservation (please explain) [ ]No( please explain)\_\_\_\_\_
13. Is your congregation/groups standing behind the applicant with enthusiasm and prayer?  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years as her/his \_\_\_\_\_,  
and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Would you like to receive further information about YWAM-AIIM? [ ]Yes [ ]No

**YWAM-AIIM**

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**AIIM-NKSS Admissions Phone: 360-794-6408**  
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**Website: [Http://www.ywam-aiim.org](http://www.ywam-aiim.org)**

# EMPLOYER/TEACHER/YWAM LEADER REFERENCE

**Applicant: Fill in your name, school, with signature and give to/send to your employer/teacher/YWAM leader with a stamped envelope: AIIM-NKSS Admissions, YWAM, PO Box 778, Monroe, WA 98272**

Applicant's name: \_\_\_\_\_

Legal Last / Family Name First Middle name

School applying for \_\_\_\_\_ Start Date: M \_\_\_\_\_ Y \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admissions to New Korea Servant School of Antioch Institute for International Ministries(AIIM). AIIM-NKSS is a mission-oriented training program under the auspices of Youth With A Mission(YWAM), an international, interdenominational Christian mission organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposed include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples for North Korea.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form(within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary;

How well do you know the applicant? <input type="checkbox"/>	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually		
	Superior	Above	Average	Average Below	Average Inferior
Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Comments:	_____				

Mental ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

**YWAM-AIIM**

# EMPLOYER/TEACHER/YWAM LEADER REFERENCE

CONTINUED

1. What extent is the applicant active in church work? \_\_\_\_\_
2. Does s/he display high moral standards?  Yes  No (please explain) \_\_\_\_\_
3. Is s/he prejudiced against groups, races or nationalities?  Yes (please explain) \_\_\_\_\_  No
4. With reference to his/her Christian service, so you consider the applicant to be:  Dedicated  Average  Casual  
Please explain: \_\_\_\_\_
5. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature  Contagious  Genuine and Growing  Over-emotional  Superficial  
Comments: \_\_\_\_\_
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\_\_\_\_\_
12. Would you recommend the applicant for acceptance into AIIM?  
 Yes  With some reservation (please explain)  No (please explain) \_\_\_\_\_
13. Is your congregation/groups standing behind the applicant with enthusiasm and prayer?  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years as her/his \_\_\_\_\_,  
and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to receive further information about YWAM-AIIM?  Yes  No

**YWAM-AIIM**

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