

MISSIONARY COMMUNITY TRAINING YWAM-PNEUMA SPRINGS

GUIDE TO COMPLETING STUDENT APPLICATION

Thank you for applying to MCT. You are encouraged to apply early, **at least two months prior to the start of school.**

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.)

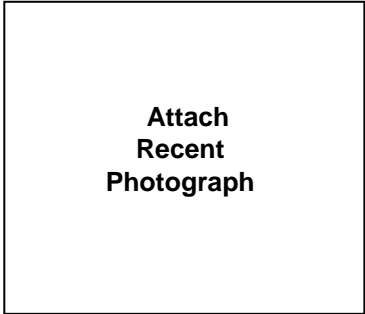
1. **Application Form** – Each individual must complete an application
2. **Application Fee** – Applications will only be processed when the non-refundable fee of \$70 single or \$100 couple is received. Payment may be made by bank deposit or sent by mail using a money order (for applicants from outside of U.S.) or check.(Do not send cash)
3. **Personal History** (see Supplemental Information)
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-PNEUMA SPRINGS MCT. Proof of insurance is required on Registration Day.
6. **Reference Forms**– We require 3 reference forms; one 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. **1 photo** – one for application.
8. **Child care** – Child care will not be provided. Parents with children under special care are requested to contact our admission office before their acceptance.

Send all mails to: **YWAM-PNEUMA SPRINGS**
MCT Admissions
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-794-6043

Email: ywampneumasprings@gmail.com
Web page: www.ywampneumasprings.org

**MISSIONARY COMMUNITY TRAINING(MCT)
YWAM-PNEUMA SPRINGS
STUDENT APPLICATION**



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 _____ Fax _____ Email _____
 Web sites/Home page _____

Permanent address:
 Street/Box _____
 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 ___
 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 of experience: _____

Musical or other talents: _____ Years of experience: _____

Educational experience:

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 MCT 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:

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

I understand that payment of the required school tuition fees must be made in U.S. currency at the beginning of each month. 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 MCT, 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: _____

Release of Liability:

I/We do hereby release YWAM-PNEUMA SPRINGS, 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 YWAM- MCT.

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:

How did you first hear of the MCT? _____

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: **MCT Admissions**
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-794-6043
Email:ywampneumasprings@gmail.com

MISSIONARY COMMUNITY TRAINING YWAM-PNEUMA SPRINGS

Supplemental Information

Please give detailed response to all of the following questions. It should be typewritten, double spaced, on separate paper. All responses must be the work of the applicant and should be to the point, clear and concise.

Please submit all responses with your application.

1. 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?
2. Please describe your current relationship with God?
3. What areas of your character are you presently seeking to further develop and improve?
4. Please describe your spiritual and/or ministry goals, including missionary service goals?
5. Please describe your relationship with your local church, such as your areas of ministry, service and any leadership experience.
6. Describe your business, professional, missions or other significant experiences.
7. 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.
8. What is your family situation now? How is your relationship with them?
9. What is your purpose for this school to apply?
What is your expectation for this school?
10. What would you like to do during the next five years to advance the Kingdom of God?

Please mail all submissions to: **YWAM-PNEUMA SPRINGS**
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-794-6043

Email: ywampneumasprings@gmail.com

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	
[]	[]	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

- 1-Chickenpox
- 2-Measles (rubella)
- 3- Measles (rubella)
- 4-Mumps

Yes No

- 5-Pertussis
- 6-Scarlet fever
- 7-Tuberculosis
- 8-Other

Family history:

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

Yes No

- 1-Tuberculosis
- 2-Diabetes
- 3-Kidney disease
- 4-Heart disease
- 5-Hypertension

Yes No

- 6-Arthritis
- 7-Stomach disease
- 8-Asthma/Hay fever
- 9-Epilepsy/Convulsions
- 10-Cancer

Immunizations:

DISEASE	BASIC(year)			BOOSTER(year)		
	1 st dose	2 nd dose	3 rd dose	1 st dose	2 nd dose	3 rd dose
Tetanus:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
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:

MCT Admission
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-794-6043

Email: ywampneumasprings@gmail.com

PASTOR REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to pastor with a stamped envelope:
MCT Admissions, YWAM, 10211 Bollenbaugh hill rd, Monroe, WA 98272**

Your 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 MISSIONARY COMMUNITY TRAINING. MCT 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 purposes include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples of all nations.

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: _____



PASTOR REFERENCE FORM CONTINUED

1. To 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 Pneuma Springs 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 YWAM?
 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, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M _____ D _____ Y _____

Name: _____ Position: _____

Address: _____

Phone: _____

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



YWAM-PNEUMA SPRINGS

Please mail all forms to: **MCT Admissions**
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-749-6043

Email: ywampneumasprings@gmail.com

FRIEND REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to your friend with a stamped envelope:
MCT Admissions, YWAM, 10211 Bollenbaugh hill rd, Monroe, WA 98272**

Your 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 MISSIONARY COMMUNITY TRAINING of YWAM-Pneuma Springs. MCT 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 purposes include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples of all nations.

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-PNEUMA SPRINGS

FRIEND REFERENCE FORM CONTINUED

14. To what extent is the applicant active in church work? _____
15. Does s/he display high moral standards? Yes No (please explain) _____
16. Is s/he prejudiced against groups, races or nationalities? Yes (please explain) _____ No
17. With reference to his/her Christian service, so you consider the applicant to be:
 Dedicated Average Casual
 Please explain: _____
18. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and Growing Over-emotional Superficial
 Comments: _____
19. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

20. What do you see as one of the applicant's weak points? Is he/she aware of it? _____

21. Please comment on the applicant's family background (if known): _____

22. In your opinion, what are the applicant's motives and purpose for applying to this course? _____

23. What could Pneuma Springs do to aid in the applicant's personal development? _____

24. 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.) _____

25. Would you recommend the applicant for acceptance into Pneuma Springs?
 Yes With some reservation (please explain) No (please explain) _____

26. Is your congregation/groups standing behind the applicant with enthusiasm and prayer? _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M ___ D ___ Y ___

Name: _____ Position: _____

Address: _____

Phone: _____

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



YWAM-PNEUMA SPRINGS

Please mail all forms to: **MCT Admissions**
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-749-6043

Email: ywampneumasprings@gmail.com

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: MCT Admissions, YWAM, 10211 Bollenbaugh hill rd, Monroe, WA 98272

Your 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 _____

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	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-PNEUMA SPRINGS

EMPLOYER/TEACHER/YWAM LEADER REFERENCE

CONTINUED

27. To what extent is the applicant active in church work? _____
28. Does s/he display high moral standards? Yes No (please explain) _____
29. Is s/he prejudiced against groups, races or nationalities? Yes (please explain) _____ No
30. With reference to his/her Christian service, so you consider the applicant to be:
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Please explain: _____
31. In your consideration, which of the following would best describe the applicant's Christian experience?
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Comments: _____
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33. What do you see as one of the applicant's weak points? Is he/she aware of it? _____

34. Please comment on the applicant's family background (if known): _____

35. In your opinion, what are the applicant's motives and purpose for applying to this course? _____

36. What could Pneuma Springs do to aid in the applicant's personal development? _____

37. 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.) _____

38. Would you recommend the applicant for acceptance into Pneuma Springs?
 Yes With some reservation (please explain) No (please explain) _____

39. Is your congregation/groups standing behind the applicant with enthusiasm and prayer? _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M _____ D _____ Y _____

Name: _____ Position: _____

Address: _____

Phone: _____

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



YWAM-PNEUMA SPRINGS

Please mail all forms to: **MCT Admissions**
10211 Bollenbaugh hill rd
Monroe, WA 98272

Phone: 360-749-6043

Email: ywampneumasprings@gmail.com