



INFORMATION FOR YWAM KOCHI SCHOOL:

Greetings in the Name of our Precious Savior Jesus Christ!

Thank you for your expression of interest in the YWAM Kochi School. The following information might help you to prayerfully decide if this is the type of school for you and whether the dates will work out for you. These notes are brief and might sound rather official but our heart is to serve you and to help all to get the maximum benefit out of the school. For this purpose we need to make the boundaries clear before people actually apply.

Fees for the whole five months will include: accommodation, food, ministry conveyance, photocopying, classroom rental, registration, hospitality, speaker honorariums, office supplies, some recreation and outings etc.

As a faith mission we require students to be financially responsible before God and men and ask you to pray for your full fees to be met. They will be required on the first day and if that isn't possible then before the outreach begins. We believe that if you are really meant to be in the school that Jehovah Jireh will meet your needs. Where God calls He also provides.

It is important for you to know that every person in YWAM from the International leaders down have to raise their own support. At this stage we have no funds available for scholarships to the school. Please advise us of your financial needs so that we can pray with you.

LOCATION:

Presently, the school is located at: Bethesda Building, Padmasree Lane, Mamangalam, Kochi, South India. Kochi (Cochin) is known as Queen of Arabian Sea. Jews Synagogue, Chinese fishing net and many other historical attractions are there to see.

ENTRY REQUIREMENTS FOR DTS AND SOEP:

Our school is in English and requires a good standard of proficiency – ie. Students need to be able to read, write and speak fluently in English. We have speakers from several nations who have a variety of accents. There is quite a lot of written work required in the form of note-taking, journaling and book reports.

The school is in a very basic living accommodation with simple but good Indian meals. No special dietary means can be provided. There are no single rooms available. All accommodation is in shared rooms, with shared bathing facilities and western style toilets. Please bring English Bible (NIV) notebook, pen, pillow cover and bed sheet. Mobile phones are not allowed during the school.

Applicant must be born-again, committed Christians and have a desire to do evangelism and see others come to know Jesus personally, also must agree to attend the full program without interruption. Applicants must be willing to go to villages for outreaches, and must be prepared to travel frequently. Applicant must be willing to learn and participate in dramas, skits, pantomime and dances that will be used as tools for evangelism during the outreach portion. Use of alcohol, tobacco, or drugs of any sort, is not allowed during the full program.

COURSE CURRICULUM:

The first hour of each day is spent in work duties, quiet time, worship and intercession. From 10:00 AM to 1:00PM everyday lectures are held. There is an afternoon session for activities each day from 2:30PM until 7:00PM. Students are required to attend all lectures and afternoon sessions.

The School is primarily aimed at deepening our understanding of God personally and then at how to make Him known to others. Although there are academic standards to be met, the primary emphasis is on a personal relationship with the Lord, development of Godly character and understanding how to minister to the church and non-believers, particularly in an Indian environment.

TOPICS COVERED:

Introduction to YWAM, Cultural adaptation, Fear of the Lord, Hearing the voice of God, the Father heart of God, the Holy Spirit, Intercession, Spiritual Warfare, Worship, Submission to the Authority, Rejection and Forgiveness, Relationships, Inductive Bible study, Evangelism, Missions, Team Dynamics, Faith and Finances etc...

Students have many opportunities to practice leading the whole group, sharing in small groups, giving a devotional or testimony, practicing skits, leading worship and intercession and general public ministry.

Fun nights, Love Feasts, Outings and other activities are planned within the financial limits of the school.

WORK DUTIES:

All students are required to do work duties from Monday to Friday and are roistered on weekends. These duties keep the place running but also give a practical way to learn to serve cheerfully.

HEALTH:

All students need to be in a reasonable state of health coming to the school.

It is also advisable for every students to drink only filtered water and avoid unwashed fruits or vegetables. Personal medication should be brought with you plus a basic health care and first aid kit if necessary.

CLOTHING:

Indian clothes are essential, personal cleanliness and grooming is very important. Salwar kameez or Punjabi suits and saris are appreciated on base. Short skirts or shorts should be knee length and not advisable for ministry time and going out for women. Nighty is not allowed in public places.

Most men wear shirts or T-shirts without ties and long trousers. Shorts are permitted for men only on work duties or playing sports. These must be knee length. Lungis are not allowed in public places.

SECURITY:

Keep your luggage locked at all times and any thefts reported immediately to the School staff. It is each one's own responsibilities to keep all the valuable things and money to keep safely. It is recommended that all students keep two or three photocopies of important documents in various places so that these can be used to get replacements.

APPLICATION FORMS AND ACCEPTANCE DATES:

Application forms need to be filled in by the applicant to help us see the level of English proficiency. They need to be completed in every detail and need to be sent as soon as possible as accommodation is limited. All applications need to be in a minimum of three weeks before the school to enable staff to complete their planning, but the earlier the application is sent the greater chance to getting a place in this school, which is in such demand.

References are required from the pastor, a friend, and someone else holding a position of authority over the applicant if possible (such as current employer / spiritual authority). These are confidential and are to be sent separately to YWAM Kochi.

The school staff will pray over the applications and students will be advised as soon as possible whether they have been accepted and whether accommodation is available. Late applications may have to go on a waiting list until the numbers are finalized. Please read carefully before filling it.

<p>YWAM Kochi, Padmasree Lane, Mamangalam, Kochi 682025, Kerala, India Phone 0484-2340255, Email: ywamkochi@gmail.com, ywamkochi.org</p>



Attach a recent
 passport size
 photo here.

Do Not Write in this Box

Enrolment no. _____
 UofN No. _____
 Lecture Grade. _____
 O/Reach Grade. _____

SOEP

APPLICATION FORM

Miss/Mrs/Mr _____
FULL NAME NAME YOU LIKED TO CALL

House No/Name _____

Street _____

City/PO _____ Dist _____ State _____ Pin code _____

Country _____ Telephone _____ Email _____

In case of emergency contact: Miss/Mrs/Mr _____

Relationship _____ Telephone _____

Address _____

Name of Church _____ Pastor _____

Place _____ Dist _____ Pin _____

Mother's name _____ Father's name _____

List languages you speak _____

Your age _____ Sex _____ Weight _____ Height _____ Date of Birth _____
(DD / MM / YYYY)

Educational Qualification _____

List talents/Skills _____

Do you have driving license? Two-wheeler LMV Heavy Badge

YWAM Training if any _____

Marital Status: Single Married Separated Divorced Widowed

If married, is your spouse applying for this school? Yes No

Name of Spouse _____ Date of Married _____
(DD / MM / YYYY)

1. Name of child _____ Age _____ Sex _____ is coming with you? Yes No

2. Name of child _____ Age _____ Sex _____ is coming with you? Yes No

Citizen of _____ Passport No _____ Expire _____

If I am accepted by YWAM, I will abide by the guidelines and schedules of the school. I understand that YWAM Kochi reserves the right to take necessary disciplinary action, including my being dismissed from the school if necessary.

NAME _____ SIGNATURE _____ Date _____

PERSONAL HISTORY

Name: _____ School _____ Year _____

1. Do you have personal devotional time? If so, how often and what do you do during that time?
2. Describe other Christian activities in which you are involved.
3. Why do you want to come for this program?
4. List your leadership experience and how long the office was held.
5. Are there any situations at home or elsewhere which might necessitate your returning home or going elsewhere during the school?
6. How did you hear about YWAM?
7. Will you have the full amount of money for the program on your arrival, or before the outreach starts? If not, how do you plan to pay the amount?
8. Do you have paid or volunteer work experience? If so, list: company, job held, from (dates) to, reason for ending job.
9. Can you preach or share your testimony in English?
10. What do you intend to do after the completion of this course?
11. Do you have the discipline and health to undergo a demanding schedule from early morning to late evening for the full course?
12. Are your parents in agreement for you to attend the YWAM School? If not explain.

TESTIMONY

Your life story is a **Vital Tool** that you will use as you share the gospel. Write your testimony **briefly** below.

Hello, my name is _____

I live in _____

Before following Christ, _____

I realized I needed _____

How I became a Christian _____

Today my life as a Christ is _____

CONFIDENTIAL HEALTH FORM

This information is treated confidentially. Please answer all items in English.

Name _____ Name like to be called _____

Do you have any physical or mental conditions that require special attention, medication, diet or doctors care such as

Arthritis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anemia	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
HIV/AIDS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Drug Addiction	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stomach Ulcers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Fainting Spells	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Kidney Ailment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Back Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Low Blood Pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Mental disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Heart Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Do you have any other physical problems? Please specify.

Are you at present under a doctor's care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you taking any medicine at this time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had psychiatric treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you allergic to any medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

(If you have answered yes to any question above, please explain fully and give names of all medications you are presently taking.)

What is your blood group? _____

(For Females only) Are you pregnant? No Yes If yes expected delivery date.

If you have need of a special diet or special medical care, please describe below:

Please bring all that you need for your special diet or medical care

CONSENT AND AGREEMENT

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, said person during the course of involvement with Youth With A Mission.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENTS'/GUARDIANS' SIGNATURE (S) _____

CONSENT FOR TREATMENT

In case of emergency I hereby agree to the performance of such treatments including anesthetics and surgery, in the opinion of the attending physician, is deemed necessary on at my cost:

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENTS'/GUARDIANS' SIGNATURE (S) _____

REFERENCE FORM BY SPIRITUAL LEADER

Applicant's Name _____

School applying _____

The above applicant is applying to study with YWAM training program. YWAM is a Christian organization, which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. How long have you known the applicant? ____ Years ____ months
2. Is he/she prejudiced against groups, races or nationalities Yes No
3. Does this person become easily angry with others when wronged? Yes No
4. Does this person show discipline of behavior towards the opposite sex? Yes No
5. Does he/she display high moral standards? Yes No Comments _____
6. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related) _____
7. To what extent is the applicant active in church work? _____
8. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____
9. In your opinion, what are the applicant's motives for applying to YWAM School? _____
10. Please comment briefly on the parents' occupation, religion and social background _____
11. Would you like to receive further information about U of N/YWAM Yes No

Please tick the rating that most closely fits your opinion of the applicant:

	Excellent	Good	Average	Fair	Poor
Ability to work with others					
Communication skills					
Concern for others					
Cooperativeness					
Decision making					
Emotional stability					
Financial Accountability					
Flexible					
Handle pressure					
Initiative					
Leadership					
Open to counseling					
Personal appearance					
Punctuality					
Responsibility					
Social adaptability					
Willingness to follow a leader					
Willingness to work hard					

The foregoing information filled in by me is correct and true to the best of my knowledge.

Name _____ Signature _____

Address _____

PLEASE RESPOND AS SOON AS POSSIBLE TO:

YWAM Kochi, Padmasree Lane, Mamangalam, Kochi 682025, Kerala, India.
Phone 0484-2342055 Email: ywamkochi@gmail.com, www.ywamkochi.org



REFERENCE FORM BY FRIEND

Applicant's Name _____

School applying _____

The above applicant is applying to study with YWAM training program. YWAM is a Christian organization, which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. How long have you known the applicant? ____ Years ____ months
2. Is he/she prejudiced against groups, races or nationalities Yes No
3. Does this person become easily angry with others when wronged? Yes No
4. Does this person show discipline of behavior towards the opposite sex? Yes No
5. Does he/she display high moral standards? Yes No Comments _____
6. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related) _____
7. To what extent is the applicant active in church work? _____
8. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____
9. In your opinion, what are the applicant's motives for applying to YWAM School? _____
10. Please comment briefly on the parents' occupation, religion and social background _____
11. Would you like to receive further information about U of N/YWAM Yes No

Please tick the rating that most closely fits your opinion of the applicant:

	Excellent	Good	Average	Fair	Poor
Ability to work with others					
Communication skills					
Concern for others					
Cooperativeness					
Decision making					
Emotional stability					
Financial Accountability					
Flexible					
Handle pressure					
Initiative					
Leadership					
Open to counseling					
Personal appearance					
Punctuality					
Responsibility					
Social adaptability					
Willingness to follow a leader					
Willingness to work hard					

The foregoing information filled in by me is correct and true to the best of my knowledge.

Name _____ Signature _____

Address _____

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Phone 0484-2342055 Email: ywamkochi@gmail.com, www.ywamkochi.org



REFERNCE FORM BY PASTOR

Applicant's Name _____

School applying _____

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1. How long have you known the applicant? ____ Years ____ months
2. Is he/she prejudiced against groups, races or nationalities Yes No
3. Does this person become easily angry with others when wronged? Yes No
4. Does this person show discipline of behavior towards the opposite sex? Yes No
5. Does he/she display high moral standards? Yes No Comments _____
6. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related)
7. To what extent is the applicant active in church work?
8. Overall, what do you consider to be the applicant's strong points? (include special abilities)
9. In your opinion, what are the applicant's motives for applying to YWAM School?
10. Please comment briefly on the parents' occupation, religion and social background
11. Would you like to receive further information about U of N/YWAM Yes No

Please tick the rating that most closely fits your opinion of the applicant:

	Excellent	Good	Average	Fair	Poor
Ability to work with others					
Communication skills					
Concern for others					
Cooperativeness					
Decision making					
Emotional stability					
Financial Accountability					
Flexible					
Handle pressure					
Initiative					
Leadership					
Open to counseling					
Personal appearance					
Punctuality					
Responsibility					
Social adaptability					
Willingness to follow a leader					
Willingness to work hard					

The foregoing information filled in by me is correct and true to the best of my knowledge.

Name _____ Signature _____

Address _____

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5. Describe any leadership and counseling experience you have had.

6. Describe any physical and/or dietary restrictions that you may have. Most single men and women must live in dormitory facilities where personal space is limited.

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

The foregoing information filled in by me is correct and true to the best of my knowledge.

Name _____ Signature _____

Address _____

PLEASE RESPOND AS SOON AS POSSIBLE TO:

YWAM Kochi, Padmasree Lane, Mamangalam, Kochi 682025, Kerala, India.
Phone 91-04842340255 Email: ywamkochi@gmail.com