



## **YOUTH WITH A MISSION**

*SCHOOL OF BIBLICAL CHRISTIAN WORLDVIEW  
HAUPTSTRASSE 15  
3266 WILER BEI SEEDORF  
SWITZERLAND*

### **A guide to completing the application for the School of Biblical Christian Worldview HMT/SCI 213**

1. Please answer all questions legibly (in block letters). Your answers will be treated confidentially.
2. Please give the enclosed reference forms to three persons who know you well. Ask them to send them directly back to us as soon as possible. One of the forms has to be filled in by your pastor, cell group leader or an elder of your church. One of the forms has to be filled in by your last YWAM school leader, if you have done any YWAM training before.
3. The registration fee of CHF 200,- is payable with the application form.  
For bank transfer, please use the following account:  
Jugend mit einer Mission, B&G, Hauptstrasse 15, CH-3266 Wiler  
Bank: Credit Suisse, 8070 Zuerich      Clearing No. 4835  
SWIFT No. CRESCHZZ25A  
IBAN-No. CH84 0483 5065 2515 2100 4  
  
Please don't forget to mention your name and the name of the school your applying for!
4. As soon as we have received the application form together with a recent photo of you, the signed consent to the guidelines, copies of health and personal liability insurance, all three reference forms and the registration fee, we will inform you as soon as possible whether you are accepted for the school.
5. The remaining school fee (school fee less application fee) can be paid at the beginning of the school or can be transferred beforehand. The total school fee for one quarter including VAT and registration fee is CHF 3,300.-

We hope that this will help you. If there are uncertainties or questions, please feel free to call or email us at any time.



# Youth With A Mission

School of Biblical Christian Worldview

Hauptstrasse 15

CH-3266 Wiler

Telephone +41 (0)32 391 70 36 Fax +41 (0)32 391 70 31

E-Mail [sbcw.wiler@jmem.ch](mailto:sbcw.wiler@jmem.ch)

Please  
attach a photo

## Name of School

## Personal Information

(Please fill in in block letters)

School dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Today's date: \_\_\_\_\_

Family name: \_\_\_\_\_ First/Middle name: \_\_\_\_\_

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

Postal Code/City: \_\_\_\_\_ Gender:  Male  Female

Country: \_\_\_\_\_ Marital status: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Married since: \_\_\_\_\_

Profession: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

Phone/Fax/E-mail: \_\_\_\_\_

### Who to inform in case of emergency:

### Student's children:

Family&First name: _____	Name: _____	Gender	Date of birth
Address: _____	_____	_____	_____
Postal Code/City _____	_____	_____	_____
Country: _____	_____	_____	_____
Relationship: _____	_____	_____	_____
Phone/Fax/E-mail: _____	_____	_____	_____

### Which church do you attend? Are you a member?

### Papers:

\_\_\_\_\_

Pastor: \_\_\_\_\_

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

Postal Code/City \_\_\_\_\_

Country: \_\_\_\_\_

Phone/Fax/E-mail: \_\_\_\_\_

**Driver's license**

Car  Truck  Others

**Passport**

Valid until: \_\_\_\_\_

Passport number: \_\_\_\_\_

Native town (CH): \_\_\_\_\_

### General state of health:

Height/Weight: \_\_\_\_\_

Do you smoke? \_\_\_\_\_

If you are on medication, which? Prescribed by a doctor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from seizures? \_\_\_\_\_

Addictions? Pls. explain \_\_\_\_\_

Psychiatric treatment? (when?) pls. explain \_\_\_\_\_

You can add specific information with the more detailed questions!



# YOUTH WITH A MISSION

School of Biblical Christian Worldview  
Hauptstrasse 15  
CH-3266 Wiler, Switzerland

## Name of School

## Education

(please complete in block letters)

### Schools:

Primary School (years)	<input type="text"/>	Secondary School (years)	<input type="text"/>
Others	<input type="text"/>		
	<input type="text"/>		

### Further Training:

Length and Type of Training:

### Certificates/Diplomas:

What and Date Received:

### Skills:

Musical skills:

Language skills:

Professional skills:

Others:

### YWAM and UofN Information:

Have you done other YWAM schools/outreaches? (yes/no)

Which ones? (lecture and outreach phase)	Dates: from/to (mo.& yr.)	Location	School/Outreach Leader
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you pursuing a degree with the UofN? (yes/no)  Faculty?

What's your registration number?

## *Application Questions for the School of Biblical Christian Worldview*

***Please briefly answer the following questions on a separate sheet of paper in the given order.***

***If possible, please use a computer/typewriter or else write legibly. Thanks. We ask you to answer the questions honestly and clearly. This will help us in our acceptance process.***

### **General questions**

- 1) *How did you hear about the school?*
- 2) *Why do you want to attend the school?*
- 3) *What are your expectations of the school and your time here in Wiler?*
- 4) *What is your most burning question to God at the moment?*
- 5) *Describe your present relationship with God.*
- 6) *What goals, plans do you have for your life? How would you currently describe your calling?*
- 7) *Which books/magazines have most influenced your life as a Christian?*
- 8) *Have you informed your pastor/church leadership about your plan to participate in the school? What was their response to this decision?*
- 9) *Please provide the names and addresses of three people who will provide a reference for you.*

### **Health questions**

- 10) *Are you on any medication? If so, what is it? Has it been prescribed by a medical doctor?*
- 11) *Do you have any allergies, special dietary needs, etc. which would affect your participation in community life?*
- 12) *Have you ever had any professional psychological care? When and how long was your therapy?*
- 13) *Do you struggle with addictions of any kind? (e.g. smoking – tobacco or cannabis, alcohol, workaholism, eating disorders, internet pornography, or others) How do you deal with it?*
- 14) *If your answer to any of the questions in this section is yes, what are your expectations of us in this regard? Please provide contact information for the contact person we can be in touch with (parent, pastor, counsellor, doctor).*

### **Finance questions**

- 15) *How are you planning to pay the school fees?*
- 16) *Do you have any debts? Which kind and how high are they? What are you doing, or what is your concrete plan, to pay them back?*

### **Other questions**

- 17) *Which unique abilities and/or gifts do you have? (music, cooking, drawing...) Which hobbies do you pursue?*
- 18) *Do you have a boy-/girlfriend? Are you engaged? Is your partner planning to do the school too? Would you also attend if he/she were not accepted?*
- 19) *Would you also participate if a staff or another student is HIV+?*
- 20) *Here in YWAM Wiler, we live "in community", is there anything we should know about you which would affect the others around you?*
- 21) *Now, do YOU have any questions?*

### Extra questions for Newcomers to YWAM

- a) *In a few words, give a brief résumé of your life and your conversion.*
- b) *Describe events that have been influential in your spiritual growth.*
- c) *What activities have you been involved in as an active church member?*
- d) *As part of the preparation for your school we suggest to read the book *Is That Really You, God?* by Loren Cunningham ([www.ywampublishing.com](http://www.ywampublishing.com))*



## YOUTH WITH A MISSION

School of Biblical Christian Worldview  
Hauptstrasse 15  
CH-3266 Wiler bei Seedorf  
Switzerland

# Guidelines

*for participants in our training schools*

### 1) Personal Liability

*Personal responsibility is a core value in Switzerland and we encourage individuals in our community to take responsibility for themselves as much as possible. This includes making certain if you cause damage on the property (dishes, lamps, etc.), you take responsibility to see that the item is repaired/replaced. We highly recommend personal liability insurance.*

*Sometimes we lack transportation for outreaches or outings which are part of the training program. In these situations, we are grateful if course participants with their own car volunteer to drive it and take other students along. YWAM Wiler will provide a modest compensation towards the cost of the fuel but is not reliable for any damages that might occur. The owner of the car is responsible for his/her car. We therefore encourage you not to lend your car to others. If car owners decide otherwise, it is their responsibility to do so.*

*Every staff and student is also responsible to have sufficient insurance coverage for health and accidents. **These insurances are mandatory in Switzerland.** There is no general insurance coverage for people in YWAM. If you need a letter of confirmation of your stay with us, we are willing to provide that. Again, we recommend that you have or establish personal liability insurance for yourself.*

### 2) School Fees / Registration Fee

*All fees need to be paid in Swiss Francs. It is best to pay this before the school begins (see details on the instruction sheet). The school fee for one quarter is CHF 3'300.-- (incl. VAT) which includes the registration fee of CHF 200.--. The registration fee will not be refunded in case of the participant withdrawing his/her application.*

### 3) Pets

*Pets of any kind (cats, dogs, birds, etc.) are not allowed.*

### 4) Community life

*Our expectation is that every student contributes to community life by participating at meal times, in corporate worship and in other events on base.*



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## **Consent to the Guidelines**

*I hereby declare that I have read through the guidelines, and I'm willing to submit to them for the time of my training with YWAM Wiler.*

*I release **Youth With A Mission**, it's respective staff and volunteers of any responsibility in the case of accidents or health problems during my stay in YWAM (except when it can be proven that one of the people mentioned above has directly caused the accident or problem).*

*If, according to a medical doctor's opinion, some treatment, surgery, or anesthesia is needed, I hereby consent to it.*

*I also enclose a copy of my personal liability insurance policy. In the case that I don't have any such insurance, I hereby commit to take personal responsibility for any damages I cause.*

*Place, date*

*Signature*

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# YOUTH WITH A MISSION

School of Biblical Christian Worldview  
 Hauptstrasse 15  
 CH-3266 Wiler bei Seedorf, Switzerland  
 Phone +41 (0)32 391 70 36 / Fax +41 (0)31 391 70 31  
 E-Mail sbcw.wiler@jmem.ch

## Confidential reference form

*Please send back to YWAM Wiler directly*

**Name of applicant:**

**Name and Dates of School applying for:**

The person named above has applied for a school with YWAM Wiler, Switzerland. It is our desire to gain some understanding of the applicant's readiness for the course. We therefore ask for a reference from 3 different people. Those references help us - together with information provided by the applicant - gain knowledge of his/her character, attitudes and skills in order to better recognize the applicant's needs/wishes. Your answers help us come to a conclusion of accepting the applicant - or not. The final decision is made together as a team in prayer.

**If you prefer to give us your evaluation in letter form rather than on this paper, you may do so (please incorporate all the points asked for here). If you'd like to talk to us personally, please phone and ask for the school leader of the above school. Thank you for helping us and the applicant.**

Please indicate with an "X" how you would assess the applicant's action/attitude in the following areas.  
 1 = very good 2 = good 3 = average 4 = rather weak 5 = not existing/big difficulties

<b>RELATING TO PEOPLE</b>	1	2	3	4	5	comment - use extra sheet if necessary
commitment in church/parish						
interest in evangelism/missions						
interest in daily news						
political/social engagement						
willingness to serve						
teamwork						
sensitivity to the needs of others						

<b>PERSONAL MATURITY</b>	1	2	3	4	5	comment - use extra sheet if necessary
judgement/discernment						
sense of responsibility						
teachability						
perseverance						
motivation						
self-esteem						
discipline						
mental stability						
flexibility						
handling finances						

<b>MISCELLANEOUS</b>	1	2	3	4	5	comment - use extra sheet if necessary
outward appearance						
general understanding						
habits/addictions						
special skills						

<b>LEADERSHIP QUALITIES</b>	1	2	3	4	5	comment - use extra sheet if necessary
planning, setting goals						
communication/effencies in passing on ideas						
initiative						
can organize, motivate and teach others						

**FUTURE**

» What plans/goals does the applicant have for the future and, in your opinion, would the training received in this school contribute to that?

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» What goals *should* he/she pursue according to your opinion?

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» What skills should he/she develop more (in which we could help him/her)?

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**RECOMMENDATION & ADDITIONAL INFORMATION**

- » Would you like to work together with him/her?                    yes\_\_\_\_\_ no\_\_\_\_\_
- » Is he/she easy to work with?    yes\_\_\_\_\_ no\_\_\_\_\_
- » Do you recommend accepting the applicant?                    yes\_\_\_\_\_ no\_\_\_\_\_
- » Your recommendation is    strong\_\_\_\_\_ average\_\_\_\_\_ hesitant\_\_\_\_\_

Reasons:

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» Are there any character, psychological or addictive weaknesses which we should be aware of which might hinder the applicants ability to live in community with all that entails?    yes\_\_\_\_\_ no\_\_\_\_\_

Reasons:

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**ABOUT YOU**

» What relationship do you have to the applicant?                    pastor\_\_\_\_\_ friend\_\_\_\_\_ parent\_\_\_\_\_ other: \_\_\_\_\_

» How long have you known him/her? \_\_\_\_\_

Additional Comments:

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**REFEREE (YOU)**

First and Last Names: \_\_\_\_\_

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

Postal Code / City \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Place & Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

» Would you like to receive information about YWAM Wiler?    yes\_\_\_\_\_ no\_\_\_\_\_

» Would you like information about this school?                    yes\_\_\_\_\_ no\_\_\_\_\_