



APPLICATION FOR MUSICIANS' SUMMER OF SERVICE

Youth with a Mission Târgu Mureş Romania

Application Form Guide

All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate application forms.

1. APPLICATION FORM Use this form when applying for Musicians' Summer of Service with Youth with a Mission, Targu Mures Romania.

2. DISCLOSURE OF INFORMATION Details from this form will be passed on to the University of the Nations (YWAM) for the purposes of recording your record of achievement. It will not be used for any other purpose or given out to any other organization.

3. REGISTRATION FEE The non-refundable registration fee of 20 Euros paid in cash with the application or bank transfer. (please contact us)

4. QUESTIONS (Section 9). All questions must be answered on a separate sheet of paper and submitted with your application.

5. RELEASES All releases must be signed before your application can be processed.

6. MEDICAL REQUIREMENTS The confidential health form has to be fully completed, along with the vaccinations record and sent with the application for processing.

7. PERSONAL REFERENCES The reference forms must be completed by you:

1. Pastor/spiritual leader
2. Employer/business associate/teacher
3. Friend (who knows you well)

and mailed directly to YWAM Tg Mures.

8. PASSPORTS The applicant has to have a valid passport with an expiration date of at least six months after the conclusion of the school

9. VISAS Do not apply for a visa until you receive confirmation of enrollment and other appropriate instructions from us.

10. Audition Requirements Please send in a CD or DVD of three songs you play an instrument on or sing. The purpose is to place your style and music ability into the best-fit band.

ALL FORMS ARE TO BE MAILED TO:

Tineri Pentru Misiune
O.P. 1 C.P. 60
Târgu Mureş, 540600
Romania

Tele: (40) 265-210065

Email: Registrar@ywam-targumures.com



APPLICATION FOR MUSICIAN SUMMER OF SERVICE

Youth With A Mission Târgu Mureş Romania

APPLICATION

Thank you for your interest in participating in the **MSOS** course. In order for us to be most efficient in organizing this course, we want to ask you to take some time to complete this form and prayerfully answer the questions included. We are looking forward to seeing you.

Please attach a recent photo of yourself here

1. PRIOR YWAM TRAINING:

Have you completed a Discipleship Training School? Yes No

If yes, please state:

Date Day / Month / Year

Location:

Leader:

2. PERSONAL INFORMATION:

Mr. Mrs. Miss

Name

Date of Birth Day / Month / Year

Age

Place of Birth

Gender Male Female

Marital Status Single Engaged Married

Spouse's Name (if applicable)

3. CONTACT DETAILS:

Current Address (include country & postcode)

Telephone (include country & area code)

Email address

4. EDUCATIONAL HISTORY:

Have you graduated from High School or University?

Yes No

If "Yes", list date of graduation and name of certificate/diploma received

5. SKILLS

Languages Spoken

Ministry experience

Current Occupation and Additional Skills

6. EMERGENCY CONTACT

Who do we contact in case of an emergency involving you?

Name

Relationship (ie Father, Mother, Sister, etc)

Address (include country & postcode)

Contact Telephone Number (include country & area code)

Email

7. HOME CHURCH INFORMATION

Name of Church

Pastor's Name

How long have you attended this church?

Have you been involved in any activity in your Church? If yes, please specify:

8. MUSIC INFORMATION

I am applying as a vocalist and my range is Soprano Alto Tenor Bass

I can sing melodies or lead and I have _____ Years Experience

I can sing harmony or background vocals And I have _____ Years Experience

I am applying as an instrumentalist
My instrument is _____ and I have _____ years/months experience
I have the following instruments/amps that I am bringing on outreach _____

I am a Sound Engineer and I have _____ Years experience.

9. PERSONAL HISTORY

Please answer the following questions on a separate sheet of paper and attach it to your Application Form.

1. Why are you applying to do the MSOS? What are your expectations?
2. Please describe your conversion experience and present relationship with God. How long have you been a Christian?
3. Please describe your experiences with playing in a band or music group. How long, what types of venues (clubs/concerts/street ect.) and your preferences to music styles
4. Please describe your relationship with your pastor and home church. Are they supportive in your involvement in missions work?
5. What are your goals after completing this course?
6. Do you believe that you could live under pioneering conditions, that is different food, culture, and housing conditions?
7. Do you have the full tuition costs for the MSOS, if not, how much do you have and how are you planning on raising the funds for the mission's trip?

10. SIGNATURE

I certify that all information included is complete and accurate.

Date: Day / Month / Year

Signature:

Return all forms to:

Asoc. Tineri Pentru Misiune
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Târgu Mureş 540600
Romania

Tel: (40) 265-210065

Email:

registrar@ywam-targumures.com

Web: www.ywam-targumures.com

Finances

From the International President to the newest recruit, each staff member in Youth With A Mission is responsible for raising their own financial support. This enables each 'YWAMer' to cultivate their own personal support network and is one of the contributing factors to YWAM's numerical growth over the years.

Financial Support

Please answer the following questions about your financial status:

Do you have pledged regular support?

Yes No

If "Yes", please specify how much and how often (please specify currency):

Do you have any other form of income?

Yes No

If "Yes", please specify how much and how often (please specify currency):

Please also specify the source of this income:

If you have insufficient support or income to cover your missions trip and living expenses, please tell us how you plan to raise pledged support:

Debt

Are you in debt? Yes No

If "Yes", please specify how much and to whom (please specify currency):

How are you repaying this debt?

Legal Information

Legal Proceedings

Are you involved in any current or pending law suits or legal proceedings?

Yes No

If "Yes", please give details:

Police Record

Do you have a police record (civil or military)?

Yes No

If "Yes", please give details:

DECLARATION

Statutory Declaration

I hereby declare that:

- a) I have never been involved in or convicted of violent or drug related or sexual assault or any other crime against a minor.
- b) I understand that spot checks may be carried out to verify the above and hereby give my permission for any police checks that might be necessary.

Signed

Dated

day / month / year

RELEASE OF LIABILITY

Release of Liability

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

Signed

Dated

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

Name of Parent/Guardian

Signed

Dated

Consent for Treatment

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

Signed

Dated

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

Name of Parent/Guardian

Signed

Dated



Confidential Health Form

TO THE STUDENT: This information is treated confidentially and separate from your academic records. Answer all questions and arrange with your physician to complete **Physician's Evaluation.**

1. The school/outreach I wish to attend is:

Commencement date of school/outreach:

2. Your Name

Mr Mrs Miss

Family Name / Last name

First Name

3. Personal History - Please answer all of the questions and comment on all questions with a "Yes" answer in the space provided below.

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

	Yes	No
Eating Disorders.....	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury.....	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headache.....	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy.....	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells.....	<input type="checkbox"/>	<input type="checkbox"/>
Weakness.....	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis.....	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia.....	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones.....	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation of joints.....	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A, B or C (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Duodenal Ulcer.....	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice.....	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhoea.....	<input type="checkbox"/>	<input type="checkbox"/>
Back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever/Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>

Question 3 Continued

	Yes	No
Skin Conditions (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
Chronic constipation.....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Venereal disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Tumour/Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>
Counselling of any kind?(specify).....	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGIC REACTIONS TO:

Penicillin.....	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides.....	<input type="checkbox"/>	<input type="checkbox"/>
Foods/Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

SURGERY:

Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>
Hernia repair.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

FEMALES ONLY

Irregular periods.....	<input type="checkbox"/>	<input type="checkbox"/>
Severe cramps.....	<input type="checkbox"/>	<input type="checkbox"/>
Excessive flow.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions please describe in the field below

4. Mental/Nervous Disorders

If yes, please give details on a separate sheet including treatment and ongoing treatment/problems

5. Medical Treatment

Please specify any condition that is currently under treatment by a doctor

.....

.....

.....

Do you or have you ever received any compensation for disability, from any source?

Yes No

Please specify

.....

.....

.....

6. Communicable Diseases

Have you ever had any of the following?

	Yes	No
Chickenpox.....	<input type="checkbox"/>	<input type="checkbox"/>
German Measles (Rubella).....	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola).....	<input type="checkbox"/>	<input type="checkbox"/>
Mumps.....	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis.....	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

7. Family History

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

	Yes	No	Relationship (eg father)
Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma, Hay fever.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach disease.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____



Physician's Evaluation

TO THE PHYSICIAN: The applicant has applied for a school with 'Youth With A Mission'. Can you please review the information on the applicant's Confidential Health Form and complete this section.

1. Physical Assessment

Height (cm)

Weight (Kg)

Blood Pressure

Hearing: Right

Left

Vision

Uncorrected: Right

Left

Corrected: Right

Left

2. Are there any abnormalities of the following systems?

	Yes	No
Head, ears, nose, throat.....	<input type="checkbox"/>	<input type="checkbox"/>
Eyes.....	<input type="checkbox"/>	<input type="checkbox"/>
Teeth.....	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system.....	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular.....	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory.....	<input type="checkbox"/>	<input type="checkbox"/>
Trunk & Back.....	<input type="checkbox"/>	<input type="checkbox"/>
Digestive tract.....	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal.....	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine (thyroid).....	<input type="checkbox"/>	<input type="checkbox"/>
Skin.....	<input type="checkbox"/>	<input type="checkbox"/>
Urogenital.....	<input type="checkbox"/>	<input type="checkbox"/>

If the answer was "Yes" to any of the previous questions please describe below or on a separate piece of paper

3. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas?

4. Physician's recommendation for follow-up test/treatments

5. Physician's recommendation (please tick)

- Acceptable without limitations
- Acceptable with limitations (specify below)
- Not acceptable
- Should remain in areas where adequate medical care is provided

6. Immunisation History

	Date	Booster
Diphtheria		
Tetanus		
Pertussis		
Polio		
Rubella		
Mumps		
BCG		
Typhoid		
Cholera		
Yellow Fever		
Hepatitis A, B or C		

Physician's Name

Date:

Address/Stamp

Signature



Pastor/Pastoral Staff Reference

Name of Referee

Name of Applicant

Applicant Address
(Include country & postcode)

School Applied for

Start Date Day / Month / Year

Return all forms to:

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O.P. 1 C.P. 60
Târgu Mureş 540600
Romania

Tel: (40) 265 210065
Email:
registrar@ywam-targumures.com

The applicant named above has applied for admission to one of Youth with a Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth with a Mission school/ program applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Pastor Other, please specify

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church?

In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

Do you have any hesitation in recommending the applicant to work with children?

Yes No

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious

Over-emotional Superficial

Genuine & Growing

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Health _____

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Emotional stability _____

Ability to follow _____

Flexibility _____

Reliability _____

Co-operation _____

Self discipline _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgment _____

Ability to cope with stress _____

4. Problem Areas

Please note that we are seeking to help the applicant grow. Please check off words or descriptions if they apply to the applicant:

- Anxious
- Impatient
- Intolerant
- Argumentative
- Domineering
- Frequently worried
- Nervous or tense
- Unable to cope with stress
- Prejudiced toward groups/races/nationalities
- Given to moods
- Critical of others
- Easily embarrassed
- Offended
- Discouraged
- Erratic in attitudes or actions
- Addictive behavior

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

Does the applicant respond well to authority?

Yes No Please elaborate:

6. Family Background

Please comment briefly on the applicant's family background (if known)

7. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

8. Recommendation

What is your overall evaluation of the applicant's promise as an YWAM worker?

- Definitely unsuited
- At this time, he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Unusually exceptional prospect

9. Referee Information

I declare that the contents of this confidential reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

Day	Month	Year
/	/	

**Thank you for your assistance.
Would you like to receive further
information about Youth with a Mission,
Targu Mures, Romania?**

Yes No

**Please phone or email us, if you have any
additional questions.**



Employer/Teacher Reference

Name of Referee

Name of Applicant

Applicant Address
(Include country & postcode)

School Applied for

Start Date

Return all forms to:

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O.P. 1 C.P. 60
Târgu Mureş 540600
Romania

Tel: (40) 265-210065
Email:
registrar@ywam-targumures.com

The applicant named above has applied for admission to one of Youth with a Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth with a Mission school/ program applied for.

1. Relationship With Applicant

What is your relationship to the applicant?
 Employer Teacher Other, please specify:

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

2. Character

Have you enjoyed having the applicant work under you?
 Yes No Please elaborate:

Has the applicant been an asset to your class/business?
 Yes No Please elaborate:

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

- Health _____
- Initiative _____
- Social adaptability _____
- Personal grooming _____
- Concern for others _____
- Financial responsibility _____
- Leadership capability _____
- Attitude to work _____
- Ability to follow _____
- Flexibility _____
- Reliability _____
- Co-operation _____
- Self discipline _____
- Academic ability _____
- Moral standards _____
- Temperament _____
- Punctuality _____
- Perseverance _____
- Sound judgment _____

4. Emotional Stability

Due to the cultural and environmental context of the school, adjustments may have to be made as to diet, social customs, climate change, living arrangements. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability (please check one):

- Outstanding - mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Doubtful - Experience has shown that the applicant might not be able to endure stress
- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal is erratic in attitude and action or has demonstrated emotional instability in other ways

5. Trying Situations

How does the applicant usually react in trying situations (please check one):

- Withdraws
- Gets angry
- Gets discouraged
- Meets constructively
- Accepts patiently
- Other (please specify)

6. Problem Areas

Please note that we are seeking to help the applicant grow. Please check off words or descriptions if they apply to the applicant:

- Anxious
- Impatient
- Intolerant
- Argumentative
- Domineering
- Frequently worried
- Nervous or tense
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Signed

Dated

Day	Month	Year
/	/	

**Thank you for your assistance.
Would you like to receive further
information about Youth with a Mission,
Targu Mures, Romania?**

Yes No

**Please phone or email us, if you have any
additional questions.**



Friend Reference

Name of Referee

Name of Applicant

Applicant Address
(Include country & postcode)

School Applied for

Start Date

Return all forms to:

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Friend Other, please specify

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant?

1 2 3 4 5 6 7 8 9 10

(1 being very little, 10 being intimately)

2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature
- Contagious
- Superficial
- Over-emotional
- Genuine & Growing

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

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- Attitude to work _____
- Academic ability _____
- Sound judgment _____
- Initiative _____
- Social adaptability _____
- Personal grooming _____
- Concern for others _____
- Financial responsibility _____
- Leadership capability _____
- Emotional stability _____
- Ability to follow _____
- Flexibility _____
- Reliability _____
- Co-operation _____
- Self discipline _____
- Moral standards _____
- Temperament _____
- Punctuality _____
- Perseverance _____
- Ability to cope with stress _____

4. Family Background

Please comment briefly on the applicant's family background (if known).

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Name (block capitals please)

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Address (include country & postcode)

Home Telephone (include country & area code)

--

Work Telephone (include country & area code)

--

Email

--

Signed

--

Dated

Day	Month	Year
/	/	/

**Thank you for your assistance.
Would you like to receive further
information about Youth with a Mission,
Targu Mures, Romania?**

Yes No

**Please phone or email us, if you have any
additional questions.**