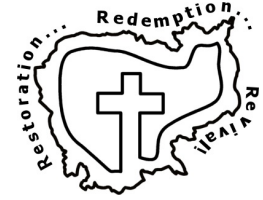




**UNIVERSITY OF THE NATIONS
BATTAMBANG (YWAM)
DTS Equip
Equipping and Empowering DTS Staff and
Leaders**



Date of Application: D____M____Y____

Identity:

Last name:_____ First name:_____ Middle:_____

Nickname:_____

Sex: []Male []Female Age:____ Birth date: D____M____Y____ Birthplace:_____

Height:_____ Weight:_____

Mailing address: (Until: D____M____Y____)

Street/Box:_____

City/Town:_____ State:_____ Zip:_____

Country:_____

Permanent address:

Street/Box:_____

City/Town:_____ State:_____ Zip:_____

Country:_____

Phone:_____

Email:_____

Passport/Visa information:

Country of citizenship:_____

U.S. Soc. Sec. #:_____

Name as listed on passport:_____

City and country where passport was issued:_____

Passport number:_____ Passport expire date: D____M____Y____ Visa

type (non US citizens only):_____ Date issued: D____M____Y____

City and country where visa was issued:_____

Visa expire date: D____M____Y____

Have you ever been denied a passport or visa? []Yes []No If yes, nation and details:_____



Marital status:

Single

Engaged (Date: D____M____Y____) Married (Date: D____M____Y____)

Separated (Date: D____M____Y____) Divorced (Date: D____M____Y____)

Remarried (Date: D____M____Y____) Widowed (Date: D____M____Y____)

Last name: _____ First name: _____ Middle: _____ Sex:

Male Female Birth date: D____M____Y____ Birthplace: _____

Will your spouse be accompanying you? Yes No

Children: (List only children coming with you).

Last name: _____ First name: _____ Middle: _____ Sex:

Male Female Birth date: D____M____Y____

Last name: _____ First name: _____ Middle: _____ Sex:

Male Female Birth date: D____M____Y____

Last name: _____ First name: _____ Middle: _____ Sex:

Male Female Birth date: D____M____Y____

Nanny: (Must accompany children under 3, separate student application required, no application fee.)

Last name: _____ First name: _____ Middle: _____ Sex:

Male Female Birth date: D____M____Y____

Birthplace: _____

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: _____

City/Town: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email(s): _____

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

Applicant's signature: _____ Date: _____

D _____ M _____ Y _____

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: _____

D _____ M _____ Y _____ Relationship: _____



Church information:

Home Church: _____ Pastor: _____

Denomination: _____

Street/Box: _____

City/Town: _____ State: _____ Zip: _____

Country: _____ Phone: _____

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

Position: _____ Company: _____

Dates: M _____ Y _____ to M _____ Y _____ Supervisor: _____ Skills

used: _____

Position: _____ Company: _____

Dates: M _____ Y _____ to M _____ Y _____ Supervisor: _____ Skills

used: _____

Position: _____ Company: _____

Dates: M _____ Y _____ to M _____ Y _____ Supervisor: _____ Skills

used: _____

Position: _____ Company: _____

Dates: M _____ Y _____ to M _____ Y _____ Supervisor: _____ Skills

used: _____

Position: _____ Company: _____

Dates: M _____ Y _____ to M _____ Y _____ Supervisor: _____ Skills

used: _____

Skills and talents:

Occupational skills: _____ Years experience: _____

Musical or other talents: _____ Years experience: _____

Languages: (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: _____



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 _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____

Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____

Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____

Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____

Degree/Major _____ Date: M ____ Y ____

Address: _____

Institution: _____ Dates: M ____ Y ____ to M ____ Y ____

Degree/Major _____ Date: M ____ Y ____

Address: _____

YWAM History:

Please share about any YWAM schools that you have previously attended.

School: _____ Location: _____ Date: _____

School: _____ Location: _____ Date: _____

Financial information:

Do you have your complete school fees? []Yes []No What amount do you have? \$ _____ Amount
still needed? \$ _____

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. 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 and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.

Applicant's signature: _____ Date: _____

D _____ M _____ Y _____

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: _____

D _____ M _____ Y _____ Relationship: _____

Certification:

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

Applicant's signature: _____ Date: _____

D _____ M _____ Y _____

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: _____ Date: _____

D _____ M _____ Y _____ Relationship: _____

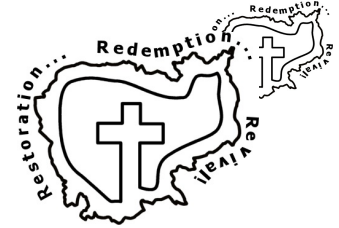
Please mail all forms to:

U of N
c/o Dr. Ouk Vitiea
931 Pothivong
Battambang
CAMBODIA

Phone: 855-12-731-650
Email: uofnbattambang@yahoo.com
Website: www.uofnbattambang.com



UNIVERSITY OF THE NATIONS BATTAMBANG DTS Equip Application Questions



Please prayerfully answer these questions in the space provided

1. When and where did you do your DTS?
2. Have you staffed a DTS before? How many?
3. Have you lead (school leader) a DTS before? How many?
4. What do you consider are your major Spiritual Gifting(s)?
5. Please explain you Ministry/Vocational Calling (passions etc)
6. Please describe your reasons for attending DTS Equip? Do you have any specific goals for your training (e.g. about to staff a DTS, soon leading a DTS, pioneering a DTS soon, etc.)?
7. How do you feel God is leading you in the future? (5 years out)

8. What other experience do you have in YWAM? (student, staff or otherwise)

9. What have you been doing over the last year?



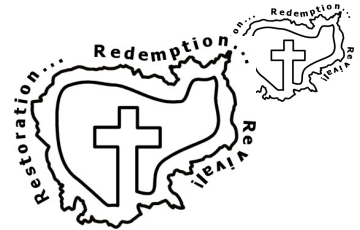
10. Are you currently serving a commitment to a YWAM base or program? If yes, for how long?

11. Do you have any special dietary needs, or physical needs (i.e. diabetic, food allergies, wheelchair access, etc.)?



UNIVERSITY OF THE NATIONS BATTAMBANG

EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM



APPLICANT: Please fill in your information on this form, sign it and give it, with a stamped envelope, to your employer/teacher/YWAM leader to complete.

Applicant's information:

Last name: _____ First name: _____ Middle: _____

School applying for: _____

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: _____

D _____ M _____ Y _____

The above applicant has applied for admission to the University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in hundreds of locations on six continents. Its purposes include training and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

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 appreciated. Thank you for your assistance. Please check the following, and comment where necessary.

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

Comments: _____

How would you rate the applicant in the following categories?

Initiative: [Superior [Above Average [Average [Below Average [Inferior

Concern for others: [Superior [Above Average [Average [Below Average [Inferior

Social adaptability: [Superior [Above Average [Average [Below Average [Inferior

Ability to follow: [Superior [Above Average [Average [Below Average [Inferior

Leadership: [Superior [Above Average [Average [Below Average [Inferior

Judgment/decision making: [Superior [Above Average [Average [Below Average [Inferior

Emotional stability: [Superior [Above Average [Average [Below Average [Inferior

Health: [Superior [Above Average [Average [Below Average [Inferior

Personal appearance: [Superior [Above Average [Average [Below Average [Inferior

Comments: _____

Mental ability: [Quick to comprehend [Average [Slow

Industry: [Hard worker [Average [Lacks persistence

Reliability: [Meets obligations [Average [Neglects obligations

Cooperativeness: [Works well with others [Average [Avoids group activity

Flexibility: [Open to change [Average [Unyielding

Christian character: [Well balanced [Average [Unstable

Disposition: [Cheerful [Average [Passive

Punctuality: [Punctual [Average [Often late

Financial responsibility: [Honors obligations [Average [Neglectful

Comments: _____



1. To what extent is the applicant active in church work?

2. Does he/she display high moral standards? Yes No Comments: _____

3. Is he/she prejudiced against groups, races or nationalities? Yes No Comments: _____

4. With reference to his/her Christian service, the applicant is: Dedicated Average Casual

Comments: _____

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. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to U of N?

9. What could U of N do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related, or other life situations we should know more about): _____

11. Would you recommend the applicant for acceptance into the University of the Nations?

Yes No Yes with reservations

Comments: _____

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



Signed: _____ Date: _____

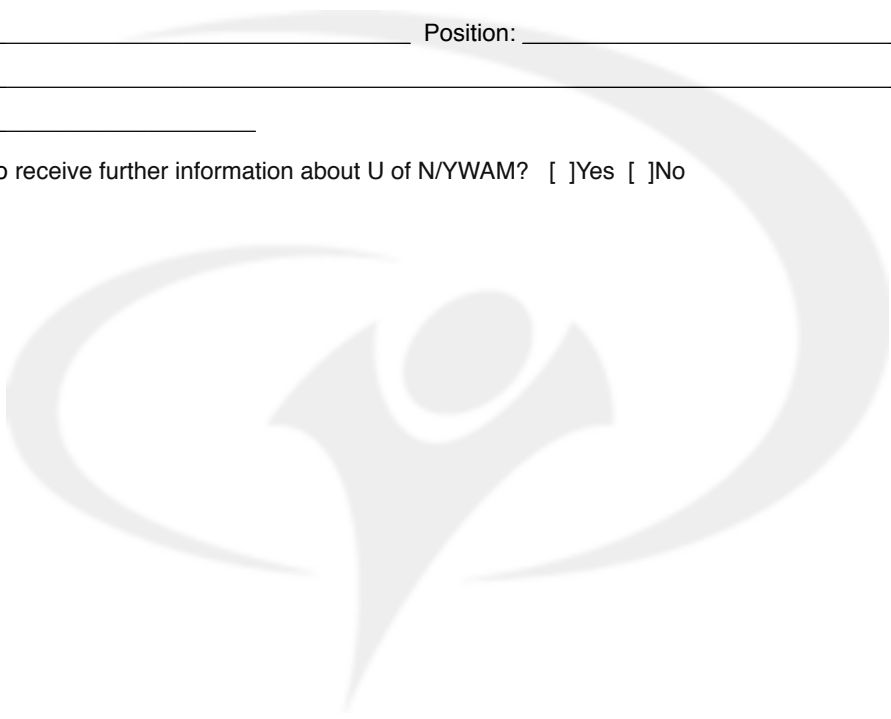
D _____ M _____ Y _____

Name: _____ Position: _____

Address: _____

Phone: _____

Would you like to receive further information about U of N/YWAM? []Yes []No



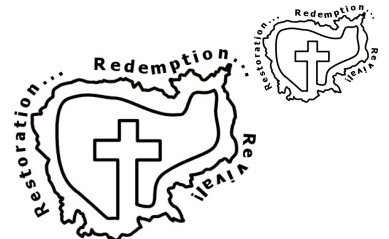
Evaluator, please mail this form to:

U of N
c/o Dr. Ouk Vitiea
931 Pothivong
Battambang
CAMBODIA

Phone: 855-12-731-650
Email: uofnbattambang@yahoo.com
Website: www.uofnbattambang.com



**UNIVERSITY OF THE NATIONS
BATTAMBANG**



STUDENT HEALTH FORM

Identity:

Last name: _____ First name: _____ Middle: _____
 Home phone: _____ Email: _____

Medical information:

Name of insurance carrier: _____ Contact phone: _____
 Policy type: _____ Policy number: _____
 Expiration date: D _____ M _____ Y _____
 Brief description of coverage: _____
 In case of emergency contact: _____ Relationship: _____
 Street/Box: _____
 City/Town: _____ State: _____ Zip: _____
 Country: _____ Phone: _____

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"/> | 1-Skin condition | <input type="checkbox"/> | <input type="checkbox"/> | 15-Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | 25-Jaundice |
| <input type="checkbox"/> | <input type="checkbox"/> | 2-Eye trouble | <input type="checkbox"/> | <input type="checkbox"/> | 16-High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | 26-Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | 3-Ear trouble | <input type="checkbox"/> | <input type="checkbox"/> | 17-Low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | 27-Intestinal troubles |
| <input type="checkbox"/> | <input type="checkbox"/> | 4-Head injury | <input type="checkbox"/> | <input type="checkbox"/> | 18-Rheumatism/Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | 28-Recurrent diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | 5-Recurrent headache | <input type="checkbox"/> | <input type="checkbox"/> | 19-Back problems | <input type="checkbox"/> | <input type="checkbox"/> | 29-Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | 6-Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | 20-Dislocation of joints | <input type="checkbox"/> | <input type="checkbox"/> | 30-Kidney disease |
| <input type="checkbox"/> | <input type="checkbox"/> | 7-Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | 21-Broken bones | <input type="checkbox"/> | <input type="checkbox"/> | 31-Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | 8-Mental/Nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> | 22-Stomach/Duodenal ulcer | <input type="checkbox"/> | <input type="checkbox"/> | 32-Gall bladder problem |
| <input type="checkbox"/> | <input type="checkbox"/> | 9-Depression | <input type="checkbox"/> | <input type="checkbox"/> | 23-Sexually transmitted disease | <input type="checkbox"/> | <input type="checkbox"/> | 33-Cancer/Tumors |
| <input type="checkbox"/> | <input type="checkbox"/> | 10-Paralysis | <input type="checkbox"/> | <input type="checkbox"/> | 24-Surgery | <input type="checkbox"/> | <input type="checkbox"/> | 34-Female conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | 11-Insomnia | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> | Irregular periods |
| <input type="checkbox"/> | <input type="checkbox"/> | 12-Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | Tonsillectomy | <input type="checkbox"/> | <input type="checkbox"/> | Severe cramps |
| <input type="checkbox"/> | <input type="checkbox"/> | 13-Hay fever/Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Hernia repair | <input type="checkbox"/> | <input type="checkbox"/> | Excessive flow |
| <input type="checkbox"/> | <input type="checkbox"/> | 14-Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | 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, handicaps or health conditions which require special attention?

[]Yes []No Specify: _____

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

Disease history:

Have you ever had any of the following COMMUNICABLE DISEASES?

- | Yes | No | | Yes | No | |
|-----|-----|---------------------|-----|-----|-----------------|
| [] | [] | 1-Chickenpox | [] | [] | 5-Pertussis |
| [] | [] | 2-Measles (rubella) | [] | [] | 6-Scarlet fever |
| [] | [] | 3-Measles (rubeola) | [] | [] | 7-Tuberculosis |
| [] | [] | 4-Mumps | [] | [] | 8-Other |

Family history:

Have any of your immediate family members ever had any of the following?

- | Yes | No | | Yes | No | |
|-----|-----|------------------|-----|-----|------------------------|
| [] | [] | 1-Tuberculosis | [] | [] | 6-Arthritis |
| [] | [] | 2-Diabetes | [] | [] | 7-Stomach disease |
| [] | [] | 3-Kidney disease | [] | [] | 8-Asthma/Hay fever |
| [] | [] | 4-Heart disease | [] | [] | 9-Epilepsy/Convulsions |
| [] | [] | 5-Hypertension | [] | [] | 10-Cancer |



Immunizations:

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



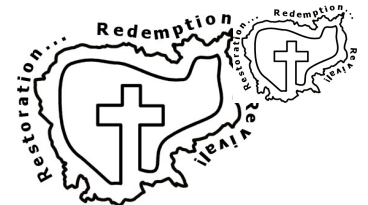
Please mail all forms to:

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 Battambang
 CAMBODIA

Phone: 855-12-731-650
 Email: uofnbattambang@yahoo.com
 Website: www.uofnbattambang.com



**UNIVERSITY OF THE NATIONS
 BATTAMBANG**



STUDENT APPLICATION

Secondary School

WAIVER, RELEASE AND INDEMNITY

_____, who is herein referred to as the "Releaser", hereby releases, waives and forever discharges the UNIVERSITY OF THE NATIONS, INC., a Cambodian Non-Government Organization, its trustees, directors, officers, agents, employees, if any, successors, insurers and volunteers, who are herein collectively referred to as the "University" from any and all liability, claims, causes of action, loss and damage that may result from any injury to the Releaser's person or property, even injury resulting in death of the Releaser, arising out of the Releaser being a Student, a Mission Builder, and/or a Full Time or Associate Staff member at or of the University, including without limitation of the generality of the foregoing those arising out of or in any way related to the Releaser participating in any University conducted or sponsored program or activity whether on the University Battambang, Cambodia campus, off campus within or outside of Cambodia such as an outreach program, which could be conducted outside of Cambodia.

Releaser hereby acknowledges that if Releaser participates in an outreach program conducted or sponsored by the University or travels internationally on University business that he or she is fully aware of the fact that his or her personal health, freedom, safety and/or life may be at risk of loss or damage from contraction of disease, accidents, terrorism, persecution, war, political unrest and any other number of circumstances that might while traveling internationally or while participating in an outreach program and that the Releaser will give such risks the Releaser's full consideration, prayer and thought in deciding whether or not to participate in any such activity and has given such risks the Releaser's full consideration, prayer and thought in deciding whether or not to sign this instrument and that Releaser has signed this instrument with full knowledge of those risks, voluntarily, and not under any duress or undue influence of whatsoever kind or nature.

Releaser hereby knowingly and voluntarily assumes full responsibility for risk of loss of health, bodily injury, death or damage to Releaser's property arising out of the aforescribed risks, programs and activities. Releaser hereby agrees to indemnify and hold the University harmless from any and all claims, liability, loss, damage, cost and/or expense, including attorneys' fees and costs incurred by the University in defending against any such claims and in enforcing this agreement, that may be asserted against the University or that the University may suffer or incur as the result of Releaser being a Student at the University or being a Mission Builder, and/or a Full Time or Associate Staff member at the University as the case may be.

Releaser expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as possible for any jurisdiction in which any cause of action or claim may arise or be asserted and is being given as an inducement to the University to allow Releaser to be a Student at the University or be a Mission Builder, and/or a Full Time or Associate Staff member at the University, as the case may be, and that if any portion of this agreement is invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release, waiver and indemnity agreement shall be binding on Releaser and Releaser's heirs, personal representatives, successors and assigns and shall inure to the benefit of the University and its trustees, directors, officers, agents, employees (if any), insurers and volunteers.

RELEASOR ACKNOWLEDGES RELEASOR HAS CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTANDS ITS LEGAL EFFECT AND HAS SIGNED IT OF RELEASOR'S OWN FREE WILL. In witness whereof, Releaser has executed this instrument on this day: _____, 20__.

Releaser's Signature: _____ Print Name: _____

Witness Signature: _____ Print Name: _____

Please mail all forms to:

U of N c/o Dr. Ouk Vitiea
931 Pothivong
Battambang
CAMBODIA

Phone: 855-12-731-650
Email: uofnbattambang@yahoo.com
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