



UNIVERSITY OF THE NATIONS, BATTAMBANG (YWAM)

Applicant Details

Date of Application: D ____ M ____ Y ____

Identity:

Last name: _____

First name: _____

Middle: _____

Sex: ☐ Male ☐ Female

Height: _____ Weight: _____ Age: _____

Birth date: D ____ M ____ Y ____

Birthplace: _____

Phone: _____

Email(s): _____

affix
picture
here

Mailing address: (Until: D ____ M ____ Y ____)

Street/Box: _____

City/Town: _____ State: _____ Country: _____ Zip: _____

Permanent address:

Street/Box: _____

City/Town: _____ State: _____ Country: _____ Zip: _____

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): _____

City and country where visa was issued: _____

Visa issue date: D ____ M ____ Y ____ 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: _____ Country: _____ Zip: _____
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: _____ Country: _____ Zip: _____
Phone: _____ Email(s): _____

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: _____

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 email or mail all forms to:

U of N
931 Pothivang
Battambang
CAMBODIA

Phone: +855 12 405 716
Email: uofnbattambang@yahoo.com
Website: www.uofnbattambang.com

UNIVERSITY OF THE NATIONS, BATTAMBANG (YWAM)

Application Questions

Please prayerfully answer these questions in the space provided on a SEPARATE sheet of paper, TYPE or PRINT the following information.

It does not suffice to have YES or NO answers, please be specific.

1. Describe what you have been doing since your SBS. (Education, job, missions, experience, etc.) How has the Lord worked in your life during and since your SBS?
2. Please share WHY you'd like to participate in this program; your reasons for applying?
3. What are your expectations for this program? What would you like to see God do in your life during this time? How would you like to see God use you during outreach?
4. Please describe your relationship with God. Describe your family and your relationship with them. Describe your church and your relationship with your pastor or elders and the congregation.
5. Explain any spiritual or ministerial experiences you have had. What area of service or ministry have you best been able to serve the church in? What religious books and Christian periodicals have influenced you most?
6. Do you have any difficult situations to deal with in regards to participation in this program? What can we help you with?
7. Please state your present financial situation regarding paying the program fees and other costs that may be incurred.
8. Is your family in approval of you participating in this program? Is your church?
9. Would your local church help support you in prayer and finances for future involvement in mission work?
10. Have you had any formal theological training? If so, please list the college you attended or the training you had.
11. Have you previously done any Bible teaching? If so, where did you teach? What was your experience like? How was the teaching received?
12. Do you feel God has given you a short-term or a long-term calling? Please explain in as much detail as possible what that calling is. How do you see this program helping you to better fulfill your calling?

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SBS 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:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Concern for others:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Social adaptability:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Ability to follow:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Leadership:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Judgment/decision making:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Emotional stability:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Health:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Personal appearance:	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior

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: _____

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

Comments: _____

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 email or mail this form to:

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UNIVERSITY OF THE NATIONS, BATTAMBANG (YWAM)

Student Health Form

Identity:

Last name: _____ First name: _____ Middle: _____
Phone: _____ Email(s): _____

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: _____ Country: _____ Zip: _____

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"/>	29-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"/>	30-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"/>	31-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"/>	32-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"/>	33-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"/>	34-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"/>	35-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"/>	36-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"/>	37-Cancer/Tumors
<input type="checkbox"/>	<input type="checkbox"/>	10-Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	24-Surgery	<input type="checkbox"/>	<input type="checkbox"/>	38-Female conditions
<input type="checkbox"/>	<input type="checkbox"/>	11-Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	25-Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	39-Irregular periods
<input type="checkbox"/>	<input type="checkbox"/>	12-Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	26-Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	40-Severe cramps
<input type="checkbox"/>	<input type="checkbox"/>	13-Hay fever/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	27-Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	41-Excessive flow
<input type="checkbox"/>	<input type="checkbox"/>	14-Allergies	<input type="checkbox"/>	<input type="checkbox"/>	28-Other	<input type="checkbox"/>	<input type="checkbox"/>	42-Now pregnant

Specify: _____ Specify: _____ Specify: _____

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	[]	[]
[]	[]	2-Measles (rubella)	[]	[]
[]	[]	3-Measles (rubeola)	[]	[]
[]	[]	4-Mumps	[]	[]
			[]	[]
				5-Pertussis
				6-Scarlet fever
				7-Tuberculosis
				8-Other

Family history:

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

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

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UNIVERSITY OF THE NATIONS, BATTAMBANG (YWAM)

Student Application: Waiver, Release & Indemnity

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 afore-described 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 email or mail all forms to:

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