

Mission Adventures

Application For Individuals





P.O. Box 2787 Wylie, TX 75098 · (972) 429-9278 · info@ywamwylie.org

How to Complete Your Mission Adventures Application

Step 1: Apply

Your application includes these pieces:

1. **Application:** Please answer every question. If one does not apply to you, write N/A.
 - a. If you are between the ages of 12-15 years old, you will need to be accompanied by an adult. They will need to fill out their own application, and complete the application process.
2. **A Recent Photo:** Please email us a recent photo of you.
3. **Application Fee:** A non-refundable application fee of \$35 USD should be sent with your application as a check or paid on our website to reserve your spot in the outreach.

You can either mail or email us your application using the address or email address listed below. You can also find this entire application on our website. Feel free to contact us at (972) 429-9278 or email us at missionadventures@ywamwylie.org with any questions you have!

Step 2: Finish Application

We want to get to know you! Finish your application by filling out and sending us these things:

1. **Supplemental Questions:** Please prayerfully answer the attached questions in a separate document. Please print or type.
2. **Financial Policy:** Read and confirm your understanding of our financial policy by signing.
3. **Required Forms:** Every participant and leader needs to fill out a copy of the Required forms at the end of this document. This includes a liability release, consent for treatment, and a background check consent form.
 - a. **Background Check Consent:** We take the safety of youth seriously, so if you are a legal adult we will run a background check on you.
4. **Reference Form(s):** Please fill out and sign the top page of each reference form and give one to your pastor, and if you are under 18 years old give one to a parent.*A reference from your parent or guardian is helpful even if you are a young adult.

Step 3: Payment

All fees and payments can be paid online under the “Pay” tab or paid as a check made out to “YWAM Wylie” and sent to the address below.

YWAM Wylie - MA

P.O. Box 2787, Wylie, TX 75098

1. **Deposit:** A deposit of \$100/person is due 6 weeks prior to the start of your outreach.
2. **Full Payment:** The rest of your payment is due 2 weeks prior to the start of your outreach.



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Mission Adventures Individual Application

Name of YWAM Program _____ Dates ____/____/____ to ____/____/____

Applicant

Full Legal Name _____

Preferred Name _____ Gender _____ Shirt Size _____ Birth Date ____/____/____

Address _____ City _____

State _____ Zip _____

Email _____ Cell Phone () _____

Additional () _____ ☐ Home ☐ Cell ☐ Work

Best Time To Call: Between _____ and _____ on ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F and ☐ S

Are you currently a student? ☐ Yes ☐ No If so, what grade/year? _____

Marital Status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced ☐ Widowed

Have you ever been involved in a YWAM mission trip or training program? ☐ Yes ☐ No

If yes, please specify:

Trip Location _____ Date ____/____/____

Leader _____ YWAM Center/Location _____

Applicant's Parent(s)/Legal Guardian(s)

Full Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone () _____ ☐ Home ☐ Cell ☐ Work

Church:

Home Church _____ Denomination _____

Church Address _____ City _____

State _____ Zip _____ How long have you attended? _____

Church Phone () _____ Church Website _____



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Health

If necessary, are you able to walk 3-4 miles per day? ☐ Yes ☐ No

Health Insurance Provider _____

Insurance Policy Number _____

Do you have any known allergies? ☐ Yes ☐ No Please specify: _____

Do you have any other health issues, medical conditions, or physical handicaps, or are you currently under a doctor's care for any condition? ☐ Yes ☐ No (If yes, please describe) _____

Are you taking any medication at this time? ☐ Yes ☐ No (If yes, please specify) _____

Do you have a history of emotional instability or psychiatric treatment? ☐ Yes ☐ No (If yes, please describe) _____

Please list any special circumstances or situations we should know about: _____

Emergency Contact

Name(s) _____ Relationship to Participant _____

Phone () _____ ☐ Home ☐ Cell ☐ Work Additional () _____

Background Check Consent

If you are an adult coming, we need to run a current background check on you. You can send us a copy of yours or we can run background checks for you through Ministry Safe for \$10. If you are coming as a minor, you do not need to fill this out.

Please print the following information clearly.

First Name: _____

Last Name: _____

Email Address: _____

I give Youth With A Mission Wylie permission to do background checks on me.

Signature: _____

Date: _____

Agreement



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I certify that all information in the application is complete and accurate. I understand that all documents, including evaluations, references, and forms in my application or file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. I consent to communication with YWAM Wylie including emails and phone calls. Please type/sign your full name to certify your agreement.

Participant's Signature

Date ____/____/____

Participant's Parent/Guardian Signature (if applicant is under 18)

Date ____/____/____

Relationship to participant

Additional Questions

These questions are to help us get to know you a little better. Please attach answers to questions in a **separate document**.

- A. How and when did you meet Jesus?
- B. How would you describe your personal relationship with God?
- C. What is your relationship with your family like? How do they feel about your plan to attend this YWAM program?
- D. Describe your relationship with your local church, including any areas of service and leadership.
- E. What are your long-term goals/plans? What passions or calling has God put on your heart?
- F. Have you had any missions experience? Please specify where, when, and what type of ministry.
- G. What areas of your character are you asking God to help you grow in?



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- H. Do you currently use, or have any history of using, tobacco, alcohol, marijuana, or other drugs? If so, please explain.
- I. Are there any special circumstances or situations that could affect your focus during this trip?
- J. How did you hear about YWAM Wylie and Mission Adventures?
- K. Please list the names, email addresses and phone numbers of your references.
-

↓ Please read the following pages below, and then initial and sign them ↓
in the presence of a notary



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Mission Adventures Financial Policy

Because you are receiving direct benefit from your outreach (including food, housing, and ministry set-up), contributions made to Youth With A Mission for your outreach are **not** tax deductible.

Outreach Cost and Payment

The following is a breakdown of the cost amount and due dates of your Mission Adventures outreach:

| Fee: | Amount: | Due: |
|-----------------|----------------|--------------------------|
| Application Fee | \$35/Person | With application |
| Deposit | \$100/Person | 6 weeks prior to arrival |
| Rest of Payment | \$380/Person | 2 weeks prior to arrival |

During the course of the outreach/program YWAM Wylie will provide food, housing, and a program for participants that are accepted and have paid in full. YWAM Wylie is not responsible for any personal financial expenses, medical, or medical-related expenses for any applicant or participant.

Outreach Refund Policy

It is always our aim to operate with integrity and fairness when it comes to finances. On rare occasions, after paying a portion or the full amount of an outreach fee an applicant is unable to fully participate in the outreach for various reasons. In such cases the following policy applies:

- Application fees are non-refundable
- The applicant must inform YWAM Wylie that they will not be participating in the outreach/program at least 24 hours prior to the start of the outreach/program in order to receive reimbursement for payments. Payments will be reimbursed minus any expenses already incurred on behalf of the applicant within 14 days after the end of the outreach/program.
- Should an applicant's involvement in an outreach/program be terminated during that outreach/program, we are unable to provide any reimbursement. Some exceptions may be made under certain circumstances such as a medical emergency. All exceptions are at the sole discretion of YWAM Wylie. Each participant will be responsible for all travel expenses in the event that he/she leaves the outreach/program early.



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Please read the following agreement carefully and initial below.

- a) All prices are subject to change.
- b) If I am unable to attend the outreach/program, the refund policy will apply.
- c) The Application Fee is non-refundable.
- d) Financial arrangements other than those stated above must be approved by the YWAM Wylie Mission Adventures Director.
- e) I am personally responsible for all financial obligations I incur as a result of attending the YWAM outreach.
- f) I confirm that I understand that payment of required fees must be made before arrival.
- g) I have read and agree with the Financial Policy.

____ **(Initial)** I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ **(Parental Initial)** I have read, understand and agree to abide by the processes and principles laid out above.

Liability Release

I/we hereby release YWAM Wylie/YOUTH WITH A MISSION South Dakota, INC., its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss with may be sustained by the undersigned (applicant) during the course of involvement with YOUTH WITH A MISSION, INC.

____ **(Initial)** I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ **(Parental Initial)** I have read, understand and agree to abide by the processes and principles laid out above.

Consent for Treatment

In the event of injury or illness of the undersigned (applicant) while in association with YWAM Wylie/Youth With a Mission South Dakota Inc., I/we hereby agree to the performance of such treatment, anesthetics, and operations as, in the opinion of the attending physician, is deemed necessary.

____ **(Initial)** I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ **(Parental Initial)** I have read, understand and agree to abide by the processes and principles laid out above.



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Right to Publish Agreement

I hereby authorize Youth With a Mission, South Dakota, Inc (YWAM Wylie) the irrevocable and unrestricted right to use and publish quotes, videos, and/or photographs of me/my children or taken by me/my children to which I/they may be included in any editorial, advertising, or other medium at the sole discretion of YWAM Wylie without restrictions. I/We understand that publication may be accomplished electronically via the internet, and that after publication, YWAM Wylie will not be able to prevent persons from gaining access to the internet, copying my/their photographs and video, and subsequently using, altering, or republishing it without my/our consent. This consent and waiver will continue in full force and effect until terminated in writing by me to YWAM Wylie.

____ (Initial) I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ (Parental Initial) I have read, understand and agree to abide by the processes and principles laid out above.

I confirm that I have read this document and I fully understand its content.

Print Name

Signature

Date

Name of Parent Guardian (if participant is under the age of 18): _____

Signature of Parent Guardian: _____

Date: _____

THIS FORM MUST BE NOTARIZED

State of _____, ss. County of _____.

Before me, the undersigned, a Notary Public in and for the said County and State,
_____, personally appeared the identical person who executed the
within and forgoing instrument, and acknowledged to me that he/she executed the same as his/her free
and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of
office the day and year above written.

Notary: _____

My commission expires: ____/____/____

