

Do you have any children? Yes ___ No ___ If yes, how many? _____

Please include the following information for each child:

_____	_____	M or F _____	_____
Last Name	First Name	Date of Birth	Class in School/Kindergarten
_____	_____	M or F _____	_____
Last Name	First Name	Date of Birth	Class in School/Kindergarten

Emergency Information

In case of Emergency, please notify: _____

_____	_____	_____	_____
Last Name	First Name	Relationship	
_____	_____	_____	_____
Street	Address	Apt/Unit	P.O. Box
_____	_____	_____	_____
City/Town	Zip/Postal Code	Country	
Home Tel. #: _____	Mobile #: _____	Email Address: _____	

Family Information

Parents full name: _____

_____	_____	_____
Street Address	Apt/Unit	P.O. Box
_____	_____	_____
City/Town & State/Province	Zip/Postal Code	Country
Are your parents Christians? _____	Did you have a Christian upbringing? _____	
How is your relationship with your parents? _____		

Church Information

Home church _____ Denomination: _____

_____	_____	_____
Street Address	Apt/Unit	P.O. Box
_____	_____	_____
City/Town & State/Province	Zip/Postal Code	Country
Home Tel. #: _____	Mobile #: _____	Email Address: _____
Name of Pastor: _____		
_____	_____	_____
Street Address	Apt/Unit	P.O. Box
_____	_____	_____
City/Town & State/Province	Zip/Postal Code	Country
Home Tel. #: _____	Mobile #: _____	Email Address: _____

Does your pastor agree that you should do this SBS program with YWAM Albania? YES/NO

Please answer the following questions as detailed as possible in the space provided or on the back of the page.

1) Give a testimony of your conversion **and** your relationship with Jesus Christ. _____

2) How has your character changed since becoming a Christian? _____

3) How long have you been regularly attending your church? _____

4) What responsibilities do you have **or** have you had within the church? _____

5) What **or** Who has helped you to grow in your relationship with the Lord? Explain how: _____

6) Why do you want to do a SBS ? _____

Education and Work Information

1) What previous education have you completed (schools, including college/university outside of YWAM ?

NAME	LOCATIONS	YEARS ATTENDED	DEGREE/MAJOR
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2) What languages do you speak/write well/fluently? _____

3) Which languages do you speak/write with limited proficiency? _____

4) List previous employment out side of YWAM:

WORK POSITION	ORGANISATION/COMPANY	LOCATION, DURATION
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5) Which special skills do you have (technical, manual, musical etc)? _____

6) YWAM programs (schools, outreaches, and staff position) have you completed?

PROGRAM	LOCATION/BASE	YEARS	LEADER
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Health Information

- 1) Do you have any physical health problems? Please explain: _____

- 2) Are you taking any form of medication? Please explain: _____

- 3) Do you have any allergies? Please explain: _____

- 4) Have you ever suffered from depression **or** psychological problems? YES/NO If yes, please explain: _____

- 5) Have you ever had **or** do you have a problem with alcohol abuse? YES/NO If yes, please explain: _____

- 6) Have you ever had **or** do you have a problem with drug abuse? YES/NO If yes, please explain: _____

- 7) Have you ever smoked? YES/NO Do you smoke now? YES/NO
- 8) Have you ever tried to commit suicide? YES/NO If, yes, please explain _____
- 9) Have you been in trouble with the law **or** arrested for any offense? If yes, please explain: _____

Financial Information

- 1) Do your parents agree with you coming to this school? YES/NO
- 2) Do your parents understand that by completing this school it does not secure you with future employment with YWAM International? YES/NO
- 3) Do you have the finances to attend this school? YES/NO
- 4) If not, how much do you presently have? _____ (Euros)
- 5) How do you anticipate the provision of any outstanding amount? _____

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school fees must be paid according to the school policy. Being aware of my financial obligations to the Lord, students and staff of the school, I promise to keep my word by paying, in a timely manner, all personal expenses incurred during my involvement with the SBS.

To the best of my knowledge the information stated in this application is true.

Date: _____ Signature: _____

Return this application to: **YWAM Albania SBS*K.P. 119*AEP*Box 33*Tirana, Albania** OR reply to:
sbs@ywam.org.al