

SOAR School Application Form

Please fill out this form and mail to the address below.



NOTE: A recent photograph should accompany all applications. Photos should NOT be sent via fax.

YWAM Bishop/Sea & Summit Expeditions
PO Box 1818
Bishop, CA 93515

Phone (760) 872-6548
Fax (760) 872-6543

Applying For _____ Starting Date _____

Personal Information

Name _____

Age _____ Sex _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

until _____

Permanent
Address _____

Phone - Home: () _____ Work: () _____

E-mail: _____

Single _____ Married _____ Spouse's Name _____

of Children _____

Birth Date _____ Birthplace _____

Citizenship _____

Passport # _____ Expires (date): _____

Education & Experience

Highest Level of Education

Completed: _____

Where: _____

When: _____

Degree(s) &

Major(s): _____

Present

Employer: _____

Occupation: _____

Other skills &

talents: _____

Have you had formal training in wilderness related skills? _____ Where, when, and what? _____

Have you ever been involved in a YWAM short-term outreach or training program? _____ Where and what did you do? _____

Do you have an interest in joining Sea & Summit staff following the course? _____

Please explain (short term/long term/etc.): _____

Financial Information

Do you have any outstanding debts?____ If so, please explain

Do you have the total school fees?_____ If no, what percentage do you have?_____

From what source(s) will you receive the remainder?_____

Outdoor Adventure Experience

EXPERIENCE	YEARS	DIFFICULTY RANGE	LOCATIONS	COMMENTS
Backpacking				
Rockclimbing				
Mountaineering				
Snow Camping				
X-C Skiing				
Ropes Course				
Mountain Biking				
Caving				
Canyoneering				
Whitewater Rafting				
Sea Kayaking				
Sailing				
Snorkeling				
Other				

SOAR Application Questions

1. Describe when and how you came to know Jesus as your personal Savior.

2. Describe your current walk with the Lord.

3. Have you done a YWAM DTS? When and where.

4. Why do you want to attend SOAR?

5. What experience do you have leading outdoor adventure trips or activities?

6. Do you currently work in an organization which uses, or wishes to use, the skills relating to this course?

7. What general ministry and leadership experience do you have?

8. What are your current first aid certifications?

9. Is there any other information that you think would be of help in considering your application?

10. Please list the names, addresses and phone numbers of your three references.



PLEASE NOTE: All references should fill out the "YWAM Confidential Reference" form and mail or fax to us.

PHYSICAL CONDITION: POOR 1—2—3—4—5 STRONG
SWIMMING ABILITY: POOR 1—2—3—4—5 STRONG

Limitations_____

Health & Accident Insurance
Company_____

Extent of Coverage_____ (Sea & Summit provides
minimal accident coverage.)

Person to be notified in case of
Emergency_____

Address 1_____

Address 2_____

City_____ State_____ Zip_____

Phone: Day () _____ Night () _____

Completing the Application:

1. Please complete all parts of the application and return to YWAM Sea & Summit.
2. Please include the non-refundable application fee of \$20.
3. Please distribute the confidential reference forms from our website to either:
 - a. Your Pastor
 - b. A Spiritual Mentor
 - c. An Employer or Friend
4. A sports physical will be required before attending any YWAM Sea & Summit school. Please send a copy of the results, signed by your doctor, to us.

I commit myself to paying all personal expenses incurred during my involvement with YWAM Sea & Summit.

I have accurately completed all portions of the application for admission to YWAM Sea & Summit. If accepted, I will abide by the spirit, policy and schedule of the school program.

Signature_____

Date_____