

YWAM Bishop/Sea & Summit Expeditions

PO Box 1818
Bishop, CA 93515
Office (760) 872-6548
Fax (760) 872-6543

*Please attach a
recent photo
of yourself.*

SOAR Application Form

Applying For _____ Starting Date _____

Personal Information:

Name _____ Age _____ Sex _____
Present Address _____ until _____
Permanent Address _____
Phone - Home: () _____ Work: () _____ E-mail: _____
Single _____ Married _____ Spouse's Name _____ # of Children _____
Birth date _____ Birthplace _____ Citizenship _____
Passport # _____ Expiration 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? _____

SOAR Application Questions:

Please answer the following questions on a **separate piece of paper** and send with your application.

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? 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 leadership and ministry 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.

Outdoor Adventure Experience:

EXPERIENCE	YEARS	DIFFICULTY RANGE	LOCATIONS	COMMENTS
Backpacking				
Rock climbing				
Mountaineering				
Snow Camping				
X-C Skiing				
Ropes Course				
Mountain Biking				
Caving				
Canyoneering				
Other				

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 _____

Phone: Day () _____ Night () _____

Completing the Application:

1. Please complete all parts of the application and return to YWAM Sea & Summit.
2. Please answer the additional questions on the enclosed page.
3. Please include the non-refundable **application fee** of \$20.
4. Please distribute the enclosed **confidential reference** forms to:
 1. Your Pastor;
 2. A Spiritual Mentor;
 3. An Employer or Friend
5. 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. (this can be completed after notice of acceptance)

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_____

PLEASE RETURN DIRECTLY TO:

**AARON FISCHER
SEA & SUMMIT EXPEDITIONS
P.O. BOX 1818
BISHOP, CA 93515-1818 U.S.A**