

**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**