
EME-SOSMJUCUM AREA DEL PACIFICO



It is a blessing to have you in our school so you can experience God's heart for the nations.

1. Pray to God to give you a nation where you can serve Him.
2. Talk to your Pastor and the leaders of your Church or organization to get involved with you in this adventure with God, with prayer, finances and Pastoral care.

Requirements to fill out and submit the SOSM Application (School of Strategic Missions)

In order for us to process your application, we must receive all the completed forms. If a question does not apply, simply write N / A. Please write legibly.

1. Fill personal information
2. Family information
3. Family background
4. Church information
5. Education and experience
6. Christian life and calling
7. Health
8. Consent to treatment
9. Liability release
10. Legal consent for minors
11. Confidential health
12. Medical report
13. Medical insurance
14. Confidential health of the child
15. Finances
16. Legal information
17. Confidential reference from the pastor
18. Confidential reference from the leader

19. Confidential reference from your friend

Regarding the confidential forms, your Pastor / leader / friend have to send it directly to YWAM, scanned and in PDF.

Send \$ 20 USD or its equivalent in soles to our bank account. It is your registration fee. The personal photo has to be updated.

Send us your application forms to our Email or Facebook address.

Address: Av. Guardia Civil 725, San Juan Bautista, Iquitos, Perú

Correo electrónico/Email: emejucumpacifico@gmail.com

We cannot begin to process your Application Request until all the above mentioned forms are returned to the SOSM email. Once the complete package is received, it will be sent to the leaders for a decision. The entire process from start to finish can take 3 to 4 weeks.

Once it is accepted or rejected, you will be notified. It will also tell you when you can arrive at the Base. Please do not come to the Base before this.

Personal Information

Attach
Recent
Photograph
Here

Name

Last Name First Name

Date of application.

Address _____ Phone _____

City _____ Age _____

Gender (F/M) _____

Email _____

Facebook _____

Place and date of birth

ID Number _____

Citizenship _____

Passport Number _____ Date issued _____

Expiry Date _____

In case of emergency, contact:

Name _____

Relationship _____

Address _____

Phone _____

Email _____

2. FAMILY INFORMATION

Single _____ Married _____ / Widow _____

Spouse name: _____

Date of birth _____ (dd/mm/yyyy) _____

Birthplace: _____

Citizenship _____

Please list dependent children that will be with you:

Name	Date of Birth	Age	Gender (F/M)	School Grade

3. FAMILY BACKGROUND

How would you describe your childhood?

Please describe your relationship with your father.

Your relationship with your mother:

4. CHURCH BACKGROUND:

Name of the Church, organization:

Name of Pastor/Elder: _____

Pastor's Address _____

Email: _____

Church Address _____

5. EDUCATIONAL EXPERIENCE:

YWAM Schools /Location:/Date (m/d/y)

DTS or CDTs			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you complete High School? yes No

If you have previously served with YWAM, please state your involvement, location, supervisor, etc.

Do you have any other training, skills or experience that may be applied from time to time in other areas?

Make a list of your work experiences, including the date, type of work and responsibility.

Describe your natural abilities and hobbies in your spare time.

6. CHRISTIAN LIFE & CALLING

Please complete the following questions on a separate sheet. If possible, answer on a separate sheet and be specific.

1. Write down your testimony how you became a Christian and the influencing events.
2. Describe your actual relationship with the Lord
3. Do you have a specific call to a country, ethnic group, or area of society where you would like to get involved?
4. What projects have you been developing to fulfill your call?
5. How do you describe your relationship with your pastor, YWAM leader? Do you have good communication with him/her? What does he/ she think about your calling?
6. Do you receive support from your church? (prayer, finances, pastoral care) If not, how can you enlist the support of your Church or the mission's committee? Explain.

7. HEALTH

- a) Do you have any health problems or physical limitations that could reduce your participation during School Classes or work duties?
Yes _____ No _____

If your answer is yes, please explain (eg.: if you recently had an operation)

- b) Do you have a special diet?
Yes _____ No _____

If your answer is yes, explain

- c) Are you currently under any medical treatment?
Yes _____ No _____

If your answer is yes, please explain.

d) Have you ever been under psychiatric, psychological treatment?

Yes ___ No ___

If your answer is yes, please explain

8. CONSENT TO TREATMENT

If under 18, ask a parent / guardian to sign below).

we authorize Youth with a Mission or any person who is part of the staff to make the most appropriate decision in the event of an emergency and we accept the performance of said medical treatment, and operations according to deemed necessary in the opinion of the treating physician of the person named below.

Name of Applicant

Name of parent or guardian

Applicant Signature

Date

Signature of Parent / Guardian Date

Relationship with the applicant

9. RELEASE OF LIABILITY

(If you are under the age of 18 or above, have a parent / guardian sign below).

I hereby release the University of the Nations and YWAM, its agents, employees and volunteer assistants from any liability arising out of any injury, damage or loss that such person may suffer during the course of their involvement with Youth with a Mission.

Applicant's name

Name of parent or Guardian

Applicant Signature

Date

Parent / Guardian Signature

Date

Relationship with the applicant

10. MINOR CONSENT CONSENTIMIENTO LEGAL PARA MENORES

(If you under 18, have a parent / guardian sign below).

I hereby give my consent to my (minor's full name) to travel outside of the country with Youth with a Mission.

Father signature/ tutor Date

(dd /Mm/YY)

Relationship with the applicant

11. CONFIDENTIAL HEALTH FORM

This information is confidential. Print or write the answers to ALL questions. Use additional pages if necessary.

Name and Last Name

Date of birth _____ Gender (M / F): __ Place of birth _____ (d / m / yy)

Rate your health Excellent Good Regular Deficient

Have you ever had any of the following?

Yes___ No___

Cáncer	Parálisis/ Paralysis	
Joint dislocation	Diabetes/Diabetes	
Duodenal ulcer	Insomio/ Insomnia	
Recurrent headache	Problemas cardiacos/ Heart problems	
Epilepsy	Anemia/ Anemia	
Hepatitis	Hipertensión arterial/ Arterial hypertension	
Mental or nervous disorders	Fiebre del heno/ Hay fever	
Intestinal problems	Asma/ asthma	

Low blood pressure		Sarampión (rubéola)/ Rubeola measles	
Rheumatism Arthritis		Varicela/ Chickenpox	
Spinal problem		Tuberculosis/Tuberculosis	
Whooping cough		Covid-19	

List any other illnesses, conditions, or surgeries you have had or currently have:

Allergies (list any allergies you may have):

Penicillin, other medicines or Food:

Sulfonamides _____

Bee sting _____

Other _____

Have you been diagnosed with HIV? No Yes

12. MEDICAL REPORT

Doctor's Name: (Please print)

Address: _____ Phone: _____

Blood type _____ Weight _____ Size _____

Are you currently under the care of a physician for any medical condition No yes

If yes, please specify:

Are you taking any prescription?

yes No

If yes, please specify:

Do you have any physical impairment, disability or health condition that requires special attention? Yes No

If yes, describe.

Do you have a history of:?

Eating disorders: Yes No

Drug abuse, alcohol Yes No

If yes, When? _____ For how long?

Explain:

Physician's Signature _____

13. CONFIDENTIAL HEALTH FORM: CHILD 1 of 2

Please complete this form ONLY if you have children who accompany you. This information is treated as confidential. Print or write the answers to ALL questions. Please complete one form for each of your children.

Parents' names

Child's name

Date of birth of the child, Sex (M / F): Birthplace

Has your child had any of the following situations?

check with Yes or No

Diseases	Yes	Diseases	No
Skin conditions		Cáncer	
Eye trouble		Hypertension	
Head injury		Low blood pressure	
Epilepsy		Rheumatism Arthritis	
Mental or Nervous disorders		back pains	
Paralysis		Chickenpox	
Tuberculosis		Dislocation of joints	
Measles		Duodenal ulcer	
Hay fever		Hepatitis	
Tumor		Intestinal problems	
Diabetes		Heart problems	
Asthma		whooping cough	
Mumps ;Scarlet fever;			

		Renal disease	
Cancer		Anemia	

List any other illnesses, conditions, or surgeries your child has had or currently has:

14. FINANZAS / FINANCES

Do you have debt problems? Yes ___ No ___

Amount _____

To whom do you owe? _____

How do you expect to pay off this debt?

Do you have finances to pay SOSM?

Yes ___ No ___

We encourage you to complete this application with the utmost sincerity. Your answers do not condition that you be accepted into the School, but they help us to know you more. Applications are completely confidential.

Declaration and signature

"I _____ have filled out all the requirements of this application to participate in the School of Strategic Missions, with total sincerity. If I am accepted by the School of SOSM, I voluntarily submit to the spirit, values and itineraries of this school".

15.CONFIDENTIAL REFERENCE

Please fill in your information (There should be three copies, for the Pastor, leader and friend)

Applicant's Name _____

Pastor, Leader or Friend's Phone

Address _____ City _____

This person is applying to our YWAM School of Strategic Missions (SOSM). Please make an evaluation of the applicant's conditions of service; we will be very grateful to have all the information requested in this form.

Name _____

Relationship with the applicant Pastor ___ Leader ___ Friend___

How well do you know the applicant? ___ Very well ___ Good ___ Casual

How long? _____ Check with an X the most appropriate answer for the applicant in the following areas:

Attitudes	Excellent	Very Good	Good	Regular	Bad
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social ability					
Leadership					
Willingness to serve					
Emotional stability					
Comunication					
Health					
Personal appearance					

Mark with an X the appropriate answer to the left of the memory.

Sincerity:	X	Honest, transparent	Normal	tendency to lie
mental:		Quick to comprehend	Normal	Slow

Diligence	Industrious	Normal	Lacks persistence
Reliability	Complies with his obligations	Normal	Is negligent
Teamwork	Works well together	Normal	Causes divisions
Flexibility	Open to changes	Normal	Inflexible
Christian character	Balanced	Normal	Unstable
Disposition:	Content	Normal	Passive
Punctuality	Punctual	Normal	Unfulfilled
Financial responsibility	Honors his/her obligations	Normal	Negligence

Comments from the above areas:

With reference to his/her Christian service is: ___dedicated ___ average ___ Casual

please comment:

your consideration, which of the following characteristics best describes the applicant's Christian experience?

Deep___Contagious___Genuine___ Growing ___ Shallow___

Please comment:

Does he/she demonstrate high moral standards? ___ Yes ___ No Explain:

In your opinion, what are the reasons for the applicant to be interested in our SOSM School?

___ Christian service

___ Adventure

___ Travel

___ Desire to share the gospel

___ Desire to help others

___ Receive help / ministry

___ Escape from a difficult home

___ Other

Explain: _____

Give a brief comment on the applicant's family and social background.

In your concept, what are the applicant's strongest areas?

Give other pertinent comments (medical or psychological conditions, drug or alcohol abuse, homosexual or occult tendencies, delinquency, etc.)

What can YWAM do to help the applicant's personal development?

(If you are a Pastor, answer). Does your congregation support the applicant with prayer, pastoral care and offerings? Please comment:

Would you recommend the applicant to be accepted in our School?

___ Yes, definitely

___ With some doubt ___ No Explain:

Signature _____ Date _____

Name _____ Phone _____

Address _____ City _____ Country _____

Email _____

Facebook _____ Other _____

Once the confidential reference form has been filled out: Scan and send it in PDF to: emejucumpacifico@gmail.com or to Facebook EME Jucum Pacifico. Any questions or concerns, please contact us.