

## WELCOME TO YOUTH WITH A MISSION -ToRCH BASE

Jinja, often called the "Adventure Capital of East Africa," is a green and well-organized city known for its rich natural beauty and historical colonial architecture. The city's defining feature is its location on the shores of Lake Victoria, at the very Source of the River Nile.

**YWAM ToRCH** is a fast-growing mission center, part of Youth With A Mission Uganda, which is an international and interdenominational mission organization operating in over 180 countries of the world. In ToRCH, we are involved in Evangelism, Training, Mercy ministries and Community development.

**Training in YWAM ToRCH:** There are various courses that we run under the international Christian university started by YWAM called University of the Nations. Courses include:

1. **Discipleship Training School (DTS)** - 6 months
2. **School Of Transformational Business (SOTB)** - 3 months
3. **Principles in Child, Youth and Family Ministry (PCYFM)** -3 months
4. **Photography workshops** - 2 Weeks

### **Other ministries in YWAM ToRCH:**

Outreach to different communities (involving both local and international teams)

Church ministry—evangelism and seminars with local churches

Prison ministry— (Kirinya ,Kityerera and Imaniro prison)

Skills Training for disadvantaged young women (tailoring and hair-dressing).

### **PRINCIPLES IN CHILD, YOUTH AND FAMILY MINISTRY COSTS** are as follows

Category A - USD 870.00

Category B - USD 870.00

Category C - (Non-EAC) USD 500.00

Category D - (East African) USD 400.00

### **YWAM ToRCH CONTACT DETAILS:**

The Training Administrator, P. O. BOX 739, JINJA

Tel: +256 703 966 060

Email: torch@ywamuganda.org / wsonga1995@gmail.com

Website: ywamtorch.org



NB: Please when returning the application forms DO NOT return this page

### **GUIDE TO COMPLETING APPLICATION**

Thank you for applying to Youth with a Mission ToRCH. In order for us to process your application, we must receive all the following completed forms.

- 1. School Application Form** Write all dates in an international format: day, month, year
- 2. Health form.** You are required to obtain physical examination record by your physician or any licensed physician. Please send it with your application form.
- 3. Confidential Reference form** After you write your details give one to your pastor and another to a spiritual leader or an honest friend, ask them to mail it directly to YWAM ToRCH (provide a stamped envelope if necessary)
- 4. Christian Experience.** Please answer all the questions on the page entitled "Christian Experience" on a separate piece of paper and return it with the application form.

### **IMPORTANT REMINDER**

All parts of this application need to be in our office before you can be considered for this school. This includes the following:

- All questions in these application forms to be answered clearly.
- All two reference forms returned
- Registration fee included (paid)
- Health form physician completed
- 3 passport size photos to be provided
- Passport photocopy

**NB:** Please return the form to the Administrator on the address in the first page;

**DO NOT** return this page with the rest of the applications form.



## SCHOOL APPLICATION - PCYFM

### PERSONAL INFORMATION:

Application date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DAY/MONTH/ YEAR

School intake (starting month) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

(Last (family) Name      First Name      Middle name)

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DAY/MONTH/ YEAR

Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_

Birthplace: \_\_\_\_\_

Nationality: \_\_\_\_\_

Current Address-

\_\_\_\_\_  
\_\_\_\_\_

Permanent Address (If different from above)

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Divorced  Engaged  Married  Widowed

Spouse's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Day/ Month/Year)

Dependents: Names of the children if accompanying you:

FAMILY NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	GENDER (F/M)	SCHOOL	GRADE



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Home Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Pastors Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NB: Please include 3 passport size photos with this form: Visa requirements will be given separately.**

**EMERGENCY INFORMATION:** In case of emergency,

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_



**EDUCATION, SKILL AND WORK EXPERIENCE**

Please list your education background.

Level	Name of Establishment	Dates attended	Qualifications Attained
Primary			
Secondary			
University/Collage			
Others1.			
2.			

Please list your work experience.

Type of work	Location	When	Length of Employment

What areas (career) are you interested in pursuing?  
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What leadership experience have you had?

- Youth group                      Outreaches                      Open Airs
- Home groups/Small groups                      Street work
- Discipleship                      Prayer groups                      Street Works

Would you feel comfortable with having responsibility for others?

Yes                      No

Have you had people working under you?

Yes                      No



Please tick appropriately [ ✓ ] below the skills you have experience in.

	SKILLS	MUCH	SOME	LITTLE	Please list any other skills/or use this space to give us more details.
1	Drama				
2	Auto Mechanics				
3	Computer				
4	Accounting				
5	Video				
6	Art/crafts				
7	Music				
8	Cooking				
9	Construction				
10	Public Relation				
11	Electronics				
12	Plumbing				
13	Hospitality				
14	Housekeeping				
15	Typing/office work				
16	Administration				
17	Electronics				
18	Sound Equipment				
19	Driving (what class)?				

**EXPECTATIONS.**

How did you first hear about YWAM ToRCH?

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What expectations do you have of being a student at YWAM ToRCH?

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**FINANCIAL INFORMATION**

**Financial Policy.**

You must pay all your school fees upon arrival. Please do not come to school without the agreement of the school leader if you don't have all your fees. Lack of timely payment may result in termination of school.

I agree to the above-mentioned financial policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you able to pay your school fees as described in the financial policy?

Yes. \_\_\_\_ No. \_\_\_\_

If No, how will you raise your school fees? (give a practical answer)

\_\_\_\_\_

Do you have any debts?

Yes. \_\_\_\_ No. \_\_\_\_

If yes, how much? \_\_\_\_\_

How are you planning to payoff? \_\_\_\_\_

(give a practical answer)

**CONSENT FOR TREATMENT:** In case of emergency,

I hereby agree to the performance of such treatment. Including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN - REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE**

Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_



Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

I hereby release Youth with a Mission, its staff, agents and volunteer workers from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth with a Mission.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HEALTH FORM (A)**

**PERSONAL MEDICAL HISTORY – to be filled in by the Applicant.**

**Are you allergic to any drug, food or other physiological influences, such as dust, pollen, smoke etc?**

No Yes [If "Yes" please specify] \_\_\_\_\_

**Are you presently under a doctor's care?**

No Yes [If "yes" please specify what for]  
\_\_\_\_\_

**Do you have a history of emotional instability or psychiatric treatment?**

No Yes  
[If "Yes" please specify] \_\_\_\_\_

**Are you taking any medication at this time?**

No Yes  
[If "Yes" please specify] \_\_\_\_\_

**Do you have medical insurance?**

No Yes  
If yes, Name of Insurer: \_\_\_\_\_  
Medical Insurance No.: \_\_\_\_\_

**Have you ever had, or do you have any of the following?**

Ye s	N o		Ye s	No		Yes	No	
		Recurrent headache			High blood Pressure			Anaemia
		Epilepsy			Low blood pressure			Tumor



		Fainting spells			Back problem			Allergies (specify)
		Insomnia			Surgery			Recurrent diarrhea
		Shortness of breath			Appendectomy			Hay fever, Asthma
		Heart trouble			Diabetes			Intestinal troubles
		Mental/Nervous disorders			Stomach/Duodenal ulcers			

**For Women (Females) Only:**

Yes	No		Yes	No	
		Irregular Periods			Excessive Flow
		Severe Cramps			Are you Pregnant?

If You are Pregnant - how many months?\_\_\_\_\_

**Are you able to walk up to six miles (10Km) in a day?**

Yes No.

If No, please explain \_\_\_\_\_

**Are you able to carryout reasonable strenuous physical work?**

Yes No.

If No, please explain \_\_\_\_\_

**NB: I certify that all information in this application is complete and accurate to the best of my knowledge:**

Signature:\_\_\_\_\_ Date:\_\_\_\_\_



## HEALTH FORM (B)

### TO BE FILLED BY A QUALIFIED PHYSICIAN/MEDICAL DOCTOR

This information is treated confidentially and separate from your academic records.

Please write in your Name – then give this form to a physician who will examine you, fill in the form and sign it.

Name: \_\_\_\_\_

The above applicant is applying to do a short course with Youth With A Mission ToRCh, situated in Jinja,Uganda. This training involves lectures, practical work and some travel to other parts of the country. We kindly request that you examine the person medically and make appropriate observations, comments and recommendations regarding their health as below:

1. PAST HISTORY \_\_\_\_\_

2. RELEVANT FAMILY HISTORY \_\_\_\_\_

3. CURRENT MEDICATION \_\_\_\_\_

What is their height? Ft \_\_\_\_\_In\_\_\_\_\_ or (M/Cm) \_\_\_\_\_Weight? (Kgs/lbs)

Color of Eyes \_\_\_\_ Hair Color \_\_\_\_\_

4. OPINION - In your opinion is the applicant presently in good health?

Yes No

If No, please specify \_\_\_\_\_

4. GENERAL HEALTH: Please give details if the applicant has had any problems with:

- Epilepsy or fits
- Anemia or blood disorders.



- Hypertension or heart disease
- Psychiatric problems
- Adverse reactions to stressful situations

5. Is the applicant free from **INFECTIOUS DISEASES**? Yes/ No (Specify)

6. Has the applicant had any **ALLERGIC REACTIONS**? Yes / No (Specify)

7. Is there any other **RELEVANT INFORMATION** which we need to know before accepting the applicant?

Yes No

If Yes, Please Specify \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Practice Stamp:



**REFERENCE FORM 1 (To be filled by the Pastor)**

Please complete the information below and provide a stamped envelope to send the form to YWAM ToRCH

**Name of applicant:**

\_\_\_\_\_

LAST/FAMILY

FIRST

MIDDLE

**School applying for:** \_\_\_\_\_ **Starting Date of school:** \_\_\_\_\_

The above applicant has applied for admission to Youth With A Mission (YWAM) in ToRCH. YWAM is an interdenominational, international Christian missionary organization founded in 1960 and now it operates in over 300 locations around the world. Its purposes include training challenging and channeling Christians to fulfil Christ's command "Go, therefore, and make disciples of all nations"

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention to completing this form is important. Thank you for your assistance.

**How well do you know the applicant?**

Very well

Well

Casually

**Please comment on your perception of the applicant's ability regarding the qualities below**

	Superior	Average	Below Average	Inferior	Comments
Initiative					
Social					
Adaptability					
Concern for					



others					
Ability to follow					
Leadership					
Decision-making					
Emotional stability					
Health					
Personal Motivation					
Teachable Spirit					
Servanthood					
Personal appearance					

Any extra comments:

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Please tick (√) on the appropriate level of each category

1	Mental Ability	Quick to comprehend	Average	Slow
2	Industry	Hard worker	Average	Lacks Persistence
3	Reliability	Meets obligations	Average	Neglects obligations
4	Co-operative	Works well with others	Average	Avoids group activities
5	Flexibility	Open to change	Average	Unyielding
6	Christian character	Well balanced	Average	Unstable
7	Disposition	Punctual	Average	Passive
8	Punctuality	Cheerful	Average	Often Late
9	Financial responsibility	Honors obligations	Average	Neglectful

Any extra Comments:

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1. To what extent is the applicant active in church?

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2. Does he/she display high moral standards? Yes/No (specify)

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3. Is he/she prejudiced against groups, races or nationalities?



Yes No

If Yes, Please Specify \_\_\_\_\_

4. With reference to his/her Christian service, do you consider the applicant to be:  
Dedicated / Average / Casual?

5. In your consideration, which of the following would best describe the applicant's  
Christian experience? Mature / Contagious / Over-Emotional / Superficial / Genuine  
and growing?

6. Comments (Include any special abilities):

\_\_\_\_\_  
\_\_\_\_\_

7. Please comment on the applicant's family background (if known)

\_\_\_\_\_

8. In your opinion, what are the applicant's motives for applying to be a student with  
Youth with a Mission?

\_\_\_\_\_

9. What could Youth with a Mission do to aid the applicant's personal development?

\_\_\_\_\_

10. Please add any other relevant remarks (i.e. medical Psychological, drugs, alcohol,  
or other areas of their life we should know more about, to be of service to them).

\_\_\_\_\_

11. Would you recommend the applicant for acceptance into Youth with a Mission  
Jinja? Yes / No (please explain)

\_\_\_\_\_

12. If you have some reservations (please explain)

\_\_\_\_\_

13. Is your congregation (group) supporting the applicant with enthusiasm, prayer and  
finances? If yes, please specify.

\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and  
believe that he/she possesses the qualities indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. \_\_\_\_\_

E-mail. \_\_\_\_\_

Would you like to receive more information about Youth with a Mission, ToRCH?

Yes No

Please send this reference form to:

The Training Administrator, YWAM ToRCH-

P. O. BOX 739,

JINJA

Email: torch@ywamuganda.org / wsonga1995@gmail.com

Phone: +256 703 966 060

### REFERENCE FORM 2

(Filled by an honest Friend or Spiritual leader)

Please complete the information below and provide a stamped envelope to send the form to YWAM ToRCH.

Name of applicant: \_\_\_\_\_

LAST/FAMILY

FIRST

MIDDLE

School applying for: \_\_\_\_\_ Starting Date of school: \_\_\_\_\_

The above applicant has applied for admission to Youth With A Mission (YWAM) ToRCH. YWAM is an interdenominational, international Christian missionary organization founded in 1960 and now it operates in over 300 locations on all six continents. Its purposes include training challenging and channeling Christians to fulfill Christ's command "Go, therefore, and make disciples of all nations"

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully, your prompt attention in completing this form is important. Thank you for your assistance.

What is your Relationship with the Applicant? \_\_\_\_\_

How well do you know the applicant?                      Very well    Well    Casually

Please Comment on your perception of the applicant's ability regarding the qualities below



	Superior	Average	Below Average	Inferior	Comments
Initiative					
Social					
Concern for others					
Ability to follow					
Leadership					
Decision-making					
Emotional stability					
Health					
Personal Motivation					
Teachable Spirit					
Servanthood					
Personal appearance					

Any extra comments:

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Please tick (✓) on the appropriate level of each category

1	Mental Ability	Quick to comprehend	Average	Slow
2	Industry	Hard worker	Average	Lacks Persistence
3	Reliability	Meets obligations	Average	Neglects obligations
4	Co-operative	Works well with others	Average	Avoids group activities
5	Flexibility	Open to change	Average	Unyielding
6	Christian character	Well balanced	Average	Unstable
7	Disposition	Punctual	Average	Passive
8	Punctuality	Cheerful	Average	Often Late
9	Financial responsibility	Honors obligations	Average	Neglectful

Any Extra Comments

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1. To what extent is the applicant active in Christian activities?

2. Does





11. What role are you playing in the applicant coming to study in YWAM Jinja? Are you supporting them in anyway? Explain

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I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send this reference form to:

The Training Administrator, YWAM ToRCH, P. O. BOX 739, JINJA  
Phone: +256 703 966 060      Email: torch@ywamuganda.org  
[wsonga1995@gmail.com](mailto:wsonga1995@gmail.com)

### CHRISTIAN EXPERIENCE

**Please answer the questions below on a separate sheet of paper and send together with your application form**

- 1) Describe your conversion—how did you come to commit your life to Jesus?
- 2) Please outline your spiritual growth since you first got saved.
- 3) Are there specific areas of your life you are seeking help/to grow and develop?
- 4) Describe your relationships with your family and local church
- 5) What are your purpose/expectations in attending a PCYFM?
- 6) Describe shortly your past and present ministry involvement and your future goals.
- 7) Do you sense the Lord leading you to a particular country or people group?
- 8) Do you feel God has placed a call to full-time missions in your life?
- 9) If engaged, would you participate in the school if your fiancée was not accepted?



10) Have you ever participated in any drug abuse, occult practices, religious cults, homosexuality or alcoholism? If yes, please state length of involvement, if you have been fully set free, and how you got over it (if you have).

11) List anything else we should know about you or your current situation, e.g. financial situation, unsympathetic parents or church leaders etc?

12) Have you lived in or visited other countries? If so, where, how long, what were you doing?

) Do you believe you could live in situations that are different from your home, i.e. different housing (limited-sharing rooms-dormitory), food, culture, small quarters for families, etc.?

14) Does your pastor/leaders/parents approve of you attending the PCYFM?

15) Are you considering working or studying further with YWAM following your PCYFM? If so, what areas are you planning on pursuing?

16) Should we be unable to accept your application for the intake you have applied for would you want us to transfer your application to the next intake or recommend you to another YWAM base nearby?

