



School of Biblical Christian Worldview  
JMEM HURLACH, GERMANY

**Student Application Form**

Send all application forms to:

YWAM Worldview Department / JMEM SBCW  
Schlossgasse 1, 86857 Hurlach, Germany

Tel: 08248 - 122 – 0/45

E-Mail: [sbcw@jmem-hurlach.de](mailto:sbcw@jmem-hurlach.de)

Please  
include  
your  
photo

**1. Personal data**

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_ Middle name (if any): \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender:  Male  Female

Date of birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(dd/mm/yy) (City, country )

Country of residence \_\_\_\_\_ State/Province \_\_\_\_\_  
(Including country code)

City/town/village \_\_\_\_\_ Street name \_\_\_\_\_

Zip/Post code/PO Box/PMB \_\_\_\_\_ House number: \_\_\_\_\_

Profession: \_\_\_\_\_

Marital status:  Single  In relationship  Engaged  Married  Divorced  Widow  
(Check the right box, please)

**2. Spouse & Children Information**

If spouse or/and child(ren) are coming, please give full names as written in passport, their dates and places of birth, nationalities, and passport numbers on a separate sheet and join it to your application form.

**3. Church information**

Name of church you attend: \_\_\_\_\_

Your church denomination: \_\_\_\_\_

Your role in the church and duration \_\_\_\_\_

Name of your church pastor: \_\_\_\_\_

Pastor's email: \_\_\_\_\_

**4. Passport Information**

Name as printed on passport: \_\_\_\_\_

Your passport number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Passport issued on: \_\_\_\_\_ (dd/mm/yy) Expires on: \_\_\_\_\_ (City, country) (dd/mm/yy)

Passport issuing authority: \_\_\_\_\_

### 5. Health & Insurance Information

How would you describe your health? \_\_\_\_\_

If on medication, diet or others, please explain the condition: \_\_\_\_\_

Do you have an insurance that covers you for all the duration of your stay with YWAM Hurlach?  Yes  No;

If yes, please state the name of your insurer and duration covered.

Medical insurance is required for all students during the school. Youth With A Mission does not accept any liability in case of injuries or illnesses.

### 6. Contact person in case of emergency

Name of the person: \_\_\_\_\_

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

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of relationship: \_\_\_\_\_

### 7. Education Information

Do you have driver's license?  Yes  No

List the languages you can speak and say how well you can speak, write or understand them.

	language	Limited words	Basic speaking	Fluent speaking
1				
2				
3				
4				
5				

Write names of the schools/ college /universities completed outside of YWAM

Course name	Period	Location	Degree / Major

### 8. Work experience (outside of YWAM):

Work position	Organisation/company	Location	Duration

Have you done a DTS? Lecture starting date: \_\_\_\_\_ Lecture end date \_\_\_\_\_

DTS outreach starting date: \_\_\_\_\_ outreach end date \_\_\_\_\_

DTS Location or base: \_\_\_\_\_

Are you pursuing a degree with UofN? Yes  No

If yes, which faculty? \_\_\_\_\_

List other YWAM schools taken, locations, and outreaches

Course name	Period/ years	Location	Leader

Please rate your ability in the following skills:

	Excellent	Above average	Below average	Remarks
Building Maintenance				
Vehicle Maintenance				
Gardening				
House keeping				
Cooking & Baking				
Childcare				
Musical worship				

How did you come across SBCW and why do you want to take the course? \_\_\_\_\_

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

What are your expectations for the SBCW? \_\_\_\_\_

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

If you are aware of your God's specific calling(s), could you mention them:

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

Do you have any outstanding debt?  Yes  No. If yes, how much (in €) ? \_\_\_\_\_

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

Do you have the necessary funds for your SBCW? How much? \_\_\_\_\_

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

What books and magazines influenced you personally? \_\_\_\_\_

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

What are your leaders, parents and pastor's opinions about your decision to do SBCW? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As completion of your application form, we require you to provide 2 filled confidential reference forms from your recent YWAM school or ministry leader to us and your recent YWAM school one on one leader. Give then their names & e-mail addresses:

YWAM school or ministry leader's name \_\_\_\_\_  
Email: \_\_\_\_\_

YWAM school one one one leader's name: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Important**

Please, download, and send by e-mail or in printed version, to your 2 referees (pastor and your most recent YWAM school or ministry leader if applicable), the Reference form that are on our website, in order that they fill and send them to us directly at [sbcw@jmem-hurlach.de](mailto:sbcw@jmem-hurlach.de).

Describe briefly your life resume and conversion experience: (skip this question if you have done YWAM DTS (Discipleship Training School): feel free to use a separate sheet for these questions if necessary.

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

Describe events that have been influential in your spiritual life: \_\_\_\_\_

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

What activities have you been involved, as an active church member or in a Christian group?

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

I take full responsibility for my actions during my time with Youth With A Mission. If I come without health insurance, I release YWAM from any liability in case of medical expenses. I have answered all questions and affirm that all statements are in accordance with truth.

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

I hereby declare that I consent to the usage of photos and footage that depict my-self for the presentation and advertisement of the Biblical Worldview school. This includes recorded audio and video material, pictures and photographs on the internet, on local storage devices and/or in printed form. I am aware that I can revoke this consent anytime by written declaration – by letter, note or email.

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



**9. Additional Questions for Those Who Are in a Relationship or Married, or Have Children**

If you are in a relationship: How are you planning to live out your relationship during the SBCW?

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If you are engaged: What does your fiancé(-e) think about your plans to attend the SBCW?

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If you are married: How would you describe your relationship with your partner? How does the SBCW fit into your mutual plans as a couple? \_\_\_\_\_

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If you have children: Please give us their names and birthdates: \_\_\_\_\_

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Does your spouse or children have a health condition? If so, what (e.g. special diet, physical impairment, psychiatric needs that require special attention)? \_\_\_\_\_

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**10. At this point we would like to point out some more aspects of student life at the castle:**

**Work Duties**

Work duties are part of all YWAM schools. It is only because of the help of students in areas like the kitchen that we can even run our training centers.

The standard work duty for SBCW students is 10 hours a week. In addition there are further kitchen duties on some weekends.

**Accommodation**

For those who don't know the castle, it is also necessary to point out the nature of the accommodation. Our students stay in large dorm rooms with a capacity of up to ten people. This means you may end up living with nine other students in a room. I have read this information attentively and do want to attend the SBCW.

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