

Teen Missions International in South Africa
BIBLE, MISSIONARY & WORK TRAINING CENTER
APPLICATION FOR ADMISSION

Date of Application: ___/___/___ National ID Number _____

Full Legal Name: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

Age: ___ Date of Birth: ___/___/___ Place of Birth: _____

Sex: F M Height: _____ Weight: _____

Occupation: _____ Specialized Training: _____

Citizen of South Africa: Yes No Other If Other, Where: _____

Do you have a passport? : Yes No If Yes, List Passport Number: _____

What Language do you speak at home: _____

List Other Languages :	Speaking	Reading	Writing
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Marital Status: Single Engaged Married Divorced Widowed

Are you currently involved in a relationship which could lead to engagement? Yes No

Name of Spouse: _____ Date of Marriage: ___/___/___

Date of Separation, Divorce, Remarriage or Death of Spouse: ___/___/___

Do you have or have you ever had any children? Yes No

If Yes, Please Identify them below:

Name	Sex	Age	Date of Birth
_____	___	___	___/___/___
_____	___	___	___/___/___
_____	___	___	___/___/___

With whom do your children live with? _____

Church:

Do you attend church regularly? Y N How often? _____

Name of church you attend: _____

Name of Pastor: _____

Address: _____

Pastor's Phone Number: _____

Do you consider yourself a **born again** Christian? Y N

Family Background:

Father's Name: _____

Father's Address: _____

Occupation: _____ Position: _____
 If deceased, when? ___/___/___

Mother's Name: _____
 Mother's Address: _____
 Occupation: _____ Position: _____
 If deceased, when? ___/___/___

Date of Parent's Marriage: ___/___/___ If Separated, Date: ___/___/___

Number of Siblings older than you: _____
 Number of Siblings younger than you: _____

With whom do you live? _____
 Members of your family who have attended Teen Missions: _____

Educational and Work Experience:
 Name of Elementary school: _____
 Address: _____
 Name of Secondary school: _____
 Address: _____
 Have you completed Metric? Y N When did you graduate? ___/___/___

Name of Post-Secondary institution: _____
 Address: _____
 Have you ever been dismissed from school for any reason? Y N If "yes" please explain on a separate sheet of paper and include with this application.

Name of most recent or current employer: _____
 Phone number of most recent or current employer: _____
 Occupation: _____ Length of Employment: _____

Past History with Teen Missions

On What Teen Missions teams have you served and in what capacity?

Team	Year	Team Member	Leader
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Specialized Talents:
 If you have any special training or posses a special music or educational ability please specify on the lines below.

Standard of Conduct:

Please Tick all that apply

Have You...	Recently	Ever	How Long Ago?
Used alcoholic beverages	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Used tobacco	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Used drugs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Smoked	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Danced	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Gambled in Any Form	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Stolen	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Medical Information: **Please Tick all that apply.**

If you have any food or medicine allergies please list them on the lines below and bring a letter from your doctor.

_____	_____
Nose trouble(sinus,, constant drainage, broken)?	<input type="checkbox"/> Y <input type="checkbox"/> N
Serious trouble with your teeth?	<input type="checkbox"/> Y <input type="checkbox"/> N
Ear problems or worn hearing aids?	<input type="checkbox"/> Y <input type="checkbox"/> N
Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N
Bronchitis, tuberculosis or other lung disease?	<input type="checkbox"/> Y <input type="checkbox"/> N
Chest pain, disease of heart, arteries or veins?	<input type="checkbox"/> Y <input type="checkbox"/> N
High blood pressure	<input type="checkbox"/> Y <input type="checkbox"/> N
Ulcers	<input type="checkbox"/> Y <input type="checkbox"/> N
Stomach disorders	<input type="checkbox"/> Y <input type="checkbox"/> N
Problems or disease of kidneys, prostate, reproductive organs	<input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N
Disease of thyroid, lymph nodes	<input type="checkbox"/> Y <input type="checkbox"/> N
Anemia, Leukemia or other blood disease	<input type="checkbox"/> Y <input type="checkbox"/> N
Hypoglycemia	<input type="checkbox"/> Y <input type="checkbox"/> N
Caner, tumor or other growth	<input type="checkbox"/> Y <input type="checkbox"/> N
Epilepsy or paralysis	<input type="checkbox"/> Y <input type="checkbox"/> N
Mental disorder	<input type="checkbox"/> Y <input type="checkbox"/> N
Hernia	<input type="checkbox"/> Y <input type="checkbox"/> N
Back or neck injury	<input type="checkbox"/> Y <input type="checkbox"/> N
Shoulder, arm or hand injury	<input type="checkbox"/> Y <input type="checkbox"/> N
Hip, leg or foot injury	<input type="checkbox"/> Y <input type="checkbox"/> N
Surgery in the last year	<input type="checkbox"/> Y <input type="checkbox"/> N
Venereal disease	<input type="checkbox"/> Y <input type="checkbox"/> N
Polio	<input type="checkbox"/> Y <input type="checkbox"/> N
Mono	<input type="checkbox"/> Y <input type="checkbox"/> N
Allergies	<input type="checkbox"/> Y <input type="checkbox"/> N
Migraine headaches	<input type="checkbox"/> Y <input type="checkbox"/> N

Do you now or have you ever:

Needed or worn glasses	<input type="checkbox"/> Y <input type="checkbox"/> N
Been hospitalized	<input type="checkbox"/> Y <input type="checkbox"/> N
Taken medicine regularly	<input type="checkbox"/> Y <input type="checkbox"/> N
Been forced to stop working or not work due to health reasons	<input type="checkbox"/> Y <input type="checkbox"/> N

Please Explain EVERY YES ANSWER on a separate sheet of paper and include with this application.

PLEASE NOTE:

Admission to the South Africa Bible Missionary and Work Training Center is the decision of the Administrator only and all correspondence is to be directed to their attention.

Married couples need to fill out separate forms and submit them together.

In order for this application to be valid it **must** be submitted along with the following:

1. Any “Yes” answers requiring further explanation
2. An Essay explaining why you desire to attend this school
3. An Essay explaining your salvation experience and why you believe you are called to full time Christian service
4. A letter of Reference from your current pastor
5. A letter of reference from your parents/guardians
6. Contact information(Name, Phone Number and Mailing Address) for another individual willing to serve as a reference for you. **This individual cannot in any way be related to you.**

The Time Commitment is a full three years. The first two years are spent in academic study, the third year is spent doing an internship. Location of internship is arranged by the BMW Administrator. Further details apply and will be covered on Orientation Day.

Upon satisfactory completion of all requirements (e.g. meeting all required standards and having demonstrated the necessary maturity and personal growth, required participation and reports etc.etc.) during the three years of enrollment; all graduating students are issued a Diploma in Bible.

Teen Missions is not responsible for the transportation home or elsewhere during school holidays or transport to and from doctor appointments etc. Teen Missions is not responsible for the personal expenses the student may have. Personal needs, transportation and medical costs are the responsibility of the student.

Teen Missions is not in any way responsible for any medical or dental care for students. Students are not permitted to hold jobs.

Name of person who will assist in meeting your financial needs and their relationship to you:

To the best of my knowledge the information in this application is true and correct. In signing this application, I acknowledge and agree that Teen Missions International and it’s designated representatives are in no way responsible for my financial, medical , transport and other needs. I recognized that upon my acceptance I will be subject to the Governing authorities of Teen Missions and agree to uphold all policies and meet all necessary requirements for graduation.

Signature of Applicant

___/___/___
Date

Signature of Witness

___/___/___
Date

Please Return This Application To:
Teen Missions International ATTN: Coordinator
Post Office – PO Box 865, Pyramid 0120
Fax – 086-565-9738
Cell – 083-280-6704
Email – tmi@mweb.co.za