

Application Form for TESOL

Beginning Date _____

Name _____
Last First Preferred Name Middle

Current Street Address _____

City _____ State _____ Zip Code _____



Telephone (____) _____ E-mail _____

Permanent Address (If different from current address.) _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Birthdate _____ Birth place _____ Male ____ Female ____

Citizenship _____ Passport No. _____ Date of Expiration _____

Social Security No. _____ Languages _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widow(er) ____ Engaged ____

Have you ever done a YWAM DTS or a CDTS? _____

In order for your application to be processed it must include:

- (a) The entry application (this page.)
- (b) A wallet sized photo of you.
- (c) \$35.00 non-refundable registration fee.
- (d) Signed release forms.

Please return completed application to:

Youth With A Mission
1275 Birch Road
Lebanon, PA 17042 USA

Telephone: 717-274 -9010
Fax: 717-274-9225
E-mail: info@ywampa.org

Please Note: The full tuition fee is due the first day of class unless prior arrangements have been made and confirmed before your arrival.

Release of Liability

I/We do hereby release Youth With A Mission, Lebanon, PA., its agents, employees and volunteer assistants from liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvements with Youth With A Mission.

Applicant's Signature

Date

Parent/Guardian Signature
If applicant is under 18 years of age.

Relationship

Date

Consent For Treatment

In case of emergency, I/We do hereby agree to the performance of such treatment, including anesthetics and surgery, as the attending physician may deem necessary.

Applicant's Signature

Date

Parent/Guardian Signature
If applicant is under 18 years of age.

Relationship

Date

Applicant's Name Printed

Parent/Guardian's Name Printed

In Case of Emergency

Please Contact _____
Last First Preferred Name Middle

Current Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____