

Application Form for TESOL

Beginning Date _____
Month/year

Name _____
Last First Preferred Name Middle

Current Street Address _____

Place Photo Here

City _____ State _____ Zip Code _____ Telephone (____) _____
E-mail _____

Fax number _____

Permanent Address (if different from above) _____

City _____ State _____ Zip Code _____ Telephone (_____)

Personal Information:

Birthdate _____ Birth place _____ Male ____ Female ____
mo/day/yr

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
- (b) a wallet sized photo of you
- (c) \$75.00 non-refundable registration fee (\$100.00 for Couples)
- (d) signed release form

Please return completed application to:

**Youth With A Mission
1275 Birch Rd
Lebanon, PA 17042 USA**

Telephone: 717-274 -9010
Fax: 717-274-9225
E-mail: ywampa@comcast.net

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's or Guardian's signature
if applicant is under /8 years of age

Relationship

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.

Name (please print)

Date

Applicant's signature

Parent or Guardian's signature
if applicant is under 18 years of age

Relationship

IN Case of Emergency

Contact: _____
Name

Address

City

State

Zip Code

Phone

Signature _____