

All Nations
CONFIDENTIAL HEALTH FORM

- This information is treated confidentially, please answer the following questions in detail.

Name: _____ Sex: _____ Date of Birth: _____

Permanent Address: _____ TEL: _____

Present Address: _____ TEL: _____

1. Name of Next of Kin: _____ Relationship to you: _____
Address: _____ TEL: _____

2. In case of emergency, contact: _____ Relationship to you: _____
Address: _____ TEL: _____

3. Do you have medical or life insurance? NO YES
Insurance Company: _____ Type of Insurance: _____
Coverage (explain simply)

4. Height: _____ cm, weight: _____ kg, blood group: _____

5. Any allergies? NO YES (specify)

6. Are you at present under the doctor's care for any condition or taking any medication?

NO YES Please explain: _____

7. Any physical disabilities? NO YES

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

Please write on a separate sheet of paper when you had, and the duration of the condition.

Heart trouble High blood pressure Shortness of breath Arthritis

Hepatitis Diabetes Kidney disease Color blind

Anaemia Stomach trouble Tuberculosis Epilepsy

Sexual disease Cancer Polio Paralysis

Others, please explain: _____

9. Does any member of your family have the following disease?

Heart trouble High blood pressure Diabetes Kidney disease

Arthritis Shortness of breath Tuberculosis Epilepsy

Others, please explain: _____

10. Does any of the following occur frequently?

Dizziness Headache Medical Nervousness Insomnia

Diarrhea Backache

Others, please explain: _____

14. Why, in your opinion, does the applicant apply for this course?

- personal spiritual growth for the Gospel for future ministry
 for travelling adventure to help others
 simply to leave home needs help for teaching & training
 others, please explain: _____

15. Is the applicant prejudiced against groups, races or nationalities?

- NO YES, please explain: _____

16. In your consideration, describe the applicant's family.

17. Would you recommend the applicant for acceptance into All Nations?

- YES WITH SOME HESITATION NO

18. Please add any other relevant remarks.

19. I have known the applicant for _____ years, and believe that he/she possesses the qualities indicated above.

20. From where do you observe the applicant's qualities? From his/her :

- family work small group
 social activities church relationships others, like: _____

Name: _____ Relationship to applicant: _____

Address: _____ TEL: _____

Would you like to receive further information about ANM? Y N

Please send this form directly to :



All Nations
Sommer Haven,
9107 East Ave P,
Palmdale, CA 93591
661-718-8112
520-439-4025
DTS@all-nations.org

All Nations
CONFIDENTIAL REFERENCE

Applicant: _____
Course: _____ Beginning Date: _____
Address: _____ TEL: _____

(APPLICANT FILL OUT ABOVE)

All Nations (ANM) is an international, interdenominational Christian.

The purpose of ANM are three-fold :

1. **EVANGELISM** -- sharing the Good News of relationship with God and His Son Jesus Christ:
2. **TRAINING** -- preparation for missionary service; and
3. **MERCY MINISTRY** -- helping the poor and needy of the world.

In order to make an intelligent evaluation of the applicant's fitness for admission to ANM, it would be appreciated if you could supply the information requested on this form.

11. Maturity of applicant. (Due to the nature of the course and its outreach, the applicant needs to adapt to many different cultures, habits, climates, food and environments. In consideration to this, please evaluate the applicant's maturity.) Under various difficulties and pressure, the applicant :

12. shows ample maturity performs well
 is willing to learn to adapt to various situations cannot perform well
 runs and hides away, showing emotional instability

Please explain: _____

13. The reactions of the applicant in trying environments:

- | | |
|--|--|
| <input type="checkbox"/> overcomes difficulty positively | <input type="checkbox"/> accepts trial patiently |
| <input type="checkbox"/> shrinks back | <input type="checkbox"/> depressed |
| <input type="checkbox"/> angry | <input type="checkbox"/> others, please explain: _____ |

3. Please tick below, to describe the applicant :

- | | | |
|--|--|--|
| <input type="checkbox"/> honest, responsible, reliable | <input type="checkbox"/> extrovert | <input type="checkbox"/> socially adaptable |
| <input type="checkbox"/> teachable | <input type="checkbox"/> able to learn | <input type="checkbox"/> initiative |
| <input type="checkbox"/> emotionally stable | <input type="checkbox"/> self-controlled | <input type="checkbox"/> healthy, good image |
| <input type="checkbox"/> hard-working | <input type="checkbox"/> patient | <input type="checkbox"/> quiet |
| <input type="checkbox"/> curious | <input type="checkbox"/> joyful | <input type="checkbox"/> humorous |
| <input type="checkbox"/> specific | <input type="checkbox"/> flexible | <input type="checkbox"/> punctual |
| <input type="checkbox"/> shy | <input type="checkbox"/> fussy | <input type="checkbox"/> emotional |
| <input type="checkbox"/> dependent | <input type="checkbox"/> careless | <input type="checkbox"/> easily depressed |
| <input type="checkbox"/> easily angered | <input type="checkbox"/> easily scared | <input type="checkbox"/> easily nervous |

4. Why, in your opinion, does the applicant apply for this course?

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 for travelling adventure to help others
 simply to leave home needs help for teaching & training
 others, please explain: _____

5. Is the applicant prejudiced against groups, races or nationalities?

- NO YES, please explain: _____

6. In your consideration, describe the applicant's family.

7. Would you recommend the applicant for acceptance into All Nations?

- YES WITH SOME HESITATION NO

8. Please add any other relevant remarks.

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 is willing to learn to adapt to various situations cannot perform well
 runs and hides away, showing emotional instability

Please explain: _____

3. The reactions of the applicant in trying environments:
 overcomes difficulty positively accepts trial patiently
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 angry others, please explain: _____

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- | | | |
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On a SEPARATE sheet of paper, TYPE or PRINT the following information. It does not suffice to have YES or NO answers, please be specific.

1. Describe your conversion experience in three stages:
Pre-Christ, conversion, present relationship.
 2. Explain any spiritual or ministerial experiences. What religious books & Christian periodicals have influenced you most?
 3. Please describe your relationship with God. Describe your family and your relationship with them. Describe your church and your relationship with your pastor or elders and the congregation.
 4. How did you hear about this school? What are your expectations for the school?
 5. Do you feel God has given you a short-term or a long-term calling? Please explain in as much detail as possible what that calling is. If you have a call to a specific place or people group please describe this too.
 6. List anything else we should know about you or your situation.
 7. List ADDRESS & TEL of those that fill out your reference form:
 - a. Pastor
 - b. ANM School Leader.
- I confirm that I understand that payment of the required fees must be made upon or before my arrival, unless otherwise arranged with leadership before departure. I further understand that payment must be made in the currency used by the country in which the school is located, or in U.S. Dollars. I also confirm that I am fully aware of my financial obligations. I therefore commit myself to paying all personal expenses incurred during my involvement with All Nations. If I am accepted by All Nations, I will abide by the spirit, rules and schedules of ANM.



Signed _____

Please direct all forms to:

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Sommer Haven,
9107 East Ave P,
Palmdale, CA 93591
661-718-8112
520-439-4025

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