



## *Tusi Apalai mo le A'oga (Paiokasa)*

### *Biogas Technology Workshop*

Aso Amata : Aso \_\_\_\_\_ Masina \_\_\_\_\_ Tausaga \_\_\_\_\_

#### **Faamatalaga patino i lē o talosaga :**

Igoa e pei o tusia i le Tusi Folau)

Fa'ai'u: \_\_\_\_\_ Igoa Muamua: \_\_\_\_\_

Tausaga o le matua : \_\_\_\_\_ Aso Fanau : Aso \_\_\_\_\_ Masina \_\_\_\_\_ Tausaga \_\_\_\_\_

Nu'u na fanau ai : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tulaga tau Fa'aipoipoga :** Single/ Married/ Divorced/ Widowed   **Sex:** Male or Female  
*Married couples please fill out separate applications. Give children's name, age, and gender on separate paper.*

**Tuatusi Tumau** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Numera Telefoni \_\_\_\_\_

Imeli (Email) \_\_\_\_\_

#### **Tusifolau, Tagatanu'u ma Gagana :**

Tagatanu'u : \_\_\_\_\_

Numera Tsuifolau : \_\_\_\_\_ Aso e uma ai le aogā \_\_\_\_\_

O a gagana e mafai ona e faaogaina e talanoa ai?

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

## **Fa'alavelave Fa'afuase'i**

**A tupu se fa'alavelave fa'afuase'i fa'afeso'ota'i :** \_\_\_\_\_  
**Faiā :** \_\_\_\_\_

**Tuatusi :** \_\_\_\_\_  
**Telefoni :** \_\_\_\_\_

A tupu se faalavelave faafuasei ia te a'u, ua ou malie e faia uma togafitiga, e silafia e foma'i e tatau ai, e aofia ai vai fa'amoe, ma ta'otoga.

**Saini a lē e ona le talosaga :** \_\_\_\_\_ Date \_\_\_\_\_

**Saini a Matua/Matua fai :** \_\_\_\_\_ Date: \_\_\_\_\_  
(pe afai e le atoa le 18 tausaga o lē talosaga mai)

## **Faamatalaga tau Soifua Maloloina**

**Na e maua ai, po'o e maua ai i gasegase ma mea o ta'ua i lalo?**

|                                |            |                           |            |
|--------------------------------|------------|---------------------------|------------|
| Ma'ilili (Epilepsy)            | ioe / leai | Ma'i Fatu (Heart trouble) | ioe / leai |
| Mental or nervous disorders    | ioe / leai | Toto Maualuga             | ioe / leai |
| Ma'i Mafaufau (Mental illness) | ioe / leai | Ma'i Suka (Diabetes)      | ioe / leai |
| Ma'i Sela                      | ioe / leai | Tua gau / mapuna          | ioe / leai |
| Allergies                      | ioe / leai | Ma'i Ate (Hepatitis)      | ioe / leai |
| Ta'otoga                       | ioe / leai |                           |            |

**Faamolemole faamatala mai pe sa e maua ai, po'o e maua ai,**

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**E iai ni mana'oga faapitoa o lou tino (physical disabilities) e tatau ona matou iloaina?**

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**O e inuina ni vai poo ni fuala'au mai le foma'i, po'o va'aia foi oe ese foma'i i le taimi nei?**

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**E iai ni mea'ai e le mafai ona e aiina? (na o fuala'au aina e ai ai, pe iai ni ma'i e tupu pe a ai ai)**

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**E iai ni vai poo ni fuala'au falema'i e le mafai ona e inuina?**

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**O e vaia i le taimi nei se faufautua faapitoa** ona o sou vaivaiga poo se mana'oga faapitoa? O le a lena manaoga faapitoa?

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**O le a lou Toto** (A, B, AB, O) \_\_\_\_\_ Ete ulaula tapa'a? \_\_\_\_\_

**Tui Puipuia** *Ua fautuaina e le Minisita o le Soifua Maloloina ina ia faia tui puipuia mo faama'i nei ae le'i ulufale mai i Samoa : Ma'i ate A & B, Fiva Samasama, Tuifa'agata mo le mamapala. E matuā fautuaina foi le 'au a'o'oga mai atunu'u i fafo e fai ni latou inisiua.*

### **Tulaga tau Tupe : Pili A'oga:**

**O pili a'oga e fuafua i totogi o tagata mai atunu'u taitasi.** E fesoasoani lea i tagata a'oga mai atunu u e itiiti le totogi o o latou tagata. E Tolu la Vaega o Pili a'oga. O Samoa la e lavea i le Vaega C (Lalolagi C). O Vaega nei o Pili A'oga e totogi :

| Lalolagi A                  | Lalolagi B                  | Lalolagi C                  |
|-----------------------------|-----------------------------|-----------------------------|
| Resitala: \$50 USD          | Resitala: \$50 USD          | Resitala: \$50 WST          |
| Pili A'oga: \$150USD/vaiaso | Pili A'oga: \$100USD/vaiaso | Pili A'oga:\$100 WST/vaiaso |

**O tagata ao'oga uma e faamalosia le totogiina o o latou Resitala ma le 'afa (pe sili atu fo'i) o Pili A'oga ae le'i amatalia le a'oga. O le isi afa e mafai ona totogiina ae le'i uma le vaiso lona lua o le a'oga i le 12.00pm o le Aso Faraile. A lē totogiina, o le a le mafai ona fa'aauauina lau a'oga.**

O i ai ni au aitalafu (po'o ni pili foi) e lei totogiina i le YWAM Samoa? Ioe / leai

A iai, e fia? \_\_\_\_\_

A faapea o i ai, e tatau ona totogi muamua ae ete le'i resitala ma lenei a'oga.

**O iai ni au aitalafu I fafo atu o le YWAM Samoa, e le'i totogiina? A iai, e fia? \_\_\_\_\_**

**O ai le Igoa, telefoni poo se imeli (email) o se tagata o galue ai i le mea lea sa e galue pe na a'oga ai taluai nei, e feso'ota'i i ai i tulaga tau tupe.**

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## **Tali ma Fesisli nei (faaogā se isi laupepa pe a mana'omia) :**

1. **Ta'u mai le mafua'aga o lou fia auai i lenei a'oga.** O le a lou faamoemoe autū (po'o lau mea o le a faaogaina iai lenei tomai) pe a mae'a lenei a'oga?

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2. **Tulaga maualuga ua o'o iai lau A'oga** : Maka mai na o le tasi o mea o i lalo :

- A'oga Tulagalua
- A'oga maualuga poo Kolisi
- Univesete poo isi i luga atu o le Kolisi.

3. **Tulaga o le lelei o lau Igilisi** : (maka le tasi o i lalo)

- Le mafai ona talanoa fa'a-igilisi
- Lelei le talanoa fa'a-igilisi
- Matua lelei lava – ua talanoa ai ma fai ai galuega.
- O le Igilisi o la'u gagana masani lava lea.

4. **O su'e sou fa'ailoga o le Univesete o Atunu'u uma o le lalolagi (UofN)?**

- Ioe \_\_\_\_\_ Leai \_\_\_\_\_

5. A f'a'apea o lena e su'e, **o le a le faailoga?** \_\_\_\_\_

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7. **O le a se YWAM base(s) sa fai ai au a'oga pe sa e galue ai?**

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8. **E fa'amalosia le auai o tagata a'oga UMA i mea uma e fai a le A'oga,** e aofia ai totonu o le potu aoga faapea foi galuega ma mea uma lava e tau i le a'oga o loo e talosaga mai i ai. Afai e iai se mafua'aga o le a lē mafai ai ona e auai ise vaega o lenei a'oga, faamatala mai ile avanoa o i lalo :

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9. **Afai o le a lē taliaina oe i lenei a'oga, o le a sau mea o le a fai?**

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## REFERENCE FORM – Pastor / Leader

**Applicant :** Fill in your name and sign below. Then give it to your Pastor with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

*The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Samoa. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.*

What is your relationship/role to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How does the applicant respond to correction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is the applicant called to missions or Christian service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the applicant deal with relationships with the opposite sex?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you noticed tobacco or alcohol use? \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's family background. \_\_\_\_\_

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In your opinion, what are the applicant's strengths and weaknesses?

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Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known** **1=Poor** **2=Below Average** **3=Average** **4=Above Average** **5=Excellent**.

0      1      2      3      4      5      Comments

|                          |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| Self-discipline          |  |  |  |  |  |  |
| Teachable                |  |  |  |  |  |  |
| Flexibility              |  |  |  |  |  |  |
| Commitment               |  |  |  |  |  |  |
| Initiative               |  |  |  |  |  |  |
| Response to Authority    |  |  |  |  |  |  |
| Financial Responsibility |  |  |  |  |  |  |
| Self-Confidence          |  |  |  |  |  |  |
| Emotional Maturity       |  |  |  |  |  |  |
| Concern for Others       |  |  |  |  |  |  |
| Spiritual Maturity       |  |  |  |  |  |  |
| Willingness to Serve     |  |  |  |  |  |  |
| Communication Skills     |  |  |  |  |  |  |
| Respected by Peers       |  |  |  |  |  |  |
| Leadership Skills        |  |  |  |  |  |  |
| Judgment                 |  |  |  |  |  |  |
| Personal Appearance      |  |  |  |  |  |  |
| Health                   |  |  |  |  |  |  |
| Moral Standards          |  |  |  |  |  |  |

|                  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|
| Reliability      |  |  |  |  |  |  |  |
| Co-operation     |  |  |  |  |  |  |  |
| Punctuality      |  |  |  |  |  |  |  |
| Ability to Learn |  |  |  |  |  |  |  |
| Work Ethic       |  |  |  |  |  |  |  |

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

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***I declare that what I have written is correct to the best of my knowledge.***

Signed \_\_\_\_\_  
Name \_\_\_\_\_

Position \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Email \_\_\_\_\_

Would you like more information on Youth With A Mission ? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa  
Phone 685 : 28985 email : [ywamsamoa@gmail.com](mailto:ywamsamoa@gmail.com)**



## REFERENCE FORM – YWAM Leader

**Applicant :** Fill in your name and sign below. Then give it to your YWAM Leader past or present with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

*The above applicant has applied for a School of Mission with Youth With A Mission (YWAM) Samoa. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.*

What is your relationship/role to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How did the applicant function on outreach or in ministry?

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How does the applicant deal with community living?

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How does the applicant deal with relationships with the opposite sex?

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Have you noticed tobacco or alcohol use? \_\_\_\_\_

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In your opinion, what are the applicant's strengths and weaknesses?

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Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known** **1=Poor** **2=Below Average** **3=Average** **4=Above Average** **5=Excellent**.

0    1    2    3    4    5    Comments

|                          |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| Self-discipline          |  |  |  |  |  |  |
| Teachable                |  |  |  |  |  |  |
| Flexibility              |  |  |  |  |  |  |
| Commitment               |  |  |  |  |  |  |
| Initiative               |  |  |  |  |  |  |
| Response to Authority    |  |  |  |  |  |  |
| Financial Responsibility |  |  |  |  |  |  |
| Self-Confidence          |  |  |  |  |  |  |
| Emotional Maturity       |  |  |  |  |  |  |
| Concern for Others       |  |  |  |  |  |  |
| Spiritual Maturity       |  |  |  |  |  |  |
| Willingness to Serve     |  |  |  |  |  |  |
| Communication Skills     |  |  |  |  |  |  |
| Respected by Peers       |  |  |  |  |  |  |
| Leadership Skills        |  |  |  |  |  |  |
| Judgment                 |  |  |  |  |  |  |
| Personal Appearance      |  |  |  |  |  |  |
| Health                   |  |  |  |  |  |  |

|                  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|
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| Work Ethic       |  |  |  |  |  |  |

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

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***I declare that what I have written is correct to the best of my knowledge.***

Signed \_\_\_\_\_  
Name \_\_\_\_\_

Position \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Email \_\_\_\_\_

Would you like more information on Youth With A Mission Samoa ? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa**  
**Phone 685 : 28985 email : ywamsamoa@gmail.com**