



**APPLICATION
DISCIPLESHIP TRAINING SCHOOL**

PLEASE
POST A
RECENT
PHOTO

Date and location of the school in which you would like to participate?

IDENTIFICATION

1. Name _____ Male ___ Female ___ Age ___

2. Permanent Address _____

_____ Telephone _____

Email: _____ Cell Phone _____

3. Actual address (if different) _____

4. Place of birth _____ Date of birth ____/____/____

5. Nationality _____

6. Passport number _____ Expiry Date _____

7. Single _____ Engaged _____ Married _____ Widowed _____

Separated _____ Divorced _____ Remarried _____

8. Date of Marriage _____

9. Name of husband / wife _____

10. No. of children _____ note below their names, sex and dates of birth:

11. In case of emergency who should we contact:-

Name _____

Address _____

Telephone No. _____ Cell phone _____

12. Do you have any dependants to whom you are obliged to support financially?

NAME

RELATIONSHIP WITH YOU

AGE

Please note approximately, the monthly amount _____

13. Do you have any debts or financial commitments? _____

Explain _____

14. What financial support will you have during the 5 months of the D.T.S.?
Give details

15. How do you propose paying the cost of the D.T.S.?

All at the start? YES _____ NO _____

50% of the cost of the school at the start. The rest being paid in three installments in the first three months of the school? YES _____ NO _____

16. Do you have a particular profession or trade?

17. Make a list of jobs you have held since leaving full-time education and how long you carried out each job:

18. List other training or skills (e.g. languages, musical instruments played, mechanic, etc.)

19. What are your hobbies?

20. What Christian books and/or magazines have had the most impact or influence on your life?

21. Have you ever suffered from any physical disability? If so, explain

22. Do you have any contagious or chronic disease? If so, explain

23. Have you ever had any psychiatric treatment? _____ If so, explain

24. Do you need to follow a special diet due to Doctors orders? _____ If so, describe

25. Do you have any allergies? _____ If so, explain

CHRISTIAN EXPERIENCE/CALLING

Note: On a separate sheet, using a typewriter or in block capitals, give the answers to questions 1 and 2 below. (Use as many sheets as you need to give a complete picture).

1. Give details of the events and the principal steps which brought you to conversion, giving some detail of your life before conversion.
2. Describe your spiritual growth, commenting on any spiritual experiences in your life which have brought you to a better understanding and/or commitment to the Lord.
3. Describe your present relationship with the Lord

4. How did you come to hear about Y.W.A.M.?

5. Have you had any previous involvement with Y.W.A.M.? _____

If yes, please give places, dates and a brief summary of your involvement:

6. What expectations do you have of the school? Bearing in mind that it is a school of Biblical principles, formation of character and does not teach theology.

7. Why are you applying for this school in particular?

8. Do you believe you have a calling to full-time Christian service?

SELF EVALUATION

1. Please qualify yourself in the following areas (1-10):-

- a. Adaptability _____
- b. Initiative _____
- c. Flexibility _____
- d. Service _____
- e. Creativity _____
- f. Leadership _____
- g. Submission _____
- h. Perseverance _____
- i. Public speaking _____

2. Put a circle round any of the following activities that you have participated in at any time in the past:- Rock music, magic, horoscopes, witchcraft, drugs, alcohol, fortune telling, hypnosis, palm reading, telepathy, tarot cards, eastern philosophies, yoga, karate, religious sects, others (explain)

3. Which church are you a member of? _____

For how long? _____

What involvement do you have within the church? _____

Pastor's name _____

Church address _____

Telephone No. _____

Email: _____

4. Make a list of all churches in which you have participated, as a member since your conversion:

Date	Church	Pastor
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5. Do you have the support of your Pastor to participate in Y.W.A.M.? _____

6. Do you have the support of your family to participate in Y.W.A.M.? _____

Name and address of parents or guardians _____

_____ Tel. No. _____

7. How much formal or informal bible training have you received? Explain where and for how long _____

8. What experience do you have of full-time Christian work or spiritual Leadership?

9. How would you describe your personal devotional life with regard to:

a. personal prayer time _____

b. personal bible reading _____

10. Please note here anything you think we should know about your situation that has not been included on this form

I HAVE TRUTHFULLY COMPLETED ALL PARTS OF THIS APPLICATION AND, IF I AM ACCEPTED BY YOUTH WITH A MISSION, I WILL, UNDER GOD, ABIDE BY THE SPIRIT, AUTHORITY AND SCHEDULE OF THE PROGRAMME.

Signed _____

Dated _____

Send together with this application: a recent photograph of yourself
 a letter of recommendation from your pastor
 separate sheet with your testimony (according to the
 instructions given in the application).

Note: We would like to let you know that we allow men to have long hair and earrings whilst living on the Base. However, due to the culture and church, depending upon the location of your outreach (practical time) you may have to cut your hair and take out any earrings. If you are not in agreement with this condition, please reconsider, before the Lord, your participation with this school. THANK YOU.

Please send the completed application to:-

**Base Director,
Youth With A Mission
Casilla 1607
Santa Cruz - Bolivia**

Tel./Fax No. (591-3) 3529616.

E-mail: santacruz@ywambolivia.com

FINANCIAL COMMITMENT

I _____ commit to paying the total fee required to Youth With a Mission as per the established conditions and will make the initial deposit of 50% of the total school fees prior to commencement of the school.

The other 50% I will make in two payments. The first payment at the end of the first month of the school and the second payment at the end of the second month of the school and thus avoid debt with the mission.

Name of participant

Name of parent or guardian

Signature

Signature

Location and date: _____

God is faithful and not a debtor to anyone. We will be praying for you so that He can provide all your needs

Note: Failure to comply with the above financial responsibilities may jeopardise your ability to complete the school as financial restraints may not permit us to allow you to continue the course.

LIABILITY EXEMPTION

We at Youth With a Mission (YWAM) are a non profit organisation and the Discipleship Training School (DTS) asks that each student that is coming to YWAM seriously consider possible damages that may occur during this time of training with us.

As a mission that is constantly travelling to different countries we do everything possible to protect our students during their stay with YWAM.

In the case of possible illness, accidents or death YWAM, the Discipleship Training School can not commit to covering medical expenses, nor the costs of transportation of deceased to their country of origin due to the high costs they represent.

If any of these unfortunate situations occur during your time of training or stay with YWAM you and your family have the responsibility to cover all these expenses in accordance with the situation.

Via this declaration and with full understanding and responsibility

We _____ (parents
of the student) and I _____ (student name)

exempt Youth With a Mission and University of the Nations together with its personnel, associates and volunteers of any responsibility or liability in case of illness, accident, death or any damages or loss that I or my family may incur during my stay in the Discipleship Training School in Santa Cruz, Bolivia.

STUDENT'S SIGNATURE

PARENT SIGNATURE

Type of Identification (I.D.)

Type of Identification (I.D)

ID Number:

ID number:

DATE AND LOCATION: _____