

Discipleship Training School

Application Form



Steps for applying to the DTS

1

Completely fill out the Application Form found on pages 3-5 of this document. Please type or print clearly in blue or black ink. Please put "n/a" for questions that do not apply. Be sure to attach a recent photo of yourself (from the shoulders up) in the space provided.

2

Completely fill out the Waiver of Liability found on pages 6 of this document. Please type or print clearly in blue or black ink. Be sure to sign and date this form. If you are under the age of 18, please have your parent or guardian sign and date this form as well.

3

Completely fill out the Health Form found on page 7-8 of this document. Please type or print clearly in blue or black ink. Be sure to have your physician fill out and sign the bottom portion of page 8.

4

Please have your Pastor (1), Your Employer/Teacher (1), and a friend(1) fill out and mail to us the Reference Forms enclosed. Please have them type or print clearly in blue or black ink. (Please note that the reference forms will be sent to us separately. You don't have to collect them and mail them in with the rest of your application forms.)

5

On a separate sheet of paper answer the essay questions found on page 15 of this application.

6

Send in the non-refundable application fee of \$50 US (\$100 US for couples) along with the: Application Form, Waiver of Liability, Health Form, the Work Skills Survey Form and your answers to the essay questions in step six to:
DTS Registrar, P.O. Box 14637, Irvine, CA 92623, USA

DTS Application Form

Attach
Recent
Photo
Here

Personal Information

Date of School Applying for _____ Date of application _____
mo/yr day/mo/yr

Application Fee Enclosed \$ _____ (U.S. currency)

Name _____
last name/family name first middle

Current address _____ Until _____
street/p.o.box

city state/province zip/postal code country Phone _____

Permanent address (if different than above) _____
street/p.o.box

city state/province zip/postal code country Phone _____

Age _____ Birth date _____ Birthplace _____
day/mo/yr city state/province country

Sex M F Social Security Number _____ Passport #/Country _____
U.S. Social Security Number

Fax Number _____ E-mail Address _____

Marital Status: Single Engaged Married Divorced Separated Remarried Widowed

Spouse's Name _____
last name/family name first middle

Age _____ Birth date _____ Birthplace _____
day/mo/yr city state/province country

Will your spouse be accompanying you? Yes No

Health Information

Height _____ Weight _____ Blood Type _____ Do you have any allergies?
O, A, B, AB (+ or -)

Specify _____

Consent for Treatment

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

Applicant's Signature _____ Date _____
day/mo/yr

Parent/guardian's signature _____ Date _____
required of applicant is under 18 years of age day/mo/yr

DTS Application Form continued

Emergency Information

In case of emergency, notify _____ Relationship _____

Address _____ Phone _____

street/p.o.box

city state/province zip/postal code country

Home Church Information

Home Church _____ Pastor's Name _____ Denomination _____

Address _____ Phone _____

street/p.o.box

Length of Attendance _____

city state/province country

Language Proficiency

Please identify and indicate your language proficiency on the line below.

1. Elementary Speaking 2. Limited Work Proficiency 3. Minimum Professional Proficiency
4. Full Professional Proficiency 5. Native Speaking Proficiency 6. Mother Tongue

English Proficiency _____ Other languages and Proficiency _____

Language

Proficiency

Occupational/Job Experience

List all previous work experience for the past 5 years. Start with the most recent position.

occupation organization address dates skills used

occupation organization address dates skills used

occupation organization address dates skills used

occupation organization address dates skills used

current work phone _____ fax _____

DTS Application Form continued

Educational Experience

I completed High School/secondary school College/University

name of institutions address dates attended degree/major date

name of institutions address dates attended degree/major date

name of institutions address dates attended degree/major date

Passport/Visa Information

Country of Citizenship _____

Name as listed on Passport _____ Passport Number _____

City and Country where Passport was issued _____ Passport Expiry Date _____

Visa Type _____ Date Visa Issued _____

City and Country Where Visa was issued _____ Visa Expiry Date _____

Have you ever been refused a Visa? No Yes (give nation and details) _____

Financial Information

Do you have your complete school fees? No Yes

If no, from what source will they come? _____

Do you have any outstanding debts? No Yes (explain) _____

Acknowledgement of Financial Responsibility

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and University of the Nations. If I am accepted I will abide by the spirit, rules and schedule of the school.

Applicant's Signature _____ Date _____
day/mo/yr

I certify that all information in this application is complete and accurate.

Applicant's Signature _____ Date _____
day/mo/yr

YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona
Hawaii Waiver of Liability

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona Hawaii, its director, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in anyway involved in or participating in any programs organized by or affiliated with YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona Hawaii.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the undersigned or such children in anyway participating in, observing or engaging in any programs organized by or affiliated with YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona Hawaii whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasee or otherwise while in anyway participating in, observing, or engaging in any program organized by or affiliated with YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona Hawaii.
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. THE UNDERSIGNED agrees to allow YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona Hawaii to film/photograph your child solely for the purpose of marketing our program.
6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statement or inducement apart from the foregoing written agreement have been made.
7. THE UNDERSIGNED acknowledges that YWAM Ships Orange County, Mountain and Sea Adventures, and UofN Inc, Kona are three distinctly separate legal entities which are independently governed by separate boards of directors and staffs, develop their own programs, and have no control over any of the other entities.

I understand that by signing this document I am giving up substantial rights, including my right to sue. In consideration for being permitted to participate in non-essential recreational activities I freely and voluntarily grant this **unconditional release of all liability to the greatest extent allowed by law.**

NAME OF PARTICIPANT: _____

SIGNATURE: _____ DATE: _____

This must be read completely and signed in order for participation in our programs or schools.

Health Form

To the Applicant: This information is treated confidentially and is kept separate from your academic records. When you complete the first part of this form, please answer all questions in ink or by typing in English.

School applying for _____ Mo/Yr _____

Name _____

Permanent Address _____

U.S. Social Security Number _____ Citizen of _____

Present Address _____

Telephone (home) _____ Telephone (work) _____

Do you have medical insurance? No Yes (name of insurer) _____

Medical insurance Number _____ Med. Ins. Coverage _____

Name, Relationship and Address of Next of Kin _____

_____ Phone _____

Person to contact in case of emergency _____

Address _____ Phone _____

Personal History

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet. Have you ever had, or do you have, any of the following?

Yes No

- skin conditions
- eye trouble
- ear trouble
- head injury
- recurrent headache
- epilepsy
- fainting spells
- mental or nervous disorders
- weakness
- paralysis
- insomnia
- shortness of breath
- hay fever, asthma
- allergies (specify)

Yes No

- heart trouble
- high blood pressure
- low blood pressure
- rheumatism/arthritis
- back problems
- dislocation of joints
- broken bones
- stomach/duodenal ulcer
- gall bladder problems
- surgery:
 - appendectomy
 - tonsillectomy
 - hernia repair
 - other (specify)

Yes No

- jaundice
- hepatitis
- intestinal troubles
- recurrent diarrhea
- diabetes
- kidney disease
- anemia
- venereal disease
- tumor/cancer
- females only:**
 - irregular periods
 - severe cramps
 - excessive flow
 - are you pregnant?

Other illnesses or conditions _____

Are you taking any medication at this time? No Yes (specify) _____

Are you allergic to any drugs? No Yes (specify) _____

Do you now or have you ever received any compensation for disability from any source? No Yes

Do you have any physical impairments, handicaps, or health conditions which will require special attention?

I No I Yes (specify) _____ Blood type _____

Would you rate your health condition as: Excellent Good Fair Poor

Communicable Diseases

Have you ever had any of the following?

Yes No Yes No Yes No
 chicken pox mumps tuberculosis
 measles (rubella) pertussis other (specify)
 measles (rubeola) scarlet fever

Family History

Have any of your relatives ever had any of the following?

Yes No Yes No Yes No
 tuberculosis hypertension athsma/hay fever
 diabetes arthritis epilepsy/convulsions
 kidney disease stomach disease cancer
 heart disease

Immunizations

Table with columns for Basic and Booster immunizations, and rows for Diptheria, Tetanus, Pertussis, Polio, Rubella, Rubeola, and Mumps.

To be filled out and signed by a physician

_____ has applied to be admitted into a training school with YWAM Ships. This is a school that may require vigorous physical excersize. Please answer the following questions regarding the health of the applicant.

- 1. Can he/she walk up to five miles per day? No Yes
2. Is he/she underweight or overweight? No Yes If so, by how many pounds? _____
3. Is he/she under medical attention or taking medication? No Yes (specify) _____
4. Is the applicant in general good health? No Yes
5. Does the applicant have any contagious illness? No Yes

Physician's Signature _____ Date _____

Physician's Name (please print) _____

Address _____ Phone _____

Pastor's Reference

Applicant: Fill in your name, phone and school, and give to your pastor with an addressed, stamped envelope.

Name _____ Tel: _____ School Applying For _____
last/family name first middle initial mo/yr

The above applicant has applied for admission to training school with Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1,400 locations all over the world. It's purpose includes training, challenging and channeling Christians to fulfill Christ's command, "Go, therefore and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is important. Thank you for your assistance.

How well do you know the applicant?

		Very Well	Well	Casually	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Excellent	Superior	Average	Fair	Poor
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> avoids group activities
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> passive
Punctuality	<input type="checkbox"/> On time	<input type="checkbox"/> Average	<input type="checkbox"/> often late
Financial Responsibility	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> neglectful

Comments: _____

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No explain _____

Is he/she prejudiced against groups, races or nationalities? Yes No explain _____

With reference to his/her Christian service, do you consider the applicant to be: dedicated average casual

Please explain _____

In your consideration, which of the following would best describe the applicant's Christian experience?

mature contagious genuine and growing over-emotional superficial

Please explain _____

Overall, what do you consider to be the applicant's strong points (include special abilities) _____

Please comment on the applicant's family background (if known) _____

In your opinion, what are the applicant's motives for applying for the school? _____

What could the training do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol or other areas of their life we should know more about, to be of service to them)

Would you recommend the applicant for acceptance into the training school?

Yes With some reservation (please explain) no (please explain) _____

Is your congregation/group standing behind the applicant with enthusiasm and prayer? Yes No

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

Signed: _____ Date _____

Name: _____ Position: _____

Address: _____

Phone: _____

Friend's Reference

Applicant: Fill in your name, phone and school, and give to your friend with an addressed, stamped envelope.

Name _____ Tel: _____ School Applying For _____
last/family name first middle initial mo/yr

The above applicant has applied for admission to a training school with Youth With A Mission (YWAM). Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is important. Thank you for your assistance.

How well do you know the applicant? Very Well Well Casually

	Excellent	Superior	Average	Fair	Poor
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> slow
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Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> avoids group activities
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> passive
Punctuality	<input type="checkbox"/> On time	<input type="checkbox"/> Average	<input type="checkbox"/> often late
Financial Responsibility	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> neglectful

Comments: _____

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No explain _____

Is he/she prejudiced against groups, races or nationalities? Yes No explain _____

With reference to his/her Christian service, do you consider the applicant to be: dedicated average casual

Please explain _____

In your consideration, which of the following would best describe the applicant's Christian experience?

mature contagious genuine and growing over-emotional superficial

Please explain _____

Overall, what do you consider to be the applicant's strong points (include special abilities) _____

Please comment on the applicant's family background (if known) _____

In your opinion, what are the applicant's motives for applying for the school? _____

What could the training do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol or other areas of their life we should know more about, to be of service to them)

Would you recommend the applicant for acceptance into the school?

Yes With some reservation (please explain) no (please explain) _____

Are you standing behind the applicant with enthusiasm and prayer? Yes No

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

Signed: _____ Date _____

Name: _____ Position: _____

Address: _____

Phone: _____

Employer/Teacher's Reference

Applicant: Fill in your name, phone and school, and give to your pastor with an addressed, stamped envelope.

Name _____ Tel: _____ School Applying For _____
last/family name first middle initial mo/yr

The above applicant has applied for admission to a training school with Youth With A Mission (YWAM). Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is important. Thank you for your assistance.

How well do you know the applicant? Very Well Well Casually

	Excellent	Superior	Average	Fair	Poor
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> slow
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Comments: _____

To what extent is the applicant active in church work? _____

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mature contagious genuine and growing over-emotional superficial

Please explain _____

Overall, what do you consider to be the applicant's strong points (include special abilities) _____

Please comment on the applicant's family background (if known) _____

In your opinion, what are the applicant's motives for applying for the school? _____

What could the training do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol or other areas of their life we should know more about, to be of service to them)

Would you recommend the applicant for acceptance into the training school?

Yes With some reservation (please explain) no (please explain) _____

Are you standing behind the applicant with enthusiasm and prayer? Yes No

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

Signed: _____ Date _____

Name: _____ Position: _____

Address: _____

Phone: _____

Essay Questions

On a separate Sheet of paper, please answer the following questions, and submit to the school registrar, be sure to include your name.

Send to: School Registrar
P.O. Box 14637
Irvine, CA 92623
USA

Or email to registrar@ywamships.org

Describe your conversion experience, and your current relationship with the Lord.

What areas of your character are you presently seeking God to further develop and improve?

Do you feel that God has given you, or is leading you, in a specific area of ministry?

What church involvement have you had?

How would you describe your relationship with your family?

Tuition Return Policy

Tuition Return Policy - School tuition must be paid before or upon arrival; exceptions mad only by special written permission from the school leader. Application fee is nonrefundable. We hope that when the students arrive, they continue with the school until graduation. This return policy applies should a student, for whatever reason, decides to drop out early.

Before the first week of class.....100%
During the first week of classes85%
During the second week of classes.....70%
During the third week of classes55%
During the fourth week of classes.....40%
During the fifth week of classes.....25%
After the fifth week.....0%