



INTERNATIONAL DISCIPLESHIP TRAINING SCHOOL

APPLICATION FORM



**YOUTH WITH A MISSION
ULAANBAATAR, MONGOLIA**

Steps for applying to the DTS

1

Completely fill out the Application Form found on 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 Health Form found on 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.

3

Please have your Pastor (1), Your Employer/Teacher (1) fill out and mail to 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.).

4

On a separate sheet of paper answer the essay questions found at the end of this application.

5

Send in the non-refundable application fee of **\$10USD (\$15USD for couples)** along with the: Application Form, Health Form, the Work Skills Survey Form and your answers to the essay questions in step six to:
YWAM email: ywamub@gmail.com

DTS Application Form

Attatch
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 _____
street/p.o. box

_____ Phone _____
city state/province zip/postal code country

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

_____ Phone _____
city state/province zip/postal code country

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

Sex ☐ M ☐ F

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 _____ Birth place _____
day/mo/yr city state/province country

Will your spouse be accompanying you? ☐ Yes ☐ No

Health Information

Height _____ Weight _____ Blood Type _____
O, A, B, AB (+ or -)

Do you have any allergies?

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

Incase 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

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. 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

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 _____

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

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | skin conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | eye trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | ear trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | head injury |
| <input type="checkbox"/> | <input type="checkbox"/> | recurrent headache |
| <input type="checkbox"/> | <input type="checkbox"/> | epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | fainting spells |
| <input type="checkbox"/> | <input type="checkbox"/> | mental or nervous disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | weakness |
| <input type="checkbox"/> | <input type="checkbox"/> | paralysis |
| <input type="checkbox"/> | <input type="checkbox"/> | insomnia |
| <input type="checkbox"/> | <input type="checkbox"/> | shortness of breath |
| <input type="checkbox"/> | <input type="checkbox"/> | hay fever, asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | allergies (specify) |

Yes No

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

Yes No

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | jaundice |
| <input type="checkbox"/> | <input type="checkbox"/> | hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | intestinal troubles |
| <input type="checkbox"/> | <input type="checkbox"/> | recurrent diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | kidney disease |
| <input type="checkbox"/> | <input type="checkbox"/> | anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | venerial disease |
| <input type="checkbox"/> | <input type="checkbox"/> | tumor/cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | females only: |
| <input type="checkbox"/> | <input type="checkbox"/> | irregular periods |
| <input type="checkbox"/> | <input type="checkbox"/> | severe cramps |
| <input type="checkbox"/> | <input type="checkbox"/> | excessive flow |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?

☐ No ☒ 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

- ☐ ☐ chicken pox
☐ ☐ measles (rubella)
☐ ☐ measles (rubeola)

Yes No

- ☐ ☐ mumps
☐ ☐ pertussis
☐ ☐ scarlet fever
☐ ☐

Yes No

- ☐ ☐ tuberculosis
☐ ☐ other (specify)

Family History

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

Yes No

- ☐ ☐ tuberculosis
☐ ☐ diabetes
☐ ☐ kidney disease
☐ ☐ heart disease

Yes No

- ☐ ☐ hypertension
☐ ☐ arthritis stomach
☐ ☐ disease

Yes No

- ☐ ☐ asthma/hay fever
☐ ☐ epilepsy/convulsions cancer
☐ ☐

Immunizations

	Basic			Booster		
	Year	Year	Year	Year	Year	Year
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Rubeola						
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 exercise. 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) _____ 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, interdenomination Christian missionary organization. YWAM, founded in 1960, now has centers in over 1,400 locations all over the world. Its 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?	Excellent	Very Well <input type="checkbox"/> Superior	Well <input type="checkbox"/> Average	Casual <input type="checkbox"/> 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
		<input type="checkbox"/>	

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: _____

EMPLOYER'S/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
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> lacks persistence
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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
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Comments: _____

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

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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:
ywamub@gmail.com

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 made 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, decide to drop out early.

Before the first week of class.	100%
During the first week of classes	85%
During the second week of classes.	70%
During the third week of classes	55%
During the fourth week of classes.	40%
During the fifth week of classes.	25%
After the fifth week.	0%