

Application Form for DTS/CDTS

Beginning Date _____

Name _____
Last First Preferred Name Middle

Current Street Address _____

City _____ State _____ Zip Code _____



Telephone (____) _____ E-mail _____

Permanent Address (If different from current address.) _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Birthdate _____ Birth place _____ Male ____ Female ____

Citizenship _____ Passport No. _____ Date of Expiration _____

Social Security No. _____ Languages _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widow(er) ____ Engaged ____

Children accompanying you:

Name	D.O.B.	Grade in School
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Education History:

Name of school	Location	Degree/Grade/Year
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High School _____		
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College/University _____		
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Application Supplement

Under your name and address, on a separate piece of paper, type or print your answers to these questions:

1. Describe your conversion experience. How? When? Where?
2. Describe your present relationship with the Lord.
3. Describe your church background and present relationship.
4. List your church work or experience.
5. Describe your present relationship with your family.
6. Are you engaged? if so, has your fiance'(e) applied for the same school or outreach?
7. What Christian books or periodicals have influenced you the most?
8. List any physical or mental disabilities past or present) and their duration. Are you under any medication? If so, what?
9. How did you hear about Youth With A Mission?
10. What do you hope to gain from this YWAM program and what are your long-term goals?
11. Are there any unusual circumstances we need to know in relationship to your involvement in this school or outreach?
12. List any musical ability or other talents you have.
13. List the names and addresses of your pastor, employer and someone outside your family who knows you well. Give one reference form directly to your pastor. Give the other two reference forms to your friend and your employer, and request that they mail the forms directly to us.
14. Please indicate your financial position:
 - 14.1. Are you presently able to pay the full tuition? If not, what arrangements are being made for it?
 - 14.2. Are you presently in debt?
 - 14.3. If so, how much and will this affect your attending this school or outreach?

In order for your application to be processed it must include:

- (a) The entry application and answers to all supplemental questions.
- (b) A wallet-sized photograph of you.
- (c) \$35.00 (\$50.00/couple) non-refundable registration fee.
- (d) Acknowledgement of financial responsibility, release of liability, and consent for treatment form.
- (e) A physician's form.
- (f) Three reference forms sent directly to us by your reference people.

Please return completed application (and have your references sent) to:

Youth With A Mission
1275 Birch Road
Lebanon, PA 17042 USA

Telephone: 717-274 -9010
Fax: 717-274-9225
E-mail: info@ywampa.org

Please Note: You are not accepted to the school or outreach until you receive a letter or phone call from us indicating your acceptance. The full tuition fee is due the first day of class unless prior arrangements have been made and confirmed before your arrival.

Release of Liability

I/We do hereby release Youth With A Mission, Lebanon, PA., its agents, employees and volunteer assistants from liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvements with Youth With A Mission.

Applicant's Signature

Date

Parent/Guardian Signature
If applicant is under 18 years of age.

Relationship

Date

Consent For Treatment

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

Applicant's Signature

Date

Parent/Guardian Signature
If applicant is under 18 years of age.

Relationship

Date

Applicant's Name Printed

Parent/Guardian's Name Printed

In Case of Emergency

Please Contact _____
Last First Preferred Name Middle

Current Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____

Physician's Reference Form

_____ has applied for service with Youth With A Mission. This is a short term missionary service in which there will be some strenuous physical exertion.

1. Would he/she be able to walk 3-4 miles a day? _____

2. Is he/she underweight? If so, how many pounds? _____

3. Is he/she under medical supervision at this time, or taking any medication? If so, what kind? _____

4. What allergies does he/she have? _____

5. Would you consider the applicant in generally good health? _____

6. Do you certify the applicant to be non-contagious? _____

(a requirement of authorities in country to which applicant may travel)

NOTE: Please use the reverse side of this form to make additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Doctor's Name _____

Address _____

Signature or Medical Doctor's Stamp _____ Date _____

Please mail completed reference directly to us at:

Youth With A Mission
1275 Birch Road
Lebanon, PA 17042 USA

Telephone: 717-274 -9010
Fax: 717-274-9225
E-mail: info@ywampa.org

Thank you!

Reference Form

To the Applicant: Please fill in the information in this box before giving to your reference to complete.

Name of Applicant _____

Course applying for _____ Date _____

I, the above named applicant, WAIVE any right to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature _____ Date _____

The above named applicant has applied for admission to YWAM Lebanon, PA. an international, interdenominational, Christian organization. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully and return directly to us, thank you.

What is your relationship to the applicant? Pastor____ Employer____ Teacher____ DTS Leader____ Friend____

Please circle the one that best describes the applicant:

Physical condition:	Good Health	Fairly Healthy	Below Par
Person appearance:	Above Average	Average	Poor
Concern for others:	Understanding & Thoughtful	Reasonably responsive	Slow to respond
Ability to follow:	Above Average	Average	Poor
Leadership:	Unusual ability to lead	Some leadership promise	Makes no effort
Emotional stability:	Meets constructively	Sometimes emotional	Very emotional
Initiative:	Eager to serve	Usually willing to serve	Reluctant to serve
Mental ability:	Quick to comprehend	Average	Slow
Industry:	Hard worker	Average	Lacks persistence
Reliability:	Meets obligations	Average	Neglects obligations
Cooperativeness:	Works well with others	Average	Avoids group activity
Flexibility:	Open to change	Average	Unyielding
Disposition:	Cheerful	Average	Passive
Punctuality:	Punctual	Average	Often late
Christian character:	Well balanced	Average	Unstable
Fiscal responsibility:	Honors obligations	Average	Neglectful

Do you have any additional comments pertaining to the above: _____

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

With reference to Christian service, do you consider the applicant to be: Dedicated___ Average___ Casual___

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

Mature_____ Contagious_____ Genuine and Growing_____ Over-emotional_____ Superficial_____

Comments _____

Does he/she display high moral standards? Yes_____ No_____ (please explain)_____

Is he/she prejudiced against any groups races or nationalities? Yes_____ No_____ (please explain)_____

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

Please comment on the applicant's family background _____

In your opinion what are the applicant's motives for applying to YWAM, Lebanon, PA.? _____

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

Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about. to be of service to them.

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To the Applicant: Please fill in the information in this box before giving to your reference to complete.

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Course applying for _____ Date _____

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