



APPLICATION FORM

GENERAL INFORMATION

Name _____

Address _____

City/State _____ Zip Code _____ Country _____

Phone (home) _____ (work) _____ Fax and/or e-mail _____

Sex _____ Birth date _____ Occupation _____

Nationality _____ Citizenship _____

Place of birth _____ Passport No. _____ Date of expiration _____

Do you have a driver's license? Yes No If yes, what kind? _____

Medical insurance: Company _____ Policy No. _____

EMERGENCY CONTACT

Name _____

Address _____

City/State _____ Zip Code _____ Country _____

Relationship _____ Phone _____

SPECIAL INFORMATION

Do you have any physical handicap? (please specify) _____

Are you currently under medication or medical treatment? _____

What special skills or abilities do you have? (please specify) _____

CHURCH INFORMATION

Church name _____ Pastor's name _____

Mailing address _____ City/State _____

Country _____ Zip code _____ Phone _____

How long have you been attending? _____ Does your pastor know you are applying for this program?
 Yes No

MARITAL STATUS

Circle one: Single Married Separated Divorced Widowed

Will you be accompanied by a child? Yes No If yes, please fill in the name, age and sex below

Name	Sex	Age
_____	M F	_____
_____	M F	_____

EDUCATION

What level of education have you completed? _____
Where? _____ When? _____
Type of degree _____ Major area of study _____
Other areas of study _____
Other education experience (technical, Bible school, seminary, etc.) _____

What language(s) do you speak? _____ Level of ability _____
_____ *Circle one:* Fluent Conversational Elementary
_____ *Circle one:* Fluent Conversational Elementary
_____ *Circle one:* Fluent Conversational Elementary

FINANCIAL STATUS

Do you currently have any debts we should be aware of? Yes No
If yes, please explain: _____

Will you have the finances for your school on arrival?

Phase 1 Yes No **Phase 2** (50% of the project cost) Yes No

(Total fees are to be paid on arrival unless other arrangements are made with the school director.)

REFERENCE SECTION

Please give one of the reference forms to your pastor. Below, fill in the information about two people to whom you submitted the other reference forms (such as an employer, teacher, spiritual leader or friend). Have them complete the form and send it back directly to YWAM in Constanta, Romania, attention Training Department. We cannot accept reference forms sent to us by the applicant.

First evaluation Second evaluation
Name _____ Name _____
Your relationship to this person Your relationship to this person
Address _____ Address _____
How well do you know him/her? How well do you know him/her?
Circle one: Casually Well Very well *Circle one:* Casually Well Very well

PERSONAL INFORMATION

Please answer the following questions on a separate sheet of paper:

1. Describe when and how you came to a personal salvation experience.
2. Describe your present relationship with God.
3. Are you a member of a church? If so, in what areas are you involved in the church activities? Please describe your relationship with your pastor.
4. How did you hear about this school?
5. Why do you want to do this school?
6. Have you had any other mission experience/training outside of YWAM? Have you worked with other Christian organizations?
7. At this particular time, what areas of ministry interest you most? (For example: teaching, children's evangelism, kitchen, secretarial, mercy ministries, administration, urban ministries, audiovisual, performing arts, music ministries, hospitality, counseling or other support ministries.)
8. Are you considering further training with YWAM? If so, please specify.
9. Do you have any present difficulties in your life relating to previous use of alcohol or drugs, or due to past experience with mental illness, sexual immorality or occultism? If so, please explain.
10. How would you describe your relationship with your parents and/or your family? Are they in favor of you attending this school?
11. Is there any other information that you think would be of help to us in considering your application?

Please complete and sign all of the following sections. You should understand that they are necessary to protect us from possible legal procedures.

DECLARATION

I confirm that I have read and understand my financial obligations during the time of this school. Therefore I assume responsibility to pay all personal expenditures during my time of involvement in YWAM.

I have completed all portions of the application for admission to YWAM, and if accepted, I will abide by the spirit, policy and schedule of YWAM.

Applicant's signature _____ Date _____

LIABILITY RELEASE

I/We hereby release YWAM, it's agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with YWAM.

Applicant's signature _____ Date _____

CONSENT FOR TREATMENT

In the case of an emergency, I/we hereby agree to the performance of such treatment, anesthetics and operations as is deemed necessary in the opinion of the attending physician.

Applicant's signature _____

Parent's or guardian's signature (for applicant's under 18) _____

Date

Date/Relationship



CONFIDENTIAL EVALUATION

FOR THE APPLICANT: complete the following information. This is a confidential evaluation, therefore you will not have access to it once it is completed and submitted.

Name of applicant _____ Tel. _____
 Address _____ City _____ Zip Code _____

The above applicant has applied for admission to Discipleship Training School (DTS), a program of Youth With a Mission (YWAM). YWAM is an international, interdenominational Christian missionary organization founded in 1960. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. All evaluations are confidential and will not be shown to the applicant. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend Other _____

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

For how long? _____ years _____ months

Please check the answer you think is most appropriate and comment if necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction	—	—	—	—	—
Self confidence	—	—	—	—	—
Ability to make decisions	—	—	—	—	—
Social adaptability	—	—	—	—	—
Concern for others	—	—	—	—	—
Ability to listen	—	—	—	—	—
Leadership	—	—	—	—	—
Willingness to serve	—	—	—	—	—
Emotional stability	—	—	—	—	—
Cooperativeness	—	—	—	—	—
Health	—	—	—	—	—
Appearance	—	—	—	—	—

Comments: _____

Mental ability	__Quick to comprehend	__Average	__Slow
Industry	__Hard worker	__Average	__Lacks persistence
Christian character	__Strong	__Average	__Weak
Reliability	__Meets obligations	__Average	__Neglects obligations
Teamwork	__Works well with others	__Average	__Avoids group activity
Flexibility	__Open to change	__Average	__Unyielding
Disposition	__Cheerful	__Average	__Pessimistic
Punctuality	__Punctual	__Average	__Often late
Financial responsibility	__Honors obligations	__Average	__Negligent

Comments: _____

1. Which of the following best describe the applicant's Christian experience?

- Mature Contagious Sincere and growing Over emotional Superficial

Comments: _____

2. Regarding his/her Christian service, do you consider the applicant to be: Dedicated Average Sporadic

Comments: _____

3. Does he/she display high moral standards? Yes No (please explain) _____

4. Is he/she prejudiced against groups, races or nationalities? Yes (explain) No

5. What do you believe are the applicant's motives for applying to this program?

- Christian ministry Desire to spread the gospel To receive help Adventure
 Desire to help others To escape an unpleasant home situation Travel
 Other (explain) _____

6. Please comment of the applicant's family background (if known) _____

7. What do you believe are the applicant's strong points? (include special abilities) _____

8. What do you believe are the applicant's week points? Is he/she aware of them? _____

9. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, etc.) _____

10. What can YWAM do to contribute to the applicant's personal growth? _____

11. (Pastors only) Is your congregation standing behind the applicant with enthusiasm and prayer?

12. Would you recommend the applicant for acceptance into this program?

- Yes With some reservation (please explain) No (please explain) _____

Signature _____ Date _____

Name (please print) _____

Address _____

City _____ Zip Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Youth With A Mission, PO Box 3-307, 900790, Constanta, Romania
Phone number: 0241-550-112, 0741-146-355; e-mail: dtsconstanta@ywam.ro; web: www.ywamconstanta.ro



HEALTH FORM

Name _____

In case of emergency, contact _____ Phone _____

PERSONAL HISTORY: Please answer all questions. Explain any "Yes" answer in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

	Yes	No		Yes	No		Yes	No
Skin conditions	—	—	Shortness of breath	—	—	Stomach/Duodenal Ulcer	—	—
Eye trouble	—	—	Hay Fever, Asthma	—	—	Gall bladder problems	—	—
Ear trouble	—	—	Heart trouble	—	—	Jaundice	—	—
Head injury	—	—	High blood pressure	—	—	Hepatitis	—	—
Recurrent headache	—	—	Low blood pressure	—	—	Intestinal troubles	—	—
Epilepsy	—	—	Rheumatism/Arthritis	—	—	Recurrent diarrhea	—	—
Fainting spells	—	—	Back problems	—	—	Diabetes	—	—
Mental/Nervous dis.	—	—	Dislocation of joints	—	—	Kidney Disease	—	—
Weakness	—	—	Broken bones	—	—	Anemia	—	—
Paralysis	—	—	Eating disorders	—	—	Venereal Disease	—	—
Insomnia	—	—	Anorexia Nervosa	—	—	Tumor/Cancer	—	—
Allergy	—	—	Bulimia	—	—			
Penicillin	—	—	Surgery	—	—			
Sulfonamides	—	—	Appendectomy	—	—			
Serum	—	—	Hernia repair	—	—			
Other (specify)	—	—	Tonsillectomy	—	—			
Food (specify)	—	—	Others (specify)	—	—			
Other (please explain)	_____							

Are you now under doctor's care for any condition? No Yes (specify) _____

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

Any physical handicaps or conditions which require special attention? No Yes (specify) _____

Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

Are you overweight? underweight? Pounds over/under _____ Blood type _____

Would you rate your health conditions as Excellent Good Fair Poor

FAMILY HISTORY: Have any of your relatives ever had any of the following?

Yes	No	Relationship	Yes	No	Relationship
—	—	Tuberculosis	—	—	Arthritis
—	—	Diabetes	—	—	Stomach Disease
—	—	Kidney Disease	—	—	Asthma, Hay Fever
—	—	Heart Disease	—	—	Convulsions, Epilepsy
—	—	Hypertension	—	—	Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No	Yes	No	Yes	No
—	—	Chicken pox	—	—	Pertussis
—	—	Measles (Rubella)	—	—	Scarlet Fever
—	—	Measles (Rubeola)	—	—	Tuberculosis
					Mumps
					Other (specify)