



Youth With A Mission • Iquitos • Loreto • Perú

DISCIPLESHIP TRAINING SCHOOL APPLICATION REQUIREMENTS TO FILL OUT AND MAIL IN APPLICATION

In order for us to process your application, we must receive all of the following forms with a complete answer to each question. If a question does not apply, simply write "N/A." Married couples who apply to our programs must each fill out an application. Please fill out the application in legible print or type.

1. **Pray that God** gives you a clear purpose in coming to study with YWAM.
2. **Consult with your local pastor.**
3. **Answer these questions** concisely *on a separate sheet*.
 - A. Describe your conversion and other pertinent spiritual experiences.
 - B. Describe your current relationship with the Lord.
 - C. Describe your relationship with your family. How do they feel about your desire to study with YWAM?
 - D. Describe your relationship with your local church and pastor. Include areas of service and leadership experience.
 - E. Describe your long-term goals. Has God called you to a specific ministry?
 - F. Do you have all the money necessary for the school? If not, how much do you currently have? Do you have any commitments from your church, family, Christian friends, or other support sources that could help you with the costs of the school? Please be specific.
 - G. Have you had a mental or physical disability at some point in your life? Describe in detail.
 - H. If accepted into this program, what are your goals and expectations?
 - I. Are you engaged to be married? Do you have a wedding date?
 - J. If you are or have been married, or have children, answer the following questions: How long have you been married? Have you been separated? Have you been divorced? Have you remarried? Please explain. Note the names, gender, and date of birth of your children. Will you be bringing any of your children with you?
4. **Fill out and sign the "Personal Information" and "Treatment/ Responsibility Consent" forms.**
5. **Ask your medical doctor to fill out the "Medical Questionnaire" form completely.** The form must be signed by your doctor.
6. **Give the confidential reference forms to the appropriate persons.** One referral must be your pastor; the other a parent, boss, or leader.
7. **Attach a photo in the provided space on the "Personal Information" page.**
8. **Send \$25 USD** to cover the process of the application. A check must be payable to *Upper Amazon Ministries* and sent to our office in Tenstrike, MN, or you may pay online at paypal.com to the account name ywamperu@gmail.com. (Note: PayPal charges a 3% commission fee; if you pay through PayPal you must add 3% to the total paid so we receive the entire \$25 USD).
9. **Send your application to us in one of the following ways:**
 - A. **By e-mail** (dts@ywamperu.com - attach a low-resolution scan)
 - B. **Print and send to the following address:** Upper Amazon Ministries, P.O. Box 7, Tenstrike, MN 56683, or
 - C. **Print and FAX to the following phone number in Peru: 51(65)50-1841.** (Your application fee needs to be sent to our office in MN or through PayPal, not mailed to Peru.)

Address in the U.S.: Upper Amazon Ministries, P.O. Box 7, Tenstrike, MN 56683

Address in Peru: Apartado Postal #707, Iquitos, Maynas, Loreto, Perú

Telephone in Perú: (65)50-1841

E-mail: **Discipleship Training School:** dts@ywamperu.com

General Information: info@ywamperu.com

Web-page: www.ywamperu.com



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PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Age: _____

PHOTO

Place and Date of Birth: _____

Nationality: _____

Passport Number: _____ Expiration Date _____

E-mail: _____@_____ 2nd E-mail: _____@_____

Civil State: ___ single ___ married ___ divorced ___ widowed ___ separated Do you have children? _____ How many? _____

Church: _____ Denomination: _____

Name of Pastor: _____ E-mail: _____

Address of pastor/ church: _____ City/State: _____

STUDIES (years): High school: _____ Technical: _____ University: _____

Master's degree: _____ Doctoral: _____ What is your degree in? _____

Other studies: _____

SELF-EVALUATION: Based on your own opinion, mark the following: *E* excellent, *G* good, *F* fair, *P* poor

Adaptability _____ Reading ability _____ Leadership skills _____

Spanish _____ Self-Expression _____ Service _____

Integrity _____ Listening skills _____ Submission to authority _____

Community living _____ Speaking skills _____

OBSERVATIONS (For YWAM use only) _____



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Treatment/Responsibility Consent

I (*applicant's name*) _____, authorize Youth With A Mission or any of its staff or agents to make the best decision(s) on my behalf in case of an emergency. I release YWAM Iquitos from all responsibility if any unfortunate situation might occur.

Applicant's signature

City, State and Date

Father's signature (if applicant is under the age of 18)

City, State, Date

Mother's signature (if applicant is under the age of 18)

City, State, Date



Medical Questionnaire

(Applicant's Name) _____ has applied to a Discipleship Training School, a ministry of Youth With A Mission. This is an organization with demanding schedules and activities which require good health. We would appreciate your evaluation in the following areas:

- 1. Blood type: _____
- 2. Normal weight: _____
- 3. Is he/she overweight? _____ underweight? _____
- 4. Does he/she require a special diet? _____
- 5. Does he/she suffer from migraines? _____
- 6. Does he/she have any contagious diseases? _____
- 7. Does he/she suffer from intestinal problems? _____
- 8. Is he/she especially susceptible to colds or the flu? _____
- 9. Does he/she suffer from depression? _____

Illnesses of the Senses (please explain)

- 10. Eye? _____
- 11. Throat? _____
- 12. Nose? _____
- 13. Ear? _____

Does he/she suffer from any of the following:

- 14. Epilepsy? Yes No
- 15. Diabetes? Yes No
- 16. Sinusitis? Yes No
- 17. Heart condition? Yes No
- 18. Kidney problems? Yes No
- 19. HIV positive? Yes No
- 20. Stomach problems: Yes No
Explain: _____
- 21. Mental illness? Yes No
Explain: _____
- 22. Is he/she currently taking meds? Yes No
Please describe: _____
Reason? _____

23. Is he/she able to walk 4 miles per day? Yes No

General Information: Please describe the overall physical and mental condition of this applicant.

Signature _____ Date _____

Name (print clearly) _____ Telephone _____ E-mail _____@_____

Address _____ City, State, Country _____



Confidential Reference Form

Applicant: Please **only** fill out your name, telephone, address, city, and state, then give this form to your reference.

Applicant's Name _____ Telephone _____

Address _____ City, State, Country _____

The above-mentioned person is applying to a Discipleship Training School, a ministry of Youth With A Mission. In order to intelligently evaluate the applicant's disposition toward service, YWAM leadership would appreciate your responses on the following two pages. This information will remain confidential. Thank you for your cooperation.

Name _____ Relationship with applicant: Pastor Parent Other: _____

How well do you know the applicant? Very well Well Casually For how many years? _____

Mark with an X the answer that most adequately describes the applicant.

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition to serve	<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"/>
Communication skills	<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"/>
Personal appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truthfulness	<input type="checkbox"/> Honest, Transparent	<input type="checkbox"/> Average	<input type="checkbox"/> Tendency to exaggerate and/or lie	
Mental ability:	<input type="checkbox"/> Quick to understand	<input type="checkbox"/> Average	<input type="checkbox"/> Slow	
Diligence:	<input type="checkbox"/> Industrious	<input type="checkbox"/> Average	<input type="checkbox"/> Lazy	
Trustworthiness:	<input type="checkbox"/> Fulfills obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Negligent	
Group work:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Divisive	
Flexibility:	<input type="checkbox"/> Open to changes	<input type="checkbox"/> Average	<input type="checkbox"/> Inflexible	
Christian character:	<input type="checkbox"/> Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable	
Disposition:	<input type="checkbox"/> Happy, Content	<input type="checkbox"/> Average	<input type="checkbox"/> Somber, negative	
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Consistently late	
Financial Responsibility:	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Negligent	

Comments: _____

Describe applicant's Christian service: Dedicated Average Casual

Comments: _____

CONFIDENTIAL REFERENCE FORM (Page 2)

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

- Deep Contagious Genuine and growing Immature Over-emotional Superficial

Comments: _____

Does this applicant demonstrate high moral standards? Yes No Explain: _____

In your opinion, what are the applicant's motives for applying to the DTS? Mark as many as applicable.

- Christian service Desire to share the Gospel Be disciplined
 Adventure/Travel Desire to help others Escape present situation
 Called to Missions Other; explain: _____

Briefly comment about the applicant's home life and social background: _____

In your opinion, what are the applicant's strong qualities? _____

Other pertinent comments (medical or psychological conditions, promiscuity, drug and/or alcohol abuse, homosexual tendencies, delinquency, involvement in witchcraft, etc) _____

How can YWAM help the applicant's personal development? _____

(If you are a pastor, please respond) Is your congregation supporting the applicant through prayer, encouragement, and finances? _____
If so, please explain _____

Would you recommend that this person be accepted into our program? Yes, without question With some reservation No
Explain: _____

Signature _____ Date _____ Telephone _____

Name (please print) _____ E-mail address _____@_____

Please return this confidential reference form in one of the following ways:
1) Send by e-mail (attach a low-resolution scan) to dts@ywamperu.com;
2) Send by surface mail to: Upper Amazon Ministries, P.O. Box 7, Tenstrike, MN 56683; or
3) Send by FAX to our office in Peru: 51(65)50-1841.