



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		
_____	<i>Circle one:</i> Fluent	Conversational	Elementary
_____	<i>Circle one:</i> Fluent	Conversational	Elementary
_____	<i>Circle one:</i> 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? <i>Circle one:</i> Casually Well Very well	How well do you know him/her? <i>Circle one:</i> 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	__	__	__	__	__
Self confidence	__	__	__	__	__
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 weak 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: dtsconstant@ywam.ro; web: www.ywamconstant.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	___	___	FEMALES ONLY		
Penicillin	___	___	Surgery	___	___	Irregular periods	___	___
Sulfonamides	___	___	Appendectomy	___	___	Severe cramps	___	___
Serum	___	___	Hernia repair	___	___	Excessive flow	___	___
Other (specify)	___	___	Tonsillectomy	___	___	Are you pregnant?	___	___
Food (specify)	___	___	Others (specify)	___	___	Previous pregnancies	___	___
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)