



STUDENT APPLICATION

Discipleship Training School (DTS)

Index

•Front Page of student application		
•Application		
•Personal information	2	
•Information about your church / education	3	
•Personal questions		4
•Self Evaluation	5	
•Reference form (make 3 copies)		i-iii
•Medical Exam	iv	

Application checklist

1. Complete the forms, answering all questions. Questions on page 4 should be answered on a separate sheet(s) of paper. Mail the following items together to the address listed below:
 - ✓ Application pages.
 - ✓ Passport sized photo.
 - ✓ Medical Reference form.
2. Make 3 copies of the reference form
 - ✓ One for your Pastor,
 - ✓ One for someone that you are/have been accountable to (supervisor/employer, teacher, small group leader, etc.),
 - ✓ One for someone that knows you well (example: family member).Ask them to mail their completed reference form to the address listed below.

YWAM and the DTS Department will treat all the information in your application and reference forms confidentially.

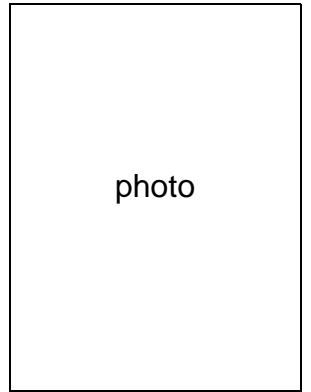
Mailing address for your application and reference forms:
JUCUM/YWAM DTS, Nica Box 1410, P.O. Box 02-5640, Miami FL 33102-5640, USA

Any other mail please use:
JuCUM EDE/DTS, APDO. 10, Diriamba, Carazo, NICARAGUA, C.A.

TEL.: (505) 2534 2125 (505) 8887 2183
E-MAIL: dts@ywamnicaragua.org

DTS Application

Personal Information



Last name :
 First name :
 Address :
 City :
 State/Zip :
 Country :
 Telephone : Male / Female
 E-mail :

Date of birth : Place of birth:
 Citizenship :

Current occupation:

Passport # :
 Issued in :
 Date of expiration:

Civil status (check)

Single		Divorced		Married *	
Engaged *		Separated		Widow/er	

* Date of wedding:

Do you have children?
 If applicable, Children that will accompany you

Names	Date of birth	Gender	Grade

Emergency contact:

Last name:
 First name:
 Relationship to the applicant:
 Address :
 City :
 State/Zip :
 Country :
 Telephone : (Home) (Work) (Mobile)
 Email :

Church information

Name of your church:

Pastor's Name:

Denomination:

Address:

Telephone:

Email:

How long have you attended this church?

What is your Pastor's opinion about your desire to attend a DTS?

Education

Check which schools you have completed and diploma obtained

High School	<input type="checkbox"/>	
College/University	<input type="checkbox"/>	
Other courses	<input type="checkbox"/>	
	<input type="checkbox"/>	

Languages spoken other than English:

Choose your abilities and talents

Music	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Electrical	<input type="checkbox"/>
Theater	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Arts	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
Computers	<input type="checkbox"/>	Translation	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Gardening	<input type="checkbox"/>

Other skills or talents:

Financial situation

Do you have all the finances needed for the school? Yes No If not, how much do you have at this point? How are you planning to obtain the remainder?

Will you have people supporting you financially during this school?

DTS Application

Youth With A Mission, Nicaragua

Personal questions

Have you applied before to participate in a DTS or any program with YWAM?

Have you participated in any outreach or any training program with YWAM? (Use another piece of paper if necessary):

Name of leader:

Location and date:

Email Address:

Answer the following questions on a separate sheet of paper, typed or clearly handwritten.

1. Tell us about your conversion experience. (How did you become a Christian?)
2. Since becoming a Christian, have you had or are you having struggles to overcome some harmful practices/lifestyles? For example: infatuation, occult related activities, drugs/alcohol, homosexuality, pornography, eating disorders, mental/emotional problems, prejudices, fornication, etc. If so, please explain. (Genuine responses do not necessarily rule out acceptance in the DTS).
3. Have you been arrested for any reason?
4. How are you currently involved in church?
5. What experience have you had working with youth/children?
6. What experience do you have in church work?
7. Why do you want to attend this school? Why do you prefer Nicaragua?
8. What are your plans after completing this course? For example: continue studies or work, become involved in missions, work in your home church, etc.
9. Do you think you have a long-term call to be a missionary?
10. YWAM is an international and interdenominational Christian organization. Are you willing to work with others of different Christian and cultural backgrounds?
11. Are you under medical care for any condition? (specify)

Please write any other type of information that you think we should know about you or your situation.

DTS Application

Self evaluation

Grade yourself according to your own judgment with:
E=Excellent, G=Good, A=Average, N=Need improvement.

Adaptability		Service		Evangelism		Health condition	
Public speaking		Reading habits			Friendship		
Appearance		Respect of authority			Punctuality		

I CERTIFY THAT I HAVE FULLY AND TRUTHFULLY COMPLETED THIS APPLICATION.
IF I AM ACCEPTED IN THE DTS, I AM WILLING TO FOLLOW THE GUIDELINES AND
ESTABLISHED SCHEDULE.

Date

Name

Signature

CONFIDENTIAL REFERENCE FORM

Discipleship Training School (DTS)

Name of applicant: _____

The above named person has applied to participate in a five-month mission training program, the *Discipleship Training School*, with the ministry *Youth With A Mission Nicaragua*. We are taking your reference into serious consideration in the application process. Please answer to the best of your knowledge. Feel free to add comments to any of your responses. **All reference forms are confidential and your responses WILL NOT be revealed to the student.** Once completed, send this form to the address at the end of the form. Thank you.

1) Your relationship to the applicant

Pastor: ____ Small Group Leader: ____ Employer/Supervisor: ____
 Family Member: ____ YWAM Leader: ____ Other (specify): _____

2) For how long have you known the applicant? _____

3) To what degree do you know him/her? __ Very well, __ Good, __ Little.

4) Please mark with an X. Add comments if you feel the need to.

		Strong	Mature	Average	Developing	Weak
A	Leadership					
B	Christian Character					
C	Positive spirit					
D	Ability to motivate others					
E	Ability to receive correction					
F	Self-confidence					
G	Willing to serve					
H	Emotional stability					
I	Ability to communicate					
J	Intellectual ability					
K	Financial responsibility					
L	Maturity					
M	Integrity					
N	Trustworthiness					
O	Teachable					
P	Assurance of calling					

Confidential Reference Form

Youth With A Mission, Nicaragua

5) Which of the following words best describes the Christian experience of the applicant?
 Mature, Genuine & Growing, Very emotional, Superficial.

6) With reference to Christian service the applicant is:

Dedicated Average Passive

Comments: _____

7) Normally what role does the applicant play in teamwork? _____

8) How are the applicant's professional or work abilities?

Superior Average Weak

9) Abilities or gifts you have noticed: _____

10) Below is a list of tendencies that could reduce the success of a Christian worker, please indicate if there are any that apply to the applicant.

Inpatient		Bad humor	
Intolerant		Withdraws to self	
Argumentative		Prejudiced	
Dominant		Gossip	
Arrogant		Causes fights (or friction)	
Critical		Infatuated	
Shy		Impulsive	
Easily offended		Without humor	
Frequently discouraged		Dishonest	
Frequently worried		Lazy	
Nervous		Passive	
Anxious		Indifferent	
Irresponsible		Unstable	

11) To your knowledge, has the applicant ever been arrested for any public offense?

12) To your knowledge, has the applicant ever been involved in fornication/adultery, drugs, alcohol, homosexuality, occultism or a sect?

13) Do you think the applicant is responsible with his/her finances?

Confidential Reference Form

Youth With A Mission, Nicaragua

14) If the applicant is married, in your opinion, is the marriage stable? _____. In your opinion, is the couple in agreement in their ministry plans? _____

15) Do you recommend the applicant for this DTS School? Yes No (Please comment)

16) In your opinion, why do you think the applicant wants to participate in this training program?

17) Is there anything else you want us to know?

Your Name: _____

Telephone: _____ E-mail: _____

Address: _____

Your signature and date: _____

18) **(Pastor only)** Is your congregation standing behind the applicant with enthusiasm and prayer?

19) **(Pastor only)** What is your opinion about the applicant's desire to participate in a DTS?

Please send this reference form directly to the following address:

YWAM Nicaragua

Nica Box 1410

P.O. Box 02-5640

Miami FL 33102-5640

USA

Thank you for your time in filling out this reference form. If you would like more information about DTS, YWAM NICARAGUA or YWAM International, please contact us via email at training@ywamnicaragua.org or through the above address. Or visit us on our website: www.ywamnicaragua.org or www.ywam.org

Confidential Reference Form

Youth With A Mission, Nicaragua

MEDICAL REFERENCE

Discipleship Training School (DTS)

_____ has applied to participate in one of our training programs with a busy schedule and physical activities at Youth With a Mission Nicaragua. Good health is necessary. We would appreciate your general evaluation in the following points.

Blood pressure	Blood Type
Pulse	
Respiratory	
Eyes	
Throat/Nose/Ears	
Cardiovascular	
Musculoskeletal	
Neurological	

For how long have you known the patient?

Does the applicant suffer from any contagious disease? Is it being treated?

Is the applicant taking any medication, right now? If yes, which one and what for?

Has the applicant been on any extended treatment in the past? If yes, what for?

Is the applicant capable of hiking 2-4 miles daily? Over/underweight?

Which immunizations has the applicant received in the last year?

How would you rate the applicant's physical condition? ___ Excellent ___ Good ___ Poor

Any other general Information that concerns the applicant's health?(for example: allergies)

Date

Name of Physician and Seal

E-mail address:_____

Medical Reference Form

Youth With A Mission, Nicaragua