

YWAM DR SANTIAGO

DISCIPLESHIP TRAINING SCHOOL APPLICATION

Send all forms to:

YWAM Santiago DTS Director
c/o Agape Flights, SGO 12342
100 Airport Ave.
Venice, FL 34285-3901

Or scan and email to: ywamsantiagodr@gmail.com

Guide to Completing the Discipleship Training School Application

The following items must be submitted before your application can be processed. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms.

- Application Form:** *Please fill this out completely, and sign the application form.*
 - Section One: Contact Information
 - Section Two: Personal Information
 - Section Three: References
 - Section Four: Questionnaire
 - Section Five: Health History
 - Section Six: Release Forms * *See note below*
 - Section Seven: Medical Examination * *See note below*
- Photo:** *Please attach a recent photo of yourself. If you mail the application, you can e-mail the photo.*
- Passport:** *Those who do not have a passport should apply for one immediately.*

Release forms: Acknowledgement of Financial Responsibility, Release of Liability and Consent for Treatment. *These sections must be signed. If you are under 18, be sure to have a parent/guardian sign the form.*

Medical Requirements: *As this DTS will include adventure and physical aspects, we do need you to get a physical from a doctor. This should be signed and stamped. We can process your application without this, but please get it sent in as soon as possible as it will need to be done before you arrive.*



Section 1: Contact Information

Name: _____ Age: _____ Gender: Male Female
FIRST MIDDLE LAST

Date of birth (dd/mm/yy): _____ Place of birth: _____ Nationality: _____

Passport Number: _____ Passport Expiration (dd/mm/yy): _____ Issuing county: _____

Cell Phone #: _____ Home Address: _____

Home Phone #: _____

WhatsApp #: _____ City: _____

E-Mail: _____ State/Province: _____ Postal Code: _____

Country: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Cell #: _____ WhatsApp #: _____

Other #: _____ E-Mail: _____

Section 2: Personal Information

Marital Status: Single Engaged Married Widowed Divorced

*If you are married: Name of your spouse: _____

Do you have children? Yes No If yes, fill in the information below:

Name of child	Date of birth	Sex (M/F)	School Grade

Home Church

Church Name: _____ Length of Attendance: _____

Pastor: _____ Phone #: _____

Email: _____

Current Occupation/Employment

Employer: _____ Your position: _____

For how long? _____ Other occupations: _____

Education

High/Secondary School or equivalent from which you graduated (or will be): OR I have not completed high school.

Name: _____ Location: _____ Date of Graduation: _____

College/University/Vocational School/Seminary Attended: Name: _____

Location: _____ From: _____ To: _____ Topic of study: _____

FINANCIAL INFORMATION

Do you currently have any debt? Yes No If so, please explain: _____

Do you have your complete DTS fees? Yes No If yes, from where? _____ If no, how much do you have at this time? \$_____ How do you expect to pay the cost of the school? _____

Do you expect to have extra money for your needs and personal expenses (ex: recreation, snacks, personal hygiene items, etc.) Yes No

PREVIOUS YWAM EXPERIENCE

Have you done any other school, seminar, or outreach with YWAM (write location and date)? _____

ABILITIES

Musical Talent: _____

Hobbies or interests: _____

LANGUAGE

Please list all the language(s) that you speak, and with what level of proficiency you speak them (1 = Mother tongue; 2 = Speak with fluidity; 3 = Conversational; 4 = A little bit) _____

Section 3: References

To complete your DTS application we will need three references. Write the information below and we will contact them and send them the form. Please talk to them beforehand to let them know what you are applying for and that we will be contacting them.

1. **Pastor:** This should be a pastor at your church. It can be your senior pastor, youth pastor, etc. If none of them know you personally; then it can be a Sunday school teacher, small group leader, or mentor.

Name: _____ E-Mail: _____ Position: _____

2. **Friend:** This can be any close friend. Someone who knows you well.

Name: _____ E-Mail: _____ Position: _____

3. **Employer/Teacher/Leader:** This should be either your employer or supervisor; someone who has overseen you at work. Or a teacher whom you have interacted a lot with. It can also be someone else who has been in a leadership position over you; such as in boy/girl scouts, sports coach, club leader, ministry leader, etc.

Name: _____ E-Mail: _____ Position: _____

Section 4: Questions

Please prayerfully answer the following questions on a separate sheet of paper (print or type).

Please copy & paste the question before answering below it.

These questions are to help us get to know you better. Please answer honestly! If there is something that causes us concern, we will talk to you about it. Nothing that you write here would cause an automatic denial of your application.

Christian Walk

1. Please describe your conversion experience and present relationship with God (including if you have been baptized). How long have you been a Christian?
2. What is God's calling on your life? (If you aren't sure, are there certain areas/direction you feel God leading you in?)
3. Please describe your relationship with your local church. Have you been involved in any areas of ministry, service, leadership, etc? Does your pastor approve of your attending a YWAM school?
4. Do you have any other experience in christian ministry or in missions? If so, what areas of ministry do you feel like you connect well with? Why?

YWAM/Missions Related

5. How did you hear about YWAM?
6. Why do you want to do the Discipleship Training School (DTS)? What are your hopes and expectations?
7. Why YWAM Santiago? Why did you choose to come here for your DTS?
8. In what areas of your character do you want to see growth or change?
9. Do you feel you have a call to missions? Do you intend to pursue Christian/missionary service after the DTS? (If so, please specify. Staff of YWAM, other missions organization, local church, more training, etc.)

Personal History

10. How would you describe your relationship with your family? Do your parents approve of you attending a YWAM school?
11. Are you involved in a dating relationship? If so, have you asked them to do the same school?
12. Have you ever struggled with drug abuse, alcohol abuse, pornography, homosexuality, or been involved with the occult? Do you use any tobacco products (cigarettes/chewing tobacco)?
13. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If so, for what issues?
14. If there is anything else about yourself that you would like to tell us, please do so!

Section 5: Health History

Name: _____ Weight: _____ Height: _____ Blood Type: _____

Primary Medical Provider/Doctor: _____ Phone#: _____

Medical Insurance Company: _____ Plan #: _____

Please check Yes or No to the following questions. Your responses will be strictly confidential.

1. Are you in good health? Yes No
2. Are you under any medical treatment? Yes No
If yes, specify condition and treatment: _____
3. Do you have, or have you had, any of the following medical issues? Make an "x" mark if you have/had it, or have been effected by it, in the last six months

- | | | |
|---|--|--|
| <input type="checkbox"/> Artificial valves, defective valves | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Congestive Heart Disease | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Cardiovascular diseases (attacks, high blood pressure, coronary) | <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Chest pain when exercising | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Wets the bed | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Skin Eruptions | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Easily fatigued when exercising |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Diabetes | |
| | <input type="checkbox"/> Hepatitis | |

If yes, please explain: _____

4. Do you have any physical disabilities or use any personal aid devices? Yes No (If yes please explain below)
5. Have you had any form of mental illness? Yes No (If yes please explain below)
6. Do you have any allergies/food allergies or are on any kind of special diet? Yes No (If yes please explain below)
7. Are you taking any medications? Yes No Explain: _____
8. Do you exercise? Yes No What type?: _____ How many hours a week? _____
9. Are you allergic to any medications? Yes No Explain: _____
10. Do you have any medical conditions, health problems, or are you under a doctors care for anything not mentioned?
 Yes No Explain: _____
11. Have you had Covid 19 or do you currently have any symptoms? _____
12. ONLY for women Are you pregnant? Yes No Do you have problems with your period? Yes No
Are you on birth control pills? Yes No Do you take medicine for menstrual pain? Yes No

If you checked "yes" above, please explain here: _____

I certify that the information that I provided is correct and for my own benefit and that this information will be strictly confidential to be used by the Youth With A Mission staff. If I omit information or state information that is false I will not hold Youth With A Mission or its staff responsible for any damage or disciplinary action deemed necessary. Youth With A Mission reserves the right for admission or suspension if you do not meet these requirements.

Applicants signature / date

Signature of Parents and / or Guardians / date
(If you are under 18)

Section 6: Release & Consent Forms

*For applicants under the age of 18, your parents MUST also sign.
If you are 18 or over, your signature is sufficient.*

Name of Applicant
(Print Legibly)

Name of Parent / Legal Guardian
(Print Legibly)

Date (dd/mm/yy)

CONSENT AND AGREEMENT

I of my own volition choose to participate in the activities run by Youth With Mission. I understand that my participation is voluntary and that I have the good physical health necessary to participate in the activities and the intense schedule. I relieve YWAM, it's officials, staff, assistants, and institutions of all legal responsibility which can result as a consequence of accidents, damage, injury, or loss that may occur to myself throughout the duration of my attendance or participation in this YWAM activity. I do not hold YWAM Santiago, Dominican Republic responsible for loss, theft, or damage of personal belongings in the accommodations provided.

I certify that all of the information in this application is complete and accurate.

I understand that payment of the required school tuition fees must be made prior to, or upon my arrival unless otherwise approved by the School Director before my departure to Santiago, DR. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program.

If I am accepted into the YWAM training program, I will abide by the spirit, rules and schedule of the school. I understand that if I violate YWAM Santiago standards, rules, or values that the leaders will determine any disciplinary steps that need to be taken. If no change is seen in response to the discipline, I understand that the leaders, as they see fit, may send me home at my own expense, without reimbursing any of the tuition cost.

Signature of Applicant

Signature of Parent / Legal Guardian

CONSENT FOR TREATMENT

I authorize medical treatment and/or surgery and/or the use of anesthesia for myself (applicant named above) in the case that, in the opinion of the Physician, it becomes necessary to intervene on my behalf. I, through this medium, authorize the leaders of Youth With A Mission Santiago, Dominican Republic, Tobias Wahl and/or Kayla Wahl, or the appropriate staff member of this organization to take any medical decision in representation of ourselves, with their best discretion, while I participate with Youth With A Mission.

Signature of Applicant

Signature of Parent / Legal Guardian

CONSENT FOR USE OF PHOTOS / VIDEOS

As the parent / legal guardian of (applicant named above), I/we authorize Youth With A Mission (YWAM) Santiago to use photographs and/or digital recordings of the above mentioned person. We acknowledge that these photographs could be used in non-commercial promotional materials such as brochures, flyers, newsletters, audiovisual presentations, and on YWAM Santiago websites.

Signature of Applicant

Signature of Parent / Legal Guardian

Section 7: Medical Exam

To be completed by a Doctor

_____ (*applicant's name*) is applying for acceptance into Youth With A Mission, an organization with intense activities and hours that require good health. This evaluation would be taken into consideration for acceptance, due to the intensive activities.

	Normal	Abnormal	Explain
Head			
Ears, Nose, Throat			
Neck			
Thorax			
Cardiovascular			
Lungs			
Abdomen			
Genito-Urinary			
Muscle - skeletal			
Neurological			
Skin			

- Does he/she suffer from any contagious illness? _____
- Are they taking Prescriptions? Which one? For what medical condition? _____

- Are they able to carry out intensive exercise, training routines, dance, or aerobic exercise of 3-6 hours daily? Yes No Explain if necessary: _____
- Has the applicant had Covid-19, or do they show any symptoms of Covid-19? _____

- In your opinion, is the applicant in the high risk category for Covid-19? Do they have a significant comorbidity (i.e., pulmonary conditions, cardiovascular disease, Diabetes Mellitus, immunosuppression, etc.)? _____
- Do you have any hesitations in recommending the applicant for outdoor adventure activities? Yes No Explain if necessary: _____
- Do you have any other comments, concerns, or recommendations about this applicant? _____

Doctors Name: _____ Lic.# _____

Doctors Address: _____ Doctors Telephone#: _____

Physician's signature and stamp