

Guide to Completing YWAM Minneapolis DTS Application

Thank you for applying to the YWAM Minneapolis Discipleship Training School! May you know the Lord's grace as you seek His direction. In order for us to process your application, we **must receive all the following completed forms**. If a question does not apply to you, write N/A in the blank.

Husbands and wives enrolling as students must complete separate applications.

- 1. Application Fee** A non-refundable application fee of US \$50 for singles or \$75 for married couples must be sent with your application. Please make checks payable to YWAM. Your application cannot be processed without it.
- 2. Entry Application Form** This form must be filled out in full.
- 3. A Recent Photo** Please attach a recent photo to your application form.
- 4. Supplemental Questions**
- 5. Personal Information Form**
- 6. Health Questionnaire** You may be asked to provide further detail regarding incomplete explanations of health conditions prior to acceptance. The omission of health history problems could result in your application not being considered or a reevaluation of acceptance.
- 7. Physician's Recommendation Form** This form must be filled out by a physician
- 8. Legal Agreements Form** Note: If you are currently under the age of 18, please have your parent or guardian sign.
- 9. Reference Forms** Provide for your references a stamped and addressed envelope and have them mail it directly to YWAM Minneapolis. We must receive all of these reference forms **BEFORE** we can process your application.
 - ___ Pastor
 - ___ Other Christian Leader/Parent/Mature Christian Friend
 - ___ Employer/Teacher

Applications will not be reviewed until all parts of the application are received.

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

Financial Information

Registration Fee:

Individual Students	\$50 (U.S. Funds)
Couples	\$75 (U.S. Funds)

Note:

- The Registration fee is **non-refundable**
- The Registration fee is **required** to process your application & review it for acceptance
- Please make checks out to YWAM

Tuition Fee: *(Lecture Portion)*

Individual Students	\$3,250 (U.S. Funds)
Couples	\$6,100 (U.S. Funds)

Note:

- Tuition includes room, board, class fees, books, technology fee, etc.)
- Outreach fees are not included in the above tuition cost
- Please make checks out to YWAM

Tuition Policies:

1. Each student is expected to pay their **full tuition the first day of the DTS or earlier**. If you can not pay the full amount, you must contact the DTS Leader and discuss this with him/her **BEFORE** the DTS starts.
2. All payments must be made in U.S. funds.
3. All personal expenses incurred while involved with YWAM Minneapolis are the responsibility of the student.

Outreach Fee: *(Outreach Portion)*

Grounds Fees	\$1,500 (May be increased depending on length, location & team size)
Outreach Airfare	\$800-\$2,000 (Depending on outreach location and time of year)
*Visa for Outreach	TBA

Note:

- Grounds fees includes food, housing, ground travel, & international medical insurance
- *if needed

Outreach Fees Policies:

1. Each student is expected to pay their full grounds fees 5 weeks after lecture phase begins.
2. Grounds fees must be paid in full before airfare for outreach can be purchased.
3. The airplane ticket and visa for outreach will be purchased 6-8 weeks after lecture phase begins.
4. All payments must be made in U.S. funds.
5. All personal expenses incurred while on outreach with YWAM Minneapolis are the responsibility of the student, including any additional vaccinations or medication for outreach.

Refund Policy:

It is expected that when students enroll, they will continue through the entire course. However, termination or withdrawal from the program may occur due to emergencies or disciplinary reasons. Refunds will be dispersed according to a prorated schedule.

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG



Discipleship Training School Application

ATTACH
RECENT
PHOTO
HERE

SCHOOL APPLYING FOR: *(check one of the following)*

Fall DTS _____ Fall Amazon DTS _____ Winter DTS _____ Year _____

Name _____ Preferred Name _____

Sex Female Male Date of Birth _____ / _____ / _____ Age _____
Month Day Year

Current Address _____ Current Address Until _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (Home) _____ (Cell) _____ Email _____

Permanent Address *(if different from your current address)*

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Relationship Status (please circle) Single Dating Engaged Married Separated Divorced Widowed

If married: Spouse's name) _____ Date of Birth _____ / _____ / _____ Age _____
First Middle Last Month Day Year

Do you have any children? Yes No If yes, please list below:

Last/Family Name	First	Middle	Sex	Birthdate Month/Day/Year	Current Age

If engaged: Has your fiancée applied for the same school? Yes No

Has he or she completed a DTS? Yes No If no, does he/she intend to do one? Yes No

Are you involved in a long-term relationship (boyfriend or girlfriend)? Yes No If yes, how long? _____

Please explain the level of seriousness of your relationship: _____

FAMILY INFORMATION

Father's Name: _____ Is he deceased? Yes No

Mother's Name: _____ Is she deceased? Yes No

Are your parents separated? Yes No Divorced? Yes No

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
 PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS
DISCIPLESHIP TRAINING SCHOOL APPLICATION

PAGE-2

PASSPORT/VISA INFORMATION

If you do not already have a passport, please apply for one right away!

Name as listed on passport _____

Country/Countries of Citizenship _____ Birthplace: _____
City State/Province Country

City and Country where passport was issued _____

Passport # _____ Expiration Date _____
Month Day Year

(Non-U.S. students only)

Date Visa Issued _____ Visa Expiration Date _____
Month Day Year Month Day Year

City and Country where the visa was issued _____

Have you ever been refused a visa? Yes No (Give nation and details) _____

CHRISTIAN EXPERIENCE AND CHURCH INFORMATION

How long have you been a Christian? _____

Home Church Name _____ Denomination _____

Pastor's Name _____ Church Address _____
Street Address

City State/Province Zip/Postal Code Country

Church Phone _____ Fax _____ Website _____

How long have you attended this church? _____ Are you a member? Yes No

Does your pastor approve of you attending a YWAM School? Yes No If no, please explain,
from your perspective, why he/she does not approve _____

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I confirm that I have read the Financial Information Sheet and understand that payment of my school fees must be made **upon or before** my arrival at the school (unless prior arrangements have been made). I also confirm that I am fully aware of my financial obligations and I therefore commit to pay all personal expenses during my involvement with Youth With A Mission Minneapolis.

Signature _____ **Date** _____ **Relationship** _____
(Signature of Parent or Guardian required if applicant is currently less than 18 years of age).

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS

DISCIPLESHIP TRAINING SCHOOL APPLICATION

SUPPLEMENTAL QUESTIONS

Please prayerfully and honestly answer the following questions. Your answers will be significant in the application process. You can either email your answers to registrar@ywam-mn.org or type/print legibly your answers on a separate sheet of paper and include it with your application.

- a) Please describe your conversion experience and your relationship with the Lord from then until the present.
- b) What areas of your character are you presently seeking God to further develop and improve?
- c) Please describe your relationship with your local church (i.e. areas of ministry, service, leadership experience).
- d) How would you describe your relationship with your family? How does your family feel about your plans to apply for training with YWAM Minneapolis?
- f) What are your reasons for applying to the DTS? Why did you choose YWAM Minneapolis? What expectations do you have of God, yourself, the staff, etc. for your DTS?
- g.) Are there any areas of your life you consistently struggle with that you would like help with during your DTS?

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS
DISCIPLESHIP TRAINING SCHOOL APPLICATION
PERSONAL INFORMATION FORM

EDUCATION & SKILLS INFORMATION

Highest educational level completed _____

Are you currently employed or in school?

Present Employer _____ School Attending _____

List any talents, abilities, or areas you are gifted in _____

What languages do you speak, in order of fluency?

1. _____ 2. _____ 3. _____

PAST INFORMATION

Are you currently, or have you ever been, involved in:

Religious cults/other religions (Mormonism, Jehovah Witness, Islam, Hinduism, Buddhism, New Age, etc) Yes No

Occultism (including experimenting with witchcraft/sorcery/Ouija boards, etc.) Yes No

Felonious crime Yes No

If yes to any of the above, please explain _____

MISSIONS INFORMATION

Do you feel that God has called you to a particular type of ministry or is leading you to a particular nation and/or both? Yes No Please explain _____

Have you ever lived in or visited other countries? Yes No If so, how long and where? _____

What missions exposure/experience do you have? (including YWAM) _____

Can you foresee any events that would require your absence during the school? Yes No

If yes, please explain: _____

What are your plans after you complete this training?

Further education Full-time Missions Full-time employment Work with home church

Apply to become YWAM Staff Uncertain Other _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS DISCIPLESHIP TRAINING SCHOOL APPLICATION HEALTH QUESTIONNAIRE

TO THE APPLICANT: This information is treated as confidential.

Name _____ Phone (_____) _____
First Middle Initial Last

Permanent Address _____
Street City State/Province Zip/Postal Country

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____
First Middle Initial Last

Permanent Address _____
Street City State/Province Zip/Postal Country

Phone (Home) _____ (Work) _____ (Cell) _____

MEDICAL INSURANCE INFORMATION

Name of the Insurer _____

Policy Number _____

Policy Holder's Name _____ Company's Phone _____

Type of Coverage _____

Please attach a photocopy of your medical insurance card (front and back).

HEALTH HISTORY

You may be asked to provide further detail regarding incomplete explanations of health conditions prior to acceptance. The omission of health problems could result in your application not being considered or a re-evaluation of acceptance.

Height _____ Weight _____ Date of last medical exam _____

Rate your overall health at present: Very Good Good Fair Poor

Are you currently under a doctor's care for any condition? Yes No If yes, please explain _____

Are you presently taking any medication (prescription or non-prescription drugs)? Yes No

If yes, name of drug(s) _____

What for? _____

Are there any physical limitations or health conditions that require special attention of which we should be aware? _____

Please describe any special dietary needs _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

HEALTH QUESTIONNAIRE – PAGE 2

Do you now or have you ever dealt with depression, panic attacks, extreme anxiety? Yes No
If yes, please explain _____

Have you ever participated in **any** form of counseling (for example: clinical, personal, grief, family, group or individual, etc.)? Yes No Please explain _____

Do you now or have you ever had any involvement with smoking or tobacco? Yes No
If so, please explain _____

Do you now or have you ever had any problem with alcohol or alcohol abuse? Yes No
If so, please explain _____

Do you now or have you ever had any problem with drugs or drug abuse? Yes No
If so, please explain _____

Have you ever had, or do you now have, any of the following:

YES	NO	SPECIFY	YES	NO	SPECIFY
<input type="checkbox"/>	<input type="checkbox"/>	Ear/Hearing Trouble _____	<input type="checkbox"/>	<input type="checkbox"/>	Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Eye/Eyesight Trouble _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Headaches _____	COMMUNICABLE DISEASES		
<input type="checkbox"/>	<input type="checkbox"/>	Migraine _____	<input type="checkbox"/>	<input type="checkbox"/>	HIV/Aides _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy _____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Injury (cutting, burning, wounding, etc) _____	ALLERGIES		
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin _____
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	Sulfonamides _____
<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	Serum _____
<input type="checkbox"/>	<input type="checkbox"/>	Back Problems _____	<input type="checkbox"/>	<input type="checkbox"/>	Food _____
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal _____
<input type="checkbox"/>	<input type="checkbox"/>	Anorexia _____	<input type="checkbox"/>	<input type="checkbox"/>	Bees* _____
<input type="checkbox"/>	<input type="checkbox"/>	Bulimia _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer _____	*If you have <u>any</u> life-threatening allergies you must bring your own up-to-date reaction kit.		
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____			
<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble _____			

Please explain any of the above conditions in which you have marked yes or any other important past surgeries, illnesses, and/or injuries _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS

DISCIPLESHIP TRAINING SCHOOL APPLICATION

PHYSICIAN'S RECOMMENDATION FORM

APPLICANT: Please bring your Personal Health Questionnaire with you to your doctor's appointment so that he/she can review it.

Applicant's name _____

PHYSICIAN: The above applicant has applied to attend a training program with Youth With A Mission Minneapolis. This program will require good health and endurance. Please review the Personal Health Questionnaire, fill out the portion below, and make any additional comments. Thank You.

Height _____ Weight _____ Blood Pressure _____ Low Normal High

Is the applicant currently under a doctor's care for any condition? Yes No If yes, please explain _____

Are there any abnormalities of the following?

	YES	NO	PLEASE SPECIFY
Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please rate applicant's overall health at present: Very Good Good Fair Poor

Would he or she be able to walk 3-4 miles per day? Yes No If no, please explain _____

Is the applicant presently taking any prescription medication? Yes No

If yes, name of drug(s) _____

What for? _____

I find that the applicant, for your program, physically:

- Acceptable without limitations
- Acceptable with limitations (specify)_____
- Should remain in areas where adequate medical care is provided
- Not acceptable

Doctor's signature _____ Date _____

Doctor's name (printed)_____

Address _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS

DISCIPLESHIP TRAINING SCHOOL APPLICATION

LEGAL AGREEMENT FORM

RELEASE OF LIABILITY

I/We do hereby release YWAM Minneapolis its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with YWAM Minneapolis. The undersigned waives any claims or causes of action against Youth With A Mission and its agents that might arise on account of circumstances involving the below named individual. The undersigned will furnish payment or insurance for any such incident at his/her own expense.

Signature _____ **Date** _____ **Relationship** _____
 (Signature of Parent or Guardian required if applicant is currently less than 18 years of age).

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor may deem necessary.

Signature _____ **Date** _____ **Relationship** _____
 (Signature of Parent or Guardian required if applicant is currently less than 18 years of age.)

FINANCIAL AGREEMENT

Please read the Financial Information Sheet before completing this section and answer all questions.

Do you have your complete school fees? Yes No

At the present time I have \$_____ towards my fees.

My church/family/friends/others have pledged \$_____ towards my fees.

I still need \$_____ for my fees. How do you plan to raise the amount you still need? _____

Do you have any outstanding debts? Yes No If yes, how much and please explain how do you expect to fulfill these obligations? _____

Do you have any dependents? Yes No If yes, please list their names and to what extent you are obliged financially to them. _____

I have submitted my reference forms to the following 3 people:

1.			
	Name	Phone	Email
	Address	City	State/Province Zip/Postal Code
2.			
	Name	Phone	Email
	Address	City	State/Province Zip/Postal Code
3.			
	Name	Phone	Email
	Address	City	State/Province Zip/Postal Code

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
 PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS

DISCIPLESHIP TRAINING SCHOOL APPLICATION

PASTOR'S REFERENCE FORM

APPLICANT: Please complete the following information and supply a self-addressed, stamped envelope addressed to Admissions at YWAM Minneapolis for your Pastor to send this form to us.

School Applying for: Fall DTS _____ Fall Amazon DTS _____ Winter DTS _____

Applicant's name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (Home) _____ (Cell) _____ Email _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature _____ Date _____ / _____ / _____

Month Day Year

PASTOR:

The above applicant has applied to attend a training program with Youth With A Mission Minneapolis. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 1,000 locations in over 170 countries. Its purposes include training, challenging and equipping Christians to fulfill Christ's command to "Go, therefore and make disciples of all nations."

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received.** Your prompt attention in completing this form (within 7 days) is important. Please feel free to use additional paper to answer any of the questions. Thank you for your assistance.

I have known the applicant for _____ years.

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

Pastor, how long has the applicant attended your church? _____

In what activities has the applicant participated since attending your church? _____

In your association with the applicant, what has been the level of commitment you have seen exemplified? Faithful Inconsistent Other Please explain _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

PASTOR'S REFERENCE – PAGE 2

Please check words that describe the applicant. Choose only 4-5 words that stand out to you:

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Humorous | <input type="checkbox"/> Easily Embarrassed |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily Offended |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Nervous | <input type="checkbox"/> Fearful | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Committed | <input type="checkbox"/> Lacking Humor | <input type="checkbox"/> Domineering | <input type="checkbox"/> Self-motivated |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious | <input type="checkbox"/> Critical | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Stable | <input type="checkbox"/> Leader | <input type="checkbox"/> Apathetic |

Please check the following and comment where necessary.

	Excellent	Above Average	Average	Below Average	Poor
Initiative					
Response to change					
Social adaptability					
Communication skills					
Ability to follow					
Ability to receive correction					
Self-confidence					
Leadership					
Concern for others					
Willingness to serve					
Judgment/ Decision making					
Emotional stability					
Health					
Personal Hygiene					

*** If Below Average or Poor is marked, please explain below.**

Comments: _____

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
Yes No If yes, please explain _____

To your knowledge, what is the applicant's home life and family relationships like? _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
 PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

Due to the cultural and environmental context of the school, adjustments may have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability.

How does the applicant react in trying situations?

- Withdraws Gets discouraged Gets angry Meets constructively
- Accepts patiently Other _____

Please check which one best describes the applicant:

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental Ability | <input type="checkbox"/> Quick to Comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow to Comprehend |
| Industrious | <input type="checkbox"/> Hard Worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
| Reliable | <input type="checkbox"/> Meets Obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects Obligations |
| Teamwork | <input type="checkbox"/> Works Well With Others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids Group Interactions |
| Flexibility | <input type="checkbox"/> Open to Change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian Character | <input type="checkbox"/> Well-Balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often Late |
| Financial Responsibility | <input type="checkbox"/> Honors Obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____

Does the applicant display high moral standards when dealing with the opposite sex? Yes No

If no, please explain: _____

Has the applicant now or ever had an involvement with: smoking/tobacco alcohol drugs

If yes, please explain _____

Describe any significant mental or emotional health issues the applicant has faced. _____

Pastor, what could we do to aid in the applicant's personal and spiritual development? _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

PASTOR'S REFERENCE – PAGE 4

Would you recommend the applicant for acceptance by YWAM? Yes No With some reservation
If no or with some reservation, please explain: _____

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

- | | | |
|--|--|---|
| <input type="checkbox"/> Christian service | <input type="checkbox"/> Receive help, counseling | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Receive discipleship |
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Travel | <input type="checkbox"/> Personal growth |
| <input type="checkbox"/> Heart for missions | <input type="checkbox"/> Other (specify) _____ | |

Please add any other relevant remarks that you think we should know about the applicant: _____

Pastor, we desire to come along side your ministry to the applicant by continuing the discipling process. If you have any questions or input, please do not hesitate to contact us.

Name _____ Title/Position _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Church Phone _____ Fax _____ Website _____

Your Phone _____ Your Email _____

Signature _____ Date: ____/____/____
Month Day Year

Thank you so much for your cooperation,
The Discipleship Training School Staff at YWAM Minneapolis

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS
DISCIPLESHIP TRAINING SCHOOL APPLICATION
OTHER CHRISTIAN LEADER/PARENT/MATURE CHRISTIAN FRIEND

APPLICANT: Please complete the following information and supply a self-addressed, stamped envelope addressed to Admissions at YWAM Minneapolis for your Reference to send this form to us.

School Applying for: Fall DTS_____ Fall Amazon DTS_____ Winter DTS_____

Applicant's name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (Home)_____ (Cell)_____ Email _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature _____ Date _____ / _____ / _____
Month Day Year

TO THE PERSON FILLING OUT THIS FORM:

The above applicant has applied to attend a training program with Youth With A Mission Minneapolis. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 1,000 locations in over 170 countries. Its purposes include training, challenging and equipping Christians to fulfill Christ's command to "Go, therefore and make disciples of all nations."

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received.** Your prompt attention in completing this form (within 7 days) is important. Please feel free to use additional paper to answer any of the questions. Thank you for your assistance.

I have known the applicant for _____ years _____ months

What is your relationship to the applicant? _____

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

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

- | | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Growing | <input type="checkbox"/> Mature | <input type="checkbox"/> New Believer | <input type="checkbox"/> Contagious | <input type="checkbox"/> Genuine |
| <input type="checkbox"/> Inconsistent | <input type="checkbox"/> Overemotional | <input type="checkbox"/> Committed | <input type="checkbox"/> Seeking | <input type="checkbox"/> Superficial |

What is the applicant's attitude towards authority? _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
 PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

OTHER CHRISTIAN LEADER/PARENT/MATURE CHRISTIAN FRIEND REFERENCE – PAGE 2

Evaluation of Applicant's Emotional and Spiritual Maturity

A Discipleship Training School student must be able to adjust him/herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate changes, etc. Keeping in mind these challenges, please rate this applicant by placing one check under each of the following categories:

Personality

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

Intelligence

- Learns and thinks slowly
- Average mental ability
- Alert: has good mind
- Brilliant: exceptional

Teamwork

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others

Responsiveness

(to the feelings and needs of others)

- Slow to sense how others feel
- Reasonably responsive
- Understanding & thoughtful
- Exceptionally responsive

Emotional Resilience

(in trying situations)

- Gets angry, impulsive
- Withdraws
- Gets discouraged easily
- Meets constructively

Integrity & Trustworthiness

- Needs constant oversight
- Cannot always be trusted
- Can be trusted for the most part
- Proven to be completely trustworthy

Leadership

(ability to inspire others & maintain their confidence)

- Makes no effort to lead
- Tries but lacks ability
- Has some leadership promise
- Outstanding ability to lead

Achievement

(ability to formulate, execute, and carry plans to conclusion)

- Starts but does not finish
- Does only what is assigned
- Meets average expectations
- Initiates & completes projects

Willingness to Serve

- Reluctant to serve
- Usually willing to serve if asked
- Eager to serve as needed if asked
- Regularly serves without being asked

Is the applicant financially responsible? Yes No If no, please explain: _____

Does the applicant display high moral standards with the opposite sex? Yes No

If no, please explain _____

Has the applicant now or ever had involvement with: smoking/tobacco alcohol abuse

drug abuse criminal activities the occult/new age/witchcraft

If checked, please explain _____

To your knowledge, what is the applicant's home life and family relationships like? _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

OTHER CHRISTIAN LEADER/PARENT/MATURE CHRISTIAN FRIEND REFERENCE - PAGE 3

Listed below are some of the tendencies which, if present in the applicant, may hinder the DTS experience for the applicant and other students. Please underline words or descriptions which may pertain to the applicant.

If the applicant seems relatively free from all such tendencies, check here _____

- a.) Easily embarrassed, offended or discouraged
- b.) Frequently worried, anxious, nervous or tense, given to mood swings
- c.) Prejudiced toward groups, races, nationalities, or opposite gender
- d.) Impatient, intolerant, argumentative, domineering, "cocky" or critical of others
- e.) Given to exclusive and absorbing infatuations
- f.) Unable to cope with stress, erratic in attitudes or action
- g.) Uncontrolled anger, frequently angry, problems dealing with conflict
- h.) Lack of respect for leadership or structure (i.e. rules)

***If you have noted any of these or similar limitations in the applicant, please specify on a separate sheet or on the back of this form.**

Describe any significant mental or emotional health issues the applicant has faced. _____

What do you feel YWAM can do to aid the applicant's personal/spiritual development? _____

Check any of the following that you feel is motivating the applicant to participate in a DTS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Christian service | <input type="checkbox"/> Receive help, counseling | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Receive discipleship |
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Travel | <input type="checkbox"/> Personal growth |
| <input type="checkbox"/> Heart for missions | <input type="checkbox"/> Other (specify) _____ | |

What is your overall evaluation of the applicant's promise as a Discipleship Training School student?

- | | |
|--|---|
| <input type="checkbox"/> Is definitely unsuited | <input type="checkbox"/> Is an average prospect |
| <input type="checkbox"/> Is not suited at this time | <input type="checkbox"/> Is an above average prospect |
| <input type="checkbox"/> Is a good prospect, but I do have some reservations | <input type="checkbox"/> Is an exceptional prospect |

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name _____ Relation to Applicant _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Signature: _____ Date: _____/_____/_____
Month Day Year

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

YWAM MINNEAPOLIS

DISCIPLESHIP TRAINING SCHOOL APPLICATION

EMPLOYER/TEACHER REFERENCE FORM

APPLICANT: Please complete the following information and supply a self-addressed, stamped envelope addressed to Admissions at YWAM Minneapolis for your Reference to send this form to us.

School Applying for: Fall DTS_____ Fall Amazon DTS_____ Winter DTS_____

Applicant's name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone (Home)_____ (Cell)_____ Email _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant's signature _____ Date_____/_____/_____

Month Day Year

TO THE PERSON FILLING OUT THIS FORM:

The above applicant has applied to attend a training program with Youth With A Mission Minneapolis. Youth With A Mission (YWAM) is an international, interdenominational Christian mission organization. Founded in 1960, YWAM now has centers in over 1,000 locations in over 170 countries. Its purposes include training, challenging and equipping Christians to fulfill Christ's command to "Go, therefore and make disciples of all nations."

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received.** Your prompt attention in completing this form (within 7 days) is important. Please feel free to use additional paper to answer any of the questions. Thank you for your assistance.

I have known the applicant for _____ years _____ months

What is your relationship to the applicant? _____

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

Check any of the following that you feel is motivating the applicant to participate in a DTS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Christian service | <input type="checkbox"/> Receive help, counseling | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Receive discipleship |
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Travel | <input type="checkbox"/> Personal growth |
| <input type="checkbox"/> Heart for missions | <input type="checkbox"/> Other (specify) _____ | |

Does the applicant display high moral standards? Yes No If no, please explain _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

EMPLOYER/TEACHER REFERENCE FORM – PAGE 2

Evaluation of Applicant's Emotional and Spiritual Maturity

A Discipleship Training School student must be able to adjust him/herself readily to unaccustomed living conditions & new social situations. Adjustments may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenges of these unusual demands, please rate this applicant by placing a check under each of the following categories

Personality

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

Intelligence

- Learns and thinks slowly
- Average mental ability
- Alert: has good mind
- Brilliant: exceptional

Teamwork

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others

Responsiveness

- (to the feelings and needs of others)
- Slow to sense how others feel
 - Reasonably responsive
 - Understanding & thoughtful
 - Exceptionally responsive

Emotional Resilience

- (in trying situations)
- Gets angry, impulsive
 - Withdraws
 - Gets discouraged easily
 - Meets constructively

Integrity & Trustworthiness

- Needs constant oversight
- Cannot always be trusted
- Can be trusted for the most part
- Proven to be completely trustworthy

Leadership

- (ability to inspire others & maintain their confidence)
- Makes no effort to lead
 - Tries but lacks ability
 - Has some leadership promise
 - Outstanding ability to lead

Achievement

- (ability to formulate, execute, and carry plans to conclusion)
- Starts but does not finish
 - Does only what is assigned
 - Meets average expectations
 - Initiates & completes projects

Willingness to Serve

- Reluctant to serve
- Usually willing to serve if asked
- Eager to serve as needed if asked
- Regularly serves without being asked

Overall, what do you consider to be the applicant's strengths: _____

weaknesses: _____

What is the applicant's attitude towards authority? _____

Is the applicant financially responsible? Yes No If no, please explain: _____

To your knowledge, what is the applicant's home life and family relationships like? _____

Describe any significant mental or emotional health issues the applicant has faced. _____

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG

EMPLOYER/TEACHER REFERENCE FORM – PAGE 3

Listed below are some of the qualities which describe a leader.

Please use the letters W, D, A, or S to rate as follows: W=Weak; D=Developing; A=Average; S=Strong

***Please comment if Weak is denoted.**

- | | |
|--|---|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Able to make decisions |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Ability to follow through with directions and/or tasks |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Teachable attitude | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to communicate | <input type="checkbox"/> Respect for strong conviction of others |
| <input type="checkbox"/> Emotionally stable | <input type="checkbox"/> Able to deal with inter-personal problems |

Comments: _____

Listed below are some of the tendencies which may hinder the DTS experience for the applicant and other students. Please underline words or descriptions which may pertain to the applicant.

If the applicant seems relatively free from all such tendencies, check here _____

- a.) Easily embarrassed, offended or discouraged
- b.) Frequently worried, anxious, nervous or tense, given to mood swings
- c.) Prejudiced toward groups, races, nationalities, or opposite gender
- d.) Impatient, intolerant, argumentative, domineering, "cocky" or critical of others
- e.) Given to exclusive and absorbing infatuations
- f.) Unable to cope with stress, erratic in attitudes or action
- g.) Uncontrolled anger, frequently angry, problems dealing with conflict
- h.) Lack of respect for leadership or structure (i.e. rules)

***If you have noted any of these or similar limitations in the applicant, please specify on a separate sheet or on the back of this form.**

What do you feel YWAM can do to aid the applicant's personal/spiritual development? _____

What is your overall evaluation of the applicant's promise as a Discipleship Training School student?

- | | |
|--|---|
| <input type="checkbox"/> Is definitely unsuited | <input type="checkbox"/> Is an average prospect |
| <input type="checkbox"/> Is not suited at this time | <input type="checkbox"/> Is an above average prospect |
| <input type="checkbox"/> Is a good prospect, but I do have some reservations | <input type="checkbox"/> Is an exceptional prospect |

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name _____ Title/Position _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Signature: _____ Date: _____/_____/_____
Month Day Year

Please direct all forms to:

YOUTH WITH A MISSION MINNEAPOLIS • ATTN: ADMISSIONS • PO BOX 268 • ROCKFORD, MN 55373
PHONE: (763) 477-6777 EXT. 230 • EMAIL: REGISTRAR@YWAM-MN.ORG • WEB: WWW.YWAM-MN.ORG