



Discipleship Training School Application Information Guide to Completing Applications: The following items must be submitted before your application can be processed. All the questions must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided.

1. Application Form: Please fill this out legibly and completely, and sign the application form. PLEASE GIVE A COMPLETE MAILING ADDRESS AND INDICATE WHICH ADDRESS AN ACCEPTANCE PACKET COULD BE SENT TO.
2. Photo: Please attach a recent photo of yourself, size does not matter.
3. Registration Fee: Your US\$25.00 must be forwarded with the application. This fee is not refundable, and your application cannot be processed without it.

You can send in your registration fee in two ways:

- **If you have a US checking account, send us a check in US Dollars made payable to "Youth With A Mission" OR**
- **Buy a bank draft in US Dollars from a bank.**

4. Confidential References: Two confidential references are enclosed. One reference should be given to the following:

A) Pastor B) Employer OR Friend OR A person who has worked with you. Request they fill it out and mail it directly to the Registrar. You may want to give them a stamped envelope with the YWAM Bangkok Ram 2 address on it.

5. Medical Requirements: The Confidential Health Form must be completed by your physician and sent directly to the Registrar. Be sure to have the physician who performed the physical sign your form. These details are very important. Your application cannot be processed without it.

6. Acknowledgement of Financial Responsibility, Release of Liability, and Consent for Treatment: These sections must be signed. If you are under 18 years of age at the time of application, be sure to have a parent or guardian sign the form also.

7. Passport: If you are accepted, you need to have a valid passport with you on arrival at DTS.

8. Visas: INTERNATIONAL STUDENTS--when accepted you will receive a special letter from our YWAM National Office with which you can request a Non-Immigrant visa for Thailand. Full details will be given when accepted. **Please do not make any visa application without the acceptance letter.**

9. QUESTIONS: Please prayerfully answer the following questions on a separate sheet of paper. **Please keep your answers to about 6-10 sentences.**

1. Please describe your Christian experience in three stages

a) Pre-conversion b) Conversion c) Present relationship with Jesus

2. Describe your childhood and growing up years.

3. What kind of relationship do you have with your parents? Are your immediate family members Christian?

4. Does your family understand your desire to study in a DTS? Are they supportive of your desire?

5. Have you ever served cross-culturally? Where, how, when?

In coming to this DTS, you will face a new culture, new food and language.

6. What is your short and long-term calling?

7. Are you regularly attending Church? If yes, how long have you attended and what kind of involvement have you had there in ministry?

8. How have you involved your Pastor and elders in your decision to attend a DTS? What is their response? How do your Church leaders view you going to a DTS?

9. Is there any family situation that might necessitate your returning from the DTS? If yes, give details

10. Is there anything more we should know about you or your present situation?

All information contained in this form will be strictly confidential.

YWAM BANGKOK RAM 2

Discipleship Training School
Application

Please return all forms to:
DTS BANGKOK
P.O. BOX 20 THUNGSETTHI
PRAWET, BKK 10263
THAILAND
PHONE: +662 751 28180
EMAIL: dtsbangkok@gmail.com

IMPORTANT!
Please attach a recent
photo here

I wish to attend the DTS beginning _____
(Day) (Month) (Year)

Registration fee enclosed _____

Mr/Mrs/Miss _____
(Last Name/Family Name) (First Name) (Middle Name) (Prefer to be Called)

Present Address: (PO Box /Street) _____

(City) _____ (State/Province) _____ (Postal/Zip Code) _____

(Country) _____ (Phone) _____ - _____

(Fax) _____ - _____ (E-mail) _____

PERMANENT ADDRESS: (PO Box /Street) _____

(City) _____ (State/Province) _____ (Postal/ZipCode) _____

(Country) _____ (Phone) _____ - _____

(Fax) _____ - _____ (E-mail) _____

IN CASE OF EMERGENCY, CONTACT: (Full Name) _____ (Relationship) _____

(PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Phone) _____ - _____ (Fax) _____ - _____ (Office) _____ - _____ (Email) _____

HOME CHURCH: (Name) _____ (Pastor's Name) _____

(PO Box /Street) _____ (City) _____

(State/Province) _____ (Postal/Zip Code) _____ (Country) _____

(Church Phone) _____ - _____ (Fax) _____ - _____ (Email) _____

Length of Attendance _____

GENERAL INFORMATION:

Date of Birth (mo.) _____ (day) _____ (yr.) _____ Age _____ Country of Birth _____

Country of Citizenship _____ Do you have a Passport? _____ (Yes or No)

If Yes, when does it expire? (mo.) _____ (day) _____ (yr.) _____

Passport Number: _____

Marital Status (please circle one): Single, Married, Separated, Divorced, Engaged
Spouse's name _____ Anniversary (mo.) ____ (day) ____ (yr.) ____

Your Educational History: High/ Secondary school or equivalent from which you graduated (or will be):

Name _____ Location _____

Date of Graduation (mo.) _____ (yr.) _____ I have not completed high school _____

College/University/Vocational School/Seminary Attended:

Name _____ Where _____ From _____ To _____
(mo./yr.) (mo./yr.)

Name _____ Where _____ From _____ To _____
(mo./yr.) (mo./yr.)

Occupational Skills _____

Musical Ability/Talents/Gifts _____

Miscellaneous information:

How did you hear about BKK Ram 2? _____

What reasons most influenced your decision to apply for the DTS in Bangkok? _____

Do you plan to pursue a University of the Nations degree? _____ (Yes/No)

Financial Support:

Do you have your complete school fees? ** _____ (Yes/No) If Yes, from? _____

If No, how much do you have at this time? \$ _____

If No, how do you plan to pay for your schooling?

Do you have any outstanding debt? (Please explain)

****Please keep in mind that complete fees for lecture phase are due the first day of class.**

I certify that all 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 Bangkok. 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.

Signature _____ Date _____

Release of Liability:

I/we do hereby release Youth With A Mission, it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant' s Signature Date

Signature of Parent or Guardian if applicant is under 18 years of age at time of application

Parent or Guardian Signature Date Relationship

Consent for Treatment:

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

Applicant' s Signature Date

Signature of Parent or Guardian if applicant is under 18 years of age at time of application

Parent or Guardian Signature Date Relationship

Consent of Burial

I agree that in the case of my death while in Youth With A Mission, YWAM may have to carry out the burial in the location of death. If my family desires to see the body shipped home I understand that my family would need to pay for all expenses incurred in case my insurance would not cover the costs.

I HEREBY ABSOLVE YOUTH WITH A MISSION AND ITS ENTIRE STAFF AND ASSOCIATES FROM ANY RESPONSIBILITY FOR REPATRIATION COSTS.

NAME (print or type): _____

DATE: _____

SIGNATURE: _____

Signature of Parent or Guardian if applicant is under 18 years of age at time of application

Parent or Guardian Signature Date Relationship

YWAM BANGKOK RAM 2

Confidential Reference Form

EMPLOYER/FRIEND/PERSON YOU HAVE WORKED WITH

Please return all forms to:

DTS BANGKOK
P.O. BOX 20 THUNGSETTHI
PRAWET, BKK 10263
THAILAND
PHONE: +662 751 28180
EMAIL: dtsbangkok@gmail.com

DTS REF 1

To the person filling out this form: The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? ____ very well ____ well ____ acquaintance ____ casually

3. Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not observed	Comments
Communication _____	_____	_____	_____	_____	_____	_____
Organization _____	_____	_____	_____	_____	_____	_____
Emotional Stability _____	_____	_____	_____	_____	_____	_____
Ability to Follow _____	_____	_____	_____	_____	_____	_____
Working w/others _____	_____	_____	_____	_____	_____	_____
Stewardship _____	_____	_____	_____	_____	_____	_____
Co-operation _____	_____	_____	_____	_____	_____	_____
Self-discipline _____	_____	_____	_____	_____	_____	_____

4. In which of the above-mentioned areas would you say the applicant is especially gifted?

5. Does he/she display high moral standards? ____ yes, or ____ no. (If no, please explain) _____

6. How does the applicant usually react in trying situations: (Please check one)

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

7. Please rate this applicant by placing a check under each of the following categories:

Physical Condition

___ limited ___ normal ___ healthy

Intelligence

___ slow ___ average ___ alert

Social Adaptability

___ shy ___ friendly ___ outgoing

Industrious

___ hard worker ___ average ___ not really

Flexibility

___ open ___ average ___ tense

Personal Appearance

___ tolerable ___ normal ___ great

Teamwork

___ independent ___ average ___ cooperative

Emotional Resilience

___ very sensitive ___ even keel ___ strong

Reliability

___ always ___ average ___ somewhat

Disposition

___ cheerful ___ passive ___ moody

Punctuality

Financial

___ punctual ___ average ___ often late ___ honorable ___ normal ___ irresponsible

8. Listed below are some of the qualities that describe a leader. Please rate as follows:

(W= weak, D= Developing, A= Average, M= Mature, S= Strong)

___ Positive, contagious spirit ___ Decision making ability ___ Able to receive criticism

___ Ability to motivate others ___ Gets along with everyone ___ Emotional stability

___ Self-confidence ___ Teachable attitude ___ Communication skills

___ Respects the convictions of others ___ Social poise ___ Able to deal with inter-personal problems

9. **For mentoring purposes, would you please underline words or descriptions which may pertain to the applicant:**

easily embarrassed, offended or discouraged, given to exclusive & absorbing infatuations, frequently worried, anxious, nervous or tense, lacking in humor, unable to take a joke, prejudice toward groups races or nationalities, unable to cope with stress, erratic in actions, impatient, moody, intolerant, argumentative, domineering, "cocky", critical of others, exaggerates, "gives in" to peer pressure , easily persuaded

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separatesheet of paper.)

10. Does the applicant respond well to authority? ___ Yes ___ No

If "no", please explain: _____

11. Is the applicant dependable and trustworthy with responsibility given to him/her? ___ Yes ___ No

If "no", please explain: _____

12. Have you enjoyed having the applicant study/work under you? ___ Yes ___ No

If "no", please explain: _____

13. Has the applicant been an asset to your class/business? ___ Yes ___ No

If "no", please explain: _____

14. Has the applicant proven on any occasion to be dishonest or of questionable character?

___ Yes ___ No

If "yes", please explain: _____

15. **Emotional Stability:** Due to the cultural and environmental context of the school, adjustments may have to be made. Keeping in mind the challenge of unusual demands, please rate the applicant as to his/her maturity and stability: **(Please check one)**

___ Mature. Has proven ability to operate under stress and pressure.

___ More mature and emotionally stable than average

___ Possesses adequate emotional stability

___ Doubtful. Experience has shown that the applicant might not be able to endure stress

___ Frequent signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways.

16. **Would you please make any comments regarding the applicant, which you feel could be helpful** (use a separate sheet of paper if necessary): _____

17. Would you recommend the applicant for the YWAM School that he/she is applying for?

___ Unsuitd ___ Average prospect

___ At this time, he/she is unsuitd ___ Great prospect

___ Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____
(Street) (City) (State/Province) (Zipcode) (Country)

Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed _____ Date _____

___ YES! I would like further information on Youth With A Mission

YWAM BANGKOK RAM 2

Confidential Reference Form

PASTOR/PASTORAL STAFF

Please return all forms to:

DTS BANGKOK
P.O. BOX 20 THUNGSETTHI
PRAWET, BKK 10263
THAILAND
PHONE: +662 751 28180
EMAIL: dtsbangkok@gmail.com

DTS REF P-1

To the person filling out this form: The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (State/Province) (Zip code) (Country)

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____

1. How long have you known the applicant? _____
2. How well do you know the applicant? ___very well ___well ___acquaintance ___casually
3. How long has the applicant attended your church? _____

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

4. Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Excellent	Good	Fair	Poor	Not observed	Comments
Speaking/teaching	_____	_____	_____	_____	_____	_____
Motivating & training	_____	_____	_____	_____	_____	_____
Organizing	_____	_____	_____	_____	_____	_____
Personal Evangelism	_____	_____	_____	_____	_____	_____
Working w/children	_____	_____	_____	_____	_____	_____
Working w/adults	_____	_____	_____	_____	_____	_____
Counseling	_____	_____	_____	_____	_____	_____
Prayer	_____	_____	_____	_____	_____	_____
Worship	_____	_____	_____	_____	_____	_____
Encouraging	_____	_____	_____	_____	_____	_____
Servant hearted	_____	_____	_____	_____	_____	_____

5. Has the applicant participated in any of the above areas while under your leadership? _____

6. Did you know prior to receiving this form of the applicant's intention to attend this program? _____

7. Does the applicant know Jesus Christ as personal Lord and Savior? ___ Do they show Christ in everyday living? _____

8. Do you believe that the applicant has a call to missions from God at this time? _____

If so, then please explain: _____

9. Check any of the following, which you feel, are motivating the applicant to attend a YWAM school?

- ___ Christian Service ___ Escape an unpleasant home situation ___ Desire to spread the Gospel
 ___ Desire to help others ___ Travel ___ Adventure ___ Receive help, ministry and discipleship
 ___ Other: _____

10. Please rate this applicant by placing a check under each of the following categories:

Physical Condition

___ limited ___ normal ___ healthy

Personal Appearance

___ tolerable ___ normal ___ great

Intelligence

___ slow ___ average ___ alert

Teamwork

___ independent ___ average ___ cooperative

Social Adaptability

___ shy ___ friendly ___ outgoing

Industrious

___ hard worker ___ average ___ not really

Flexibility

___ open ___ average ___ tense

Punctuality

___ punctual ___ average ___ often late

Emotional Resilience

___ very sensitive ___ even keel ___ strong

Reliability

___ always ___ average ___ somewhat

Disposition

___ cheerful ___ passive ___ moody

Financial

___ honorable ___ normal ___ irresponsible

11. Listed below are some of the qualities, which describe a leader. Please rate as follows:

(W= weak, D= Developing, A= Average, M= Mature, S= Strong)

- ___ Positive, contagious spirit
- ___ Decision Making Ability
- ___ Ability to receive criticism
- ___ Ability to motivate others
- ___ Gets along with everyone
- ___ Assurance of God's calling
- ___ Self-confidence
- ___ Teachable attitude
- ___ Respect for the convictions of others
- ___ Communicates Skills
- ___ Emotional Stability
- ___ Social Poise
- ___ Able to deal with inter-personal problems

12. On a separate sheet of paper, please elaborate if the answer is "YES" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, the occult or homosexuality?
- d) Does the applicant use tobacco or consume alcohol at this time?

If the answer to all of the above questions is "NO", please check here ___

13. For discipleship purposes, would you please underline words or descriptions which may pertain to the applicant:

easily embarrassed, offended or discouraged, given to exclusive & absorbing infatuations, frequently worried, anxious, nervous or tense, lacking in humor, unable to take a joke, prejudice toward groups races or nationalities, unable to cope with stress, erratic in actions, impatient, moody, intolerant, argumentative, domineering, "cocky", critical of others, exaggerates, "gives in" to peer pressure, easily persuaded
(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

14. Is your congregation standing behind the applicant's decision to attend this school? ___ Yes ___ No
If no, Please explain:

15. Please comment briefly on the applicant's family background:

16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary):

17. Would you recommend the applicant for the YWAM School that he/she is applying for?

___ Unsuitd ___ Average prospect ___ At this time, he/she is unsuitd ___ Great prospect
 ___ Good prospect, but I have some reservations

**Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applications.

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

Name _____

Address _____
(Street) (City) (State/Province) (Zipcode) (Country)

Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed _____ Date _____

___ YES! I would like further information on Youth With A Mission

YOUTH WITH A MISSION – BANGKOK RAM 2
DTS BANGKOK
P.O. BOX 20, THUNGSETTHI,
PRAWET, BANGKOK 10263, THAILAND
PHONE: +662 751 28180
EMAIL: dtsbangkok@gmail.com

CONFIDENTIAL
HEALTH FORM

HEALTH INFORMATION

APPLICANT'S NAME: _____

VACCINATIONS

Listed below are the vaccinations that we strongly recommend you consider. These recommendations are made after speaking with staff who have been nurses and who have lived here for several years. Please also consult your physician. Your outreach may take you to rural places in Thailand and this region.

1. Hepatitis B + A
2. Japanese Encephalitis (available in Thailand)
3. Tetanus
4. Typhoid

SCHOOL YOU ARE APPLYING FOR: _____

DATE: ____/____/____
(mo) (yr)

Name: _____ Date of Birth ____/____/____
(Last) (First) (Middle Initial) (day) (mo) (yr)

Permanent Address: _____
(Street) (City)

(State/Province) (Zipcode) (Country)

Home PH: _____ - _____ - _____

Email: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Mr/Mrs/Miss _____
(Last) (First)

Permanent Address: _____
(Street) (City)

(State/Province) (Zipcode) (Country)

Relationship: _____ Home PH: _____ - _____ - _____

Email: _____

PERSONAL HEALTH CHART

APPLICANT'S NAME: _____

Part A: Personal History: Please answer all the questions below. Comment on all positive answers in the space on the back or on a separate sheet of paper. Have you ever had, or do you have, any of the following?

	Yes	No		Yes	No
Skin disease:			Epilepsy:		
Eye Trouble:			Stomach/Duodenal Ulcer:		
Ear Trouble:			Gall Bladder Problems:		
Head Injury:			Fainting Spells:		
Asthma:			Mental/Nervous Disorder:		
Tuberculosis:			Jaundice:		
Paralysis:			Intestinal Troubles:		
Hepatitis:			Shortness of Breath:		
Hay Fever:			Diabetes:		
Kidney Disease:			High Blood Pressure:		
Anemia:			Recurrent headaches:		
Venereal Disease:			Tumor/Cancer:		
Heart Trouble:			Rheumatism/Arthritis:		
Broken Bones:			Dislocation of Joints:		
Surgery:			Insomnia:		
Appendectomy:			Recurrent Diarrhea:		
Tonsillectomy:			Recurrent Urinary Infections:		
Hernia Repair:			Low Blood Pressure:		
Epilepsy:			Allergy to Penicillin:		
Easily Fatigued:			Allergy to Sulfonamides:		
Back Problems:			Allergy to Serum:		
Allergy to Foods: (Specify)					

FEMALES ONLY:

Irregular periods:	Are you pregnant:
Severe cramps:	Previous
Excessive flow:	

Explanations for positive answers:

Are you at present under a doctor's care for any condition? If yes, please explain:

If you use any type of medication regularly, name the medication and explain the condition. **THIS IS IMPORTANT FOR US TO KNOW ESPECIALLY ON OUTREACH.**

Applicant's Name _____
Last First Middle Initial

Date of Application ____/____/____
(day) (mo) (yr)

TO THE PHYSICIAN:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

APPLICANT'S AGREEMENT:

I agree to let the physician who does my physical examination give my employer (YWAM) information about my health. Only information that is relevant and necessary for my future working situation shall be given.

Signature: _____

PHYSICAL EXAMINATION

Height:	Weight:	(Over/underweight?)
BP:	Pulse:	
Blood Type:	Rh Factor:	
Heart:		
Lungs:		
Abdomen:		
Neurological:		
Skeletal system:		
Eyes:		
Ears Hearing:		
Skin: Lymph nodes:		

FEEDBACK TO YWAM

In your opinion, is the applicant/staff physically and mentally able to participate with YWAM Thailand?

- YES, without reservations _____
- YES, but with the following reservations/ under the following conditions:
- NO, because of the following reasons:
- Are there any conditions in the applicant's/staff health that YWAM should be aware of:

Name of Physician: Mr/Mrs/Miss _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City)

(State/Province) (Zipcode) (Country)

Signature of Physician: _____

Date: _____