



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. Husbands and wives must complete separate forms. Children each have their own.

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 \$25.00 (\$40.00 per married couple) must be forwarded with the application. This fee is not refundable, and your application cannot be processed without it.
4. Confidential References: Three confidential references are enclosed. One reference should be given to each of the following: 1-Pastor, 2- Employer or Teacher, 3-Friend. Request they fill it out and mail it directly to the Registrar. You may want to give them a stamped envelope with the YWAM Chiang Rai address on it.
5. Medical Requirements: The Confidential Health Form must be completed by your physician and sent directly to the Registrar. If you have school age children, they must also fill one out. Children in kindergarten or younger will be sent a less detailed form. Be sure to have the physician who performed the physical sign your form. Be sure to have the TB test. Documentation must clearly indicate the test performed and the results 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, be sure to have a parent or guardian sign the form also.
7. Passport: Those who do not have a passport yet should apply for one immediately.
8. Visas: INTERNATIONAL STUDENTS--when accepted you will receive a special letter from the national office with which you can request a 3-month 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.
  1. Please describe your Christian experience in three stages
    - a) Pre-conversion
    - b) Conversion
    - c) Present relationship with the Jesus
  2. Describe your childhood and growing up years.
  3. What kind of relationship do you have with your parents?
  4. Are your immediate family members Christian?
  5. Does your family understand your desire to study in a DTS? Are they supportive of your desire?
  6. Describe your serving gifts.
  7. Have you ever served cross-culturally? Where, how, when?
  8. What is your short and long-term calling?
  9. Are you prepared for a new culture, food, language, etc.? In what ways have you been prepared?
  10. Do you prefer to work in a team or as an individual? Describe your previous work experience in a team situation.
  11. Do you belong to a home Church? If yes, how long have you attended and what kind of involvement have you had there in ministry?
  12. 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?
  13. Is there any domestic situation that might necessitate your returning from the DTS? If yes, give details
  14. Is there anything more that we should know about you or your present situation?

**All information contained in this form will be strictly confidential.**

# YWAM-Chiang Rai

Application

Discipleship  
Training  
School

Please return all forms to:  
PO Box 121 Baan Du  
A. Muang  
Chiang Rai , 57100  
Thailand  
PH: 66-81-764-3524  
e-mail: chiangraids@gmail.com

Important!

Please  
attach  
a recent  
Photo  
here.

I wish to attend the DTS beginning \_\_\_\_\_  
(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) \_\_\_\_\_ - \_\_\_\_\_

HOME CHURCH: (Name) \_\_\_\_\_ (Pastor's Name) \_\_\_\_\_

(PO Box /Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State/Province) \_\_\_\_\_ (Postal/Zip Code) \_\_\_\_\_ (Country) \_\_\_\_\_

(Church Phone) \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ 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.) \_\_\_\_\_

Marital Status (please circle one): Single, Married, Separated, Divorced, Engaged

Spouse's name \_\_\_\_\_ Anniversary (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.) \_\_\_\_

Number of children accompanying you \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport ? \_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport ? \_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport? \_\_\_\_

## 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 or other Talents \_\_\_\_\_

Miscellaneous information:

How did you hear about the base? \_\_\_\_\_

What reasons most influenced your decision to apply for the DTS in Chiang Rai? \_\_\_\_\_

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 Chiang Rai. 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

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**YWAM-Chiang Rai Confidential  
Reference Form  
Employer/Teacher**

**Please return to:**  
PO Box 121 Baan Du  
A. Muang  
Chiang Rai , 57100  
Thailand  
PH: 66-81-764-3524  
email: [chiangraidts@gmail.com](mailto:chiangraidts@gmail.com)

**D.T.S.  
REF.  
E/T-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:

<b>Physical Condition</b>	<b>Personal Appearance</b>
___ limited ___ normal ___ healthy	___ tolerable ___ normal ___ great
<b>Intelligence</b>	<b>Teamwork</b>
___ slow ___ average ___ alert	___ independent ___ average ___ cooperative
<b>Social Adaptability</b>	<b>Emotional Resilience</b>
___ shy ___ friendly ___ outgoing	___ very sensitive ___ even keel ___ strong
<b>Industrious</b>	<b>Reliability</b>
___ hard worker ___ average ___ not really	___ always ___ average ___ somewhat
<b>Flexibility</b>	<b>Disposition</b>
___ open ___ average ___ tense	___ cheerful ___ passive ___ moody
<b>Punctuality</b>	<b>Financial</b>
___ 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 separate sheet 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

REF. E/T-2

YWAM-Chiang Rai Confidential Reference  
Form

**Friend**

Please return to:  
PO Box 121 Baan Du  
A. Muang  
Chiang Rai, 57100  
Thailand  
PH: 66-81-764-3524 email:  
[chiangraidts@gmail.com](mailto:chiangraidts@gmail.com)

D.T.S.

REF. F-1

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Address \_\_\_\_\_  
(Street) (City) (State/Province) (Zip code) (Country)

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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. According to your observations, which of the above mentioned areas would your friend be especially gifted in? \_\_\_\_\_

5. Does the applicant know Jesus Christ as personal Lord and Savior? \_\_\_ How does he/she show Christ in everyday living? \_\_\_\_\_

6. Does he/she display high moral standards? \_\_\_ yes, or \_\_\_ no. (If no, please explain) \_\_\_\_\_

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

\_\_\_ Withdraws \_\_\_ Gets discouraged \_\_\_ Gets angry  
\_\_\_ Meets constructively \_\_\_ Accepts patiently \_\_\_ Other \_\_\_\_\_

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

<b>Physical Condition</b>	<b>Personal Appearance</b>
___ limited ___ normal ___ healthy	___ tolerable ___ normal ___ great
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___ shy ___ friendly ___ outgoing	___ very sensitive ___ even keel ___ strong
<b>Industrious</b>	<b>Reliability</b>
___ hard worker ___ average ___ not really	___ always ___ average ___ somewhat
<b>Flexibility</b>	<b>Disposition</b>
___ open ___ average ___ tense	___ cheerful ___ passive ___ moody
<b>Punctuality</b>	<b>Financial</b>
___ punctual ___ average ___ often late	___ honorable ___ normal ___ irresponsible

9. 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
- Ability to motivate others
- Self-confidence
- Communication skills
- Social poise
- Decision making ability
- Gets along with everyone
- Teachable attitude
- Respects the convictions of others
- Able to deal with inter-personal problems
- Able to receive criticism
- Emotional stability

10. 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.)

11. Does the applicant respond well to authority?  Yes  No

If "no", please explain: \_\_\_\_\_

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

If "no", please explain: \_\_\_\_\_

13. On a separate sheet of paper, please elaborate if the answer is "Yes" to any of these 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 violation?
- 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 \_\_\_\_\_

14. Please comment briefly on the applicant's family background: \_\_\_\_\_

15. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_

16. Would you please make any comments regarding the applicant that you feel could be helpful? \_\_\_\_\_

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

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

\*\*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

REF. F-2



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

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
- At this time, he/she is unsuitd
- Good prospect, but I have some reservations
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**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

REF. P-2

Youth With A Mission-Chiang Rai

P.O Box 121 Baan Du, A. Muang, Chiang Rai 57100, Thailand Ph  
66-81-764-3524 email: chiangraidts@gmail.com

CONFIDENTIAL  
HEALTH FORM

**HEALTH INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_

**VACCINATIONS**

Listed below are the vaccinations that we recommend you consider. You can also consult your physician. It is possible to have things taken care of in Thailand, which in most cases will be cheaper. Just realize that most doctors here in Thailand are easy going about the issue, they usually only advise Hepatitis B. They may also recommend Japanese Encephalitis for those that live close to pigs. However, over the years several of our staff have come down with Typhoid, Hepatitis and have been bitten by dogs.

1. Polio
2. Tetanus (within the last five years)
3. Typhoid (within the last seven years)
4. Japanese Encephalitis (available in Thailand)
5. DP (diphtheria, pertussis)
6. Rabies (definitely recommended for families, especially if you like pets, as rabies is a problem here). This is available in Thailand as a series of 5 injections.
7. BCG (if not positive PPD.)
8. Measles
9. Hepatitis B + A

**SCHOOL YOU ARE APPLYING FOR:** \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle Initial) (mo) (day) (yr)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zipcode) (Country)

Home PH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

\_\_\_\_\_  
(Last) (First)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zipcode) (Country)

Relationship: \_\_\_\_\_ Home PH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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:

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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.

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# PART B: PHYSICIAN'S EVALUATION

Health form: page 3

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial mo day 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:	_____

## **LABORATORY TESTS** (Please attach results)

- Complete blood count.
- VDRL (syphilis)
- HIV
- Urine analysis.
- Chest x-ray

## **Over age of 40 years, the following in addition:**

- Electrocardiogram.
- Breast examination and PAP smear. (Women only)
- Tests for hyperlipidemia (cholesterol & triglycerides).

## **If coming from Asia or Africa only:**

- Alfa-feto protein\*

**TUBERCULOSIS CONTROL** (within 6 months of the school)

One of the following:

Chest X-ray \_\_\_\_\_

Skin Test\* \_\_\_\_\_

Date

Result

Examination Facility

\*If your skin test is positive you MUST have a chest X-ray.

Date of last DT (Diphtheria/Tetanus) booster: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ (must be within the last 5 years)

Height: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

***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 and Address of Physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***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: \_\_\_\_\_