



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. A NOTICE OF ACCEPTANCE WILL BE SENT TO YOU VIA EMAIL.
2. Photo: Please attach a recent photo of yourself, size does not matter.
3. Registration Fee: Your \$50.00 (\$80.00 per married couple) can be paid in three different ways. Please contact dtsregistrar@gmail.com for further payment information. 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-- 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

Discipleship
Application Training
School

Please return all forms to:
PO Box 85 Baan Du
A. Muang
Chiang Rai, 57100
Thailand
PH: 66-81-179-8793 (Josh)
dtsregistrar@gmail.com (Anjelica)

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 85 Baan Du
A. Muang
Chiang Rai, 57100
Thailand
PH: 66-81-179-8793 (Josh)
dtsregistrar@gmail.com (Anjelica)

D.T.S.

REF.

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	Personal Appearance
___ limited ___ normal ___ healthy	___ tolerable ___ normal ___ great
Intelligence	Teamwork
___ slow ___ average ___ alert	___ independent ___ average ___ cooperative
Social Adaptability	Emotional Resilience
___ shy ___ friendly ___ outgoing	___ very sensitive ___ even keel ___ strong
Industrious	Reliability
___ hard worker ___ average ___ not really	___ always ___ average ___ somewhat
Flexibility	Disposition
___ open ___ average ___ tense	___ 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 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 _____

YWAM-Chiang Rai
Confidential
Reference Form
Friend

Please return to:
PO Box 85 Baan Du
A. Muang
Chiang Rai, 57100
Thailand
PH: 66-81-179-8793 (Josh)
dtsregistrar@gmail.com (Anjelica)

D.T.S.
REF.
F-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. 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:

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Decision making ability | <input type="checkbox"/> Able to receive criticism |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Gets along with everyone | <input type="checkbox"/> Emotional stability |
| <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Teachable attitude | |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Respects the convictions of others | |
| <input type="checkbox"/> Social poise | <input type="checkbox"/> Able to deal with inter-personal problems | |

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?

- | | |
|--|---|
| <input type="checkbox"/> Unsuitd | <input type="checkbox"/> Average prospect |
| <input type="checkbox"/> At this time, he/she is unsuitd | <input type="checkbox"/> Great prospect |
| <input type="checkbox"/> 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-Chiang Rai Confidential
Reference Form

Pastor/Pastoral Staff

Please return to:
PO Box 85 Baan Du
A. Muang
Chiang Rai, 57100
Thailand
PH: 66-81-179-8793 (Josh)
dtsregistrar@gmail.com (Anjelica)

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?

- | | |
|--|--|
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Receive help, ministry and discipleship | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|--|
| Physical Condition | Personal Appearance |
| <input type="checkbox"/> limited <input type="checkbox"/> normal <input type="checkbox"/> healthy | <input type="checkbox"/> tolerable <input type="checkbox"/> normal <input type="checkbox"/> great |
| Intelligence | Teamwork |
| <input type="checkbox"/> slow <input type="checkbox"/> average <input type="checkbox"/> alert | <input type="checkbox"/> independent <input type="checkbox"/> average <input type="checkbox"/> cooperative |
| Social Adaptability | Emotional Resilience |
| <input type="checkbox"/> shy <input type="checkbox"/> friendly <input type="checkbox"/> outgoing | <input type="checkbox"/> very sensitive <input type="checkbox"/> even keel <input type="checkbox"/> strong |
| Industrious | Reliability |
| <input type="checkbox"/> hard worker <input type="checkbox"/> average <input type="checkbox"/> not really | <input type="checkbox"/> always <input type="checkbox"/> average <input type="checkbox"/> somewhat |
| Flexibility | Disposition |
| <input type="checkbox"/> open <input type="checkbox"/> average <input type="checkbox"/> tense | <input type="checkbox"/> cheerful <input type="checkbox"/> passive <input type="checkbox"/> moody |

Punctuality

Financial

___ punctual ___ average ___ often late

___ 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
- ___ 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
- ___ 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

Youth With A Mission Chiang Rai

P.O Box 85 Baan Du, A. Muang, Chiang Rai 57100, Thailand
Ph (Josh) 66-81-179-8793
e-mail (Anjelica): dtsregistrar@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.

Strongly recommended

1. Polio
2. Tetanus (within the last five years)
3. DP (diphtheria, pertussis)
4. Measles
5. Hepatitis B + A

Recommended but not required

6. Typhoid (within the last seven years)
7. Japanese Encephalitis (available in Thailand)
8. 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.

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:	_____	_____

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.

Allergy to Foods: (Specify)

FEMALES ONLY:	Yes	No		Yes	No
Irregular periods:	_____	_____	Are you pregnant?	_____	_____
Severe cramps:	_____	_____		_____	_____
Excessive flow:	_____	_____		_____	_____

Explanations for positive answers:

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: _____

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? The applicant will need to be able to walk stairs, hike 3-4kms, and deal with heat in excess of 40° Celsius.

• 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: _____