



YWAM UBON RATCHATHANI

Youth With A Mission Thailand Ubun Ratchathani

Discipleship Training School Application

Greetings from YWAM Ubun Ratchathani! Thank you for your interest in our DTS. We are excited that you are thinking of us for this school and will be happy to answer any questions you have.

Email us at encounterdtsubon@gmail.com

Guide to completing the supplement forms

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

❖ **Application**

Please fill out completely, attach a recent photo of yourself, and sign the application form.

❖ **Registration Fee**

Each applicant must pay a non-refundable registration fee of 1000 THB. Your application cannot be processed without it. Payments can be made via bank transfer or PayPal.

❖ **Application Questions**

Please prayerfully answer the Applications Questions. This is your chance to recommend yourself to the DTS staff so you can make your answers as detailed as you like.

❖ **Confidential References**

Three confidential references are enclosed. One reference should be given to each of the following: Pastor, Friend, Employer or Teacher. Please request that they fill it out and mail / email it directly to us.

❖ **Medical Requirements**

The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of our staff due to living in such a close community together. Fill out the childhood immunization records as completely as possible. Any boosters should be received within the last five years.

❖ **Liability, Consent, Burial Statement, and Declaration**

Please read and sign this form. If you are under 18, a parent/guardian must sign for you.

❖ **Passport**

If you do not have a passport you must apply for one immediately. Each accompanying family member must have their own. You must have a passport that is still valid up to six months after the completion of the school. Each family member coming must have their own passport, including each child.

❖ **Cost**

The fees cover tuition, housing, transportation and meals throughout the lecture and outreach phase. It DOES NOT cover your travel cost and visa to Thailand, insurance, vaccinations, and your personal spending. 25% of the fees is DUE BEFORE ARRIVAL OR UPON ARRIVAL, unless otherwise arranged with leadership.

IMPORTANT: Completed International student applications should be submitted no later than 2 weeks prior to the start of the school. It is very important that the application is submitted, and the registration fee sent as soon as possible as this shows us how many people are interested in attending. Passport information may be emailed/mailed at a later date.

VISA: When accepted you will receive a special letter with which a formal application for a visa can be made at the Thailand Consulate or Embassy in your country. Full details will be given when accepted. Please DO NOT make any visa application without the acceptance letter and other visa documents.

Children's Details (names, birth dates, gender)			
Emergency Contact	Name:	Relationship:	Phone Number:
	Address:		Email:
Education	Level of High/Secondary School: <input type="checkbox"/> Primary/Elementary School <input type="checkbox"/> Middle/Junior School <input type="checkbox"/> High School <input type="checkbox"/> None		
	Any other training or education? <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Vocational School <input type="checkbox"/> Seminary <input type="checkbox"/> Others		
	Name:	Location:	From: (YYYY) To: (YYYY)
	Name:	Location:	From: (YYYY) To: (YYYY)
Skills	<input type="checkbox"/> Cooking <input type="checkbox"/> Baking <input type="checkbox"/> Auto Repair <input type="checkbox"/> Computer Programming <input type="checkbox"/> Health Care <input type="checkbox"/> Carpentry <input type="checkbox"/> Accounting <input type="checkbox"/> Fitness Training <input type="checkbox"/> Child Care <input type="checkbox"/> Landscaping <input type="checkbox"/> Painting <input type="checkbox"/> IT Skills <input type="checkbox"/> Medical <input type="checkbox"/> Driving <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Art/Crafts <input type="checkbox"/> Singing <input type="checkbox"/> Playing Music <input type="checkbox"/> Others: _____		
	Musical instrument(s) you play:		Leading Worship: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never, but would love to do it
How did you hear about YWAM Ubon Ratchathani?			
What reasons most influenced your decision to apply for the DTS in YWAM Ubon base?			
Have you had any training with YWAM?	If yes: what, when, where?		
Have you ever been convicted of a crime in any country?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Details:	
Have you ever had addictive behavior with any of the following?	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Smoking <input type="checkbox"/> Drugs <input type="checkbox"/> Pornography <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Other Details:		
Have you ever been involved or ongoing struggles with any of the following?	<input type="checkbox"/> Homosexuality <input type="checkbox"/> Occultism <input type="checkbox"/> Sect <input type="checkbox"/> Other:		

Finances – Confidential

Every staff person in Youth With A Mission is responsible to provide their own fees and personal living expenses. Each prospective trainee is expected to do the same. As you do the possible - use savings, earn the money, sell things you don't need (as directed by the Lord) - God will do the impossible.

Do you have your complete school fees? Yes No / Working on it

If no, how much do you have at the present time for your tuition?

_____ Thai Baht is what I have at the present time towards the course fees.

_____ Thai Baht is what my Church/family/friends/others have pledged towards my fees.

_____ Thai Baht is what I still need for my fees

(Please note that these fees do not include any insurance, vaccinations, visas, flights to and from Thailand, spending money)

How do you plan to raise the amount you still need?

Do you have any outstanding debt? (please explain)

Acknowledgement of financial responsibility

I confirm that I understand payment of the required school tuition and fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition, and personal expenses incurred during my involvement with Youth With A Mission – Ubon Ratchathani, Thailand.

Name of the applicant:

Date (DD/MM/YY):

Signature:

Referees

Pastor / Spiritual Leader	Name:	
	Phone:	Email:
Friend	Name:	
	Phone:	Email:
Employer / Teacher	Name:	
	Phone:	Email:



YWAM UBON RATCHATHANI

Application Questions

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut
 Tambon Kham Yai Ubon Ratchathani
 34000 Thailand
Tel: +66 (0) 88-369-0613
Email: encounterdtsubon@gmail.com

Discipleship Training School Application Questions

In order for us to get to know you better; please prayerfully answer the following questions in as much details as you like. Please write N/A if a question does not apply to you. Please **write your personal history answers on a separate paper** and send it together with the rest of your documents.

Personal History

1.	How long have you been a Christian? Please describe how you came to the decision of making Jesus Lord of your life.
2.	How is your relationship with the Lord at this time?
3.	Describe any other special experiences or significant events you have had during your walk with the Lord.
4.	Please describe your childhood and growing up years.
5.	How would you describe your relationship with your family? Does your family understand your desire to participate in DTS? Are they supportive of your desire?
6.	Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your decision to join DTS?
7.	Please list your serving gifts, ministry gifts, and spiritual gifts and provide examples of how they have been used.
8.	What is your purpose for attending the DTS? What areas of your character are you presently seeking God to further develop and improve?
9.	Why are you applying to Youth With A Mission and to YWAM Ubon Ratchathani specifically?
10.	What are you expecting to receive during the DTS? What do you want to see happen in and through your life during the DTS?
11.	Please list areas of weakness, temptation and personal struggles both past and present.
12.	Are there any other factors in your current situation that you would like to share with us or that we should be aware of or that you would like help with during the DTS?

Mission

1.	Have you ever served cross culturally before? Where, how, and when?
2.	Do you feel you have a call to missions? What is your specific commitment to mission – short or long term?
3.	How long have you been considering involvement in mission?
4.	Do you sense the Lord is leading you to a particular nation or people group?

5.	Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small room for families?
6.	What skills would you like to use in mission / ministry?
7.	Do you have any difficult situations to deal with regarding attending the DTS? How can we pray for you?
8.	If you were not accepted as part of this school, what would you do? (next step or alternatives)

Self-Evaluation

Please give an honest assessment of the statements that apply to you.

How do you learn best?
(mark that apply)

<input type="checkbox"/> Personal Study	<input type="checkbox"/> Classroom	<input type="checkbox"/> By myself	<input type="checkbox"/> With Other
<input type="checkbox"/> Observing	<input type="checkbox"/> Talking	<input type="checkbox"/> Being Challenged	<input type="checkbox"/> Doing

Adaptability

<input type="checkbox"/> I adapt easily to new situations	<input type="checkbox"/> I adapt poorly to new situations
<input type="checkbox"/> I make the best out of new situations	<input type="checkbox"/> I fear new and unexpected situations

Achievement

<input type="checkbox"/> I am competitive	<input type="checkbox"/> I am motivated	<input type="checkbox"/> I take initiative
<input type="checkbox"/> I am persevering	<input type="checkbox"/> I am perfectionist	<input type="checkbox"/> I am an overachiever

Christian Walk

<input type="checkbox"/> Stable	<input type="checkbox"/> Up / Down	<input type="checkbox"/> Emotional
<input type="checkbox"/> Mature	<input type="checkbox"/> Self-focused	<input type="checkbox"/> Superficial

Spiritual Growth

<input type="checkbox"/> Growing steadily	<input type="checkbox"/> Growing fast
<input type="checkbox"/> I desire more	<input type="checkbox"/> Little growth, I need help

Leadership Ability

<input type="checkbox"/> I am a leader	<input type="checkbox"/> I am a follower
<input type="checkbox"/> I try to lead sometimes	<input type="checkbox"/> I do not like to lead

Willingness to Serve

<input type="checkbox"/> I am eager to serve whenever	<input type="checkbox"/> I prefer to serve in the background
<input type="checkbox"/> Serving is not my gift	<input type="checkbox"/> I help out when absolutely needed

Teamwork

<input type="checkbox"/> I work well with others	<input type="checkbox"/> I find it difficult to work with others
<input type="checkbox"/> I would rather work alone	<input type="checkbox"/> I find it hard to take responsibility

Ability to Follow

<input type="checkbox"/> I follow my leaders easily	<input type="checkbox"/> I challenge my leaders' authority
<input type="checkbox"/> I find it difficult to trust leaders	

Relationships

<input type="checkbox"/> I have many friends	<input type="checkbox"/> I have a few good friends
<input type="checkbox"/> I have difficulty in relationships	



YWAM UBON RATCHATHANI

Confidential Friend Referee

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut
Tambon Kham Yai Ubon Ratchathani
34000 Thailand

Tel: +66 (0) 88-369-0613

Or email: encounterdtsubon@gmail.com

This section is to be completed by the applicant

Full Name: <i>of applicant</i>	
Email: <i>of applicant</i>	
Start Date: <i>of course</i>	
Location: <i>of course</i>	

The above-named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Ubon Ratchathani base. YWAM is a world-wide interdenominational missionary organization which was founded in 1960 and provides opportunities for Christian service on a short or long-term basis. Its purposes include training, challenging and channelling Christians to fulfil Christ's command: "Go therefore, and make disciples of all nations."

The Discipleship Training School

The Discipleship Training School (YWAM-DTS) includes a lecture phase and a field placement.

The field placement could be in primitive and stressful condition but will provide an opportunity for the trainee to use their skills. It is therefore not in the applicant's best interest to give an unrealistically positive view of them. **An honest, realistic appraisal will help rather than hinder their application.**

It is important to us, as we evaluate our applicant, that we have a good understanding of their character and ministry abilities. **Serious consideration will be given to your comments. Be assured that your reply will be held in strict confidence.** Your prompt attention in completing this for is appreciated.

We need to receive this form before we can process their application – thank you for your prompt reply.

Your Information	Title:	First Name:	Middle Name:	Last Name:
Address	Street Address:			
	City:	State/Province:	Post/Zip Code:	Country:
Contact Info	Phone Number:		Email:	
Relationship to the applicant	How long have you known the applicant?			
	How well do you know the applicant? <input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> casually <input type="checkbox"/> slightly			

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant.

	Excellent	Above Average	Average	Below Average	Poor	Not Known
Self-discipline	<input type="checkbox"/>					
Teachability	<input type="checkbox"/>					
Ability to receive correction	<input type="checkbox"/>					
Ability to make decision	<input type="checkbox"/>					
Social skills	<input type="checkbox"/>					
Response to authority	<input type="checkbox"/>					
Response to pressure	<input type="checkbox"/>					
Willingness to serve	<input type="checkbox"/>					
Leadership ability	<input type="checkbox"/>					
Ability to follow	<input type="checkbox"/>					
Communication skills	<input type="checkbox"/>					
Concern for others	<input type="checkbox"/>					
Self-confidence	<input type="checkbox"/>					
Ability to motivate others	<input type="checkbox"/>					
Ability to deal with stress	<input type="checkbox"/>					
Cooperation	<input type="checkbox"/>					
Positive, contagious spirit	<input type="checkbox"/>					
Tactfulness	<input type="checkbox"/>					
Personal hygiene	<input type="checkbox"/>					

Mental Alertness	<input type="checkbox"/> Quick Learner	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Learn
Work Ethic	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Trustworthiness	<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"/> Causes Frictions
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Refuses Change
Christian Character	<input type="checkbox"/> Very Stable	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Rarely on Time
Finances	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Irresponsible

Please circle any words which may describe the applicant at times:

Impatient	Intolerant	Argumentative
Domineering	Critical of others	Easily Embarrassed
Easily Offended	Discouraged	Easily Worried
Anxious	Nervous / Tense	Given to moods
Addictive behaviours	Erratic in attitudes	Flirting
Close-minded	Procrastination	Dependent Relationships
Emotional Instability	Prejudice	Arrogant
Dishonest	Lack of Humor	Gives in to peer pressure

In what of the following areas do you feel the applicant could contribute to the ministry? Circle one.

Art	Preaching	Teaching
Music	Worship	Discipleship of others
Drama	Film & Photography	Children's Work/Ministries
Evangelism	Prayer/Intercession	Youth Work/Ministries
Administration	Counselling	Facilitating Group Activities
Hospitality	Working with Adults	Serving

<p>Does the applicant know Jesus as their personal Lord and Savior, and display Christ in everyday living? How?</p>	
<p>Is the applicant a reliable friend?</p>	
<p>Comment briefly on how the applicant responds to conflict in relationship?</p>	
<p>In the applicant's relationships, do they tend to lead or follow?</p>	
<p>How does the applicant respond to designated authority and standards?</p>	
<p>Can the applicant take responsibility and demonstrate leadership? Give examples.</p>	
<p>Please comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.</p>	
<p>Please comment on the applicant's ability to establish close, healthy relationships with others and with opposite sex.</p>	
<p>What do you think of their involvement with their church?</p>	
<p>Do you have any reservations concerning the financial and personal integrity of the applicant?</p>	<p>If yes, please explain:</p>
<p>Have you noticed drugs, alcohol, or tobacco use?</p>	
<p>Has the applicant ever been arrested?</p>	

Please comment on the applicant's family background.	
The applicant's growth as a Christian: genuine, overly emotional, superficial, etc	
The applicant's motive for getting involved with missions:	
Have we overlooked anything you consider relevant to this application? family background, emotional stability, racist tendencies, leadership abilities, ability to follow, etc....	

Would you recommend the applicant for the YWAM school he/she is applying for?

- unsuited
 at this time, he/she unsuited
 average prospect
 good prospect, but I have reservation
 great prospect

Additional comments:

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

Name : _____

Signature : _____ Date : _____



YWAM UBON RATCHATHANI

Confidential Pastor Reference

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut
Tambon Kham Yai Ubon Ratchathani
34000 Thailand

Tel: +66 (0) 88-369-0613

Or email: encounterdtsubon@gmail.com

This section is to be completed by the applicant

Full Name: <i>of applicant</i>	
Email: <i>of applicant</i>	
Start Date: <i>of course</i>	
Location: <i>of course</i>	

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The Discipleship Training School

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We need to receive this form before we can process their application – thank you for your prompt reply.

Your Information	Title:	First Name:	Middle Name:	Last Name:
Address	Street Address:			
	City:	State/Province:	Post/Zip Code:	Country:
Contact Info	Phone Number:		Email:	
Relationship to the applicant	<input type="checkbox"/> Sr. Pastor <input type="checkbox"/> Youth Pastor <input type="checkbox"/> Small Group Leader <input type="checkbox"/> Mentor How long have you known the applicant? How well do you know the applicant? <input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> casually <input type="checkbox"/> slightly			
Did you know prior to receiving this form of the applicant's intention to attend this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
In your association with the applicant, what has been the level of commitment you have seen exemplified?	<input type="checkbox"/> Faithful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Other:			

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant.

	Excellent	Above Average	Average	Below Average	Poor	Not Known
Self-discipline	<input type="checkbox"/>					
Teachability	<input type="checkbox"/>					
Ability to receive correction	<input type="checkbox"/>					
Ability to make decision	<input type="checkbox"/>					
Social skills	<input type="checkbox"/>					
Response to authority	<input type="checkbox"/>					
Response to pressure	<input type="checkbox"/>					
Willingness to serve	<input type="checkbox"/>					
Leadership ability	<input type="checkbox"/>					
Ability to follow	<input type="checkbox"/>					
Communication skills	<input type="checkbox"/>					
Self-confidence	<input type="checkbox"/>					
Ability to motivate others	<input type="checkbox"/>					
Ability to deal with stress	<input type="checkbox"/>					
Cooperation	<input type="checkbox"/>					
Positive, contagious spirit	<input type="checkbox"/>					
Tactfulness	<input type="checkbox"/>					
Personal hygiene	<input type="checkbox"/>					

Mental Alertness	<input type="checkbox"/> Quick Learner	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Learn
Work Ethic	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Trustworthiness	<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"/> Causes Frictions
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Refuses Change
Christian Character	<input type="checkbox"/> Very Stable	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Rarely on Time
Finances	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Irresponsible

Please circle any words which may describe the applicant at times:

Impatient	Intolerant	Argumentative
Domineering	Critical of others	Easily Embarrassed
Easily Offended	Discouraged	Easily Worried
Anxious	Nervous / Tense	Given to moods
Addictive behaviours	Erratic in attitudes	Flirting
Close-minded	Procrastination	Dependent Relationships
Emotional Instability	Prejudice	Arrogant
Dishonest	Lack of Humor	Gives in to peer pressure

In what of the following areas do you feel the applicant could contribute to the ministry? Circle one.

Art	Preaching	Teaching
Music	Worship	Discipleship of others
Drama	Film & Photography	Children's Work/Ministries
Evangelism	Prayer/Intercession	Youth Work/Ministries
Administration	Counselling	Facilitating Group Activities

Spiritual Maturity

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of the Bible	<input type="checkbox"/>				
Consistency of Christian walk	<input type="checkbox"/>				
Able to share Christ with others	<input type="checkbox"/>				
Concern for others	<input type="checkbox"/>				
Assurance of God's calling	<input type="checkbox"/>				
Overall spiritual maturity	<input type="checkbox"/>				
Respect conviction of others	<input type="checkbox"/>				

Does the applicant know Jesus as their personal Lord and Savior, and display Christ in everyday living? How?	
Do you believe that the applicant has a call to mission at this time?	
In what areas of ministry has the applicant participated at your church?	
How does the applicant respond to designated authority and standards?	
Can the applicant take responsibility and demonstrate leadership? Give examples.	
Please comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.	
Please comment on the applicant's ability to establish close, healthy relationships with others and with opposite sex.	
Do you have any reservations concerning the financial and personal integrity of the applicant?	If yes, please explain:
Have you noticed drugs, alcohol, or tobacco use?	

Please comment on the applicant's family background.	
The applicant's growth as a Christian: genuine, overly emotional, superficial, etc	
The applicant's motive for getting involved with missions:	
Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain.	
Have we overlooked anything you consider relevant to this application? family background, emotional stability, racist tendencies, leadership abilities, ability to follow, etc....	

Would you recommend the applicant for the YWAM school he/she is applying for?

- unsuited
 at this time, he/she unsuited
 average prospect
 good prospect, but I have reservation
 great prospect

Additional comments:

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

Name : _____

Signature : _____ Date : _____



YWAM UBON RATCHATHANI

Confidential Employer / Teacher Reference

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut

Tambon Kham Yai Ubon Ratchathani

34000 Thailand

Tel: +66 (0) 88-369-0613

email: encounterdtsubon@gmail.com

This section is to be completed by the applicant

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Email: <i>of applicant</i>	
Start Date: <i>of course</i>	
Location: <i>of course</i>	

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Address	Street Address:			
	City:	State/Province:	Post/Zip Code:	Country:
Contact Info	Phone Number:		Email:	
Relationship to the applicant	<input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Teacher <input type="checkbox"/> Mentor			
	How long has the applicant been your employee/student?			
	How well do you know the applicant? <input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> casually <input type="checkbox"/> slightly			

Character Evaluation

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Close-minded	Procrastination	Dependent Relationships
Emotional Instability	Prejudice	Arrogant
Dishonest	Lack of Humor	Gives in to peer pressure

Please circle for each gifting to your knowledge of the applicant:

Art	Teaching	Motivating others
Music	Accounting	Discipleship of others
Drama	Film & Photography	Children's Work
Computer Programming	IT Skills	Youth Work
Administration	Counselling	Facilitating Group Activities
Hospitality	Working with Adults	Serving

<p>Has the applicant been an asset to your business / class? (If no, please explain)</p>	
<p>Is the applicant diligent in completing tasks given to him/her? (If no, please explain)</p>	
<p>Comment briefly on how the applicant responds to conflict in relationship?</p>	
<p>In the applicant's relationships, do they tend to lead or follow?</p>	
<p>How does the applicant respond to designated authority and standards?</p>	
<p>Can the applicant take responsibility and demonstrate leadership? Give examples.</p>	
<p>Please comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.</p>	
<p>Please comment on the applicant's ability to establish close, healthy relationships with others and with opposite sex.</p>	
<p>Does the applicant display high moral standard?</p>	
<p>Do you have any reservations concerning the financial and personal integrity of the applicant?</p>	<p>If yes, please explain:</p>
<p>Have you noticed drugs, alcohol, or tobacco use?</p>	
<p>Has the applicant ever been arrested?</p>	

Please comment on the applicant's family background.	
The extend of applicant's community service.	
What do you think are the applicant's motives in applying for the school?	
Have we overlooked anything you consider relevant to this application? family background, emotional stability, racist tendencies, leadership abilities, ability to follow, etc....	

Would you recommend the applicant for the YWAM school he/she is applying for?

- unsuited
 at this time, he/she unsuited
 average prospect
 good prospect, but I have reservation
 great prospect

Additional comments:

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

Name : _____

Signature : _____ Date : _____



YWAM UBON RATCHATHANI

Confidential Health Form

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut
Tambon Kham Yai Ubon Ratchathani
34000 Thailand

Tel: +66 (0) 88-369-0613

email: encounterdtsubon@gmail.com

Medical History

This section can be completed by the applicant. Please answer all questions as clearly as possible. This information is treated confidential and is kept apart from your academic record.

Full Name:		
Do you have medical insurance?	<input type="checkbox"/> Yes	Name of Insurer:
	<input type="checkbox"/> No	Insurance Number:

Are you currently being treated by a doctor for any medical condition? Yes No

If yes, please explain:

Are you taking any medications at this time? Yes No

If yes, please explain:

Do you have any physical disability or other health issues that requires special attention? Yes No

If yes, please explain:

Are you allergic to any medication / drugs? Yes No

If yes, please explain:

Have you or do you currently suffer from any emotional (mentally) instability? Yes No

If yes, please explain:

Allergy information:

	Yes	No		Yes	No		Yes	No
Corn	<input type="checkbox"/>	<input type="checkbox"/>	Milk	<input type="checkbox"/>	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	<input type="checkbox"/>
Oats	<input type="checkbox"/>	<input type="checkbox"/>	Soy	<input type="checkbox"/>	<input type="checkbox"/>	Mold	<input type="checkbox"/>	<input type="checkbox"/>
Peanut	<input type="checkbox"/>	<input type="checkbox"/>	Tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic	<input type="checkbox"/>	<input type="checkbox"/>
Wheat	<input type="checkbox"/>	<input type="checkbox"/>	Sulfonamide	<input type="checkbox"/>	<input type="checkbox"/>	Insect sting	<input type="checkbox"/>	<input type="checkbox"/>
Garlic	<input type="checkbox"/>	<input type="checkbox"/>	Serum	<input type="checkbox"/>	<input type="checkbox"/>	Perfume	<input type="checkbox"/>	<input type="checkbox"/>

Other allergies please specify:

Contagious Diseases:

Have you ever had any of the following contagious diseases?

	Yes	No		Yes	No		Yes	No
Strep Throat	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify:

Have you had an HIV test done? Yes No

If yes, what was the result?

WOMEN ONLYIrregular period Yes No Excessive Flow Yes No Severe Cramps Yes NoPrevious Pregnancy Yes NoAre you pregnant? Yes No If yes, when is your due?**Personal Health History**

Have you had or do you currently have any of the following? (Please explain of any "YES" answer)

	Yes	No		Yes	No		Yes	No
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Back Problem	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Fainting/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problem	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Problem	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>

Explanations:

Immunization

I have been vaccinated for the following:

 Cholera Typhoid Yellow Fever Diphtheria Tetanus I have not, but will complete it before my arrival I am choosing NOT to receive the recommended immunizations/injections

This is just an information record and not a request to take the indicated vaccine(s): (circle yes or no)

Yes	No	Type	DD/MM/YY	Yes	No	Type	DD/MM/YY
Yes	No	Td Booster		Yes	No	Chicken Pox	
Yes	No	Polio (series of 3)		Yes	No	Polio Booster	
Yes	No	BCG (Tuberculosis)		Yes	No	Mumps	
Yes	No	Hepatitis A (series of 2)		Yes	No	Hepatitis 3 (series of 3)	
Yes	No	Measles		Yes	No	Rubella	

I attest, to the best of my knowledge, that the above information is correct and true.

Applicant's Signature:

Date (DD/MM/YY):



YWAM UBON RATCHATHANI

Confidential Health Form Physician's Evaluation

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut

Tambon Kham Yai Ubon Ratchathani

34000 Thailand

email: encounterdtsubon@gmail.com

Full Name: <i>of applicant</i>	
Date of Birth: <i>of applicant</i>	

The applicant mentioned above is applying to be part of Youth With A Mission Ubun Ratchathani in Thailand. The purpose of this report is to assess suitability for a training course with our organisation. The practical field placement may involve work in primitive situations anywhere in the world.

For how long has the applicant been your patient? Years Months Weeks First Visit

Applicant's Height:

Applicant's Weight:

Applicant's Blood Type:

Blood Pressure:

Does any of the following problems exist?

	Yes	No		Yes	No		Yes	No
Dermatological	<input type="checkbox"/>	<input type="checkbox"/>	Gastric/Intestinal	<input type="checkbox"/>	<input type="checkbox"/>	Head/Neck Problem	<input type="checkbox"/>	<input type="checkbox"/>
Urological	<input type="checkbox"/>	<input type="checkbox"/>	Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	Mouth/Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Muscular	<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"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:								

Will the applicant be able to walk 4 to 5 km daily? Yes No

(if no, please comment)

Physician's recommendation:

Acceptable without limitations Not acceptable Acceptable with limitations, please specify

Doctor's Name				
Mailing Address	Street Address:			
	City:	State/Province:	Post/Zip Code:	Country:

Doctor's Signature and Seal

Date: (DD / MM / YY)



YWAM UBON RATCHATHANI

Liability Release Consent Form & Statement of Burial

Please return this form to:

561 Soi Wan Wittaya Thanon Khlang Awut

Tambon Kham Yai Ubon Ratchathani

34000 Thailand

Tel: +66 (0) 88-369-0613

email: encounterdtsubon@gmail.com

Youth With A Mission is a volunteer missionary organization. Some of its work includes manual labour, walking to remote locations, as well as going to countries where medical care and legal procedures may differ from the standards to which you are accustomed. Also, some specialized medical services may not be easily available, and substitution is necessary. With this in mind, we must ask you to be assured in your heart and to understand the sacrifice which that may entail. By signing this form, you are giving your acknowledgement of these potential risks.

Release of Liability

I do hereby release Youth With A Mission, Inc. its staff, agents, and volunteers assistants from any liability whatsoever arising out of any injury, damage, or lost which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant's Name:

Applicant's Signature:

Date (dd/mm/yyyy):

If applicant is under 18 years of age, signature of parent/guardian is also required – see bottom of page.

Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending doctor or physician is deemed necessary.

Applicant's Name:

Applicant's Signature:

Date (dd/mm/yyyy):

If applicant is under 18 years of age, signature of parent/guardian is also required – see bottom of page.

Statement of Burial

I agree that in case of my death, while in conjunction with Youth With A Mission of Ubon Ratchathani Base, that they may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With A Mission of Ubon Ratchathani Base, its staff and associates, from any responsibility for burial costs.

Applicant's Name:

Applicant's Signature:

Date (dd/mm/yyyy):

If applicant is under 18 years of age, signature of parent/guardian is also required – see bottom of page.

Legal Proceedings

Are you involved in any current or pending lawsuits or legal proceedings? Yes No

If yes, please give details

Permissions

I give permission to Youth With A Mission – Ubon Ratchathani, to use any photographic, imaging or written material in regards to myself in promotional and marketing media.

Yes No

Applicant's Signature:

Date (dd/mm/yyyy):

Declaration

I confirm and declare that:

I have completed all sections of the application form and that all the information contained here is true, correct and complete to the best of my knowledge.

If accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the programme.

I understand that the Discipleship Training School consists of both the lecture phase and the outreach phase, and that by completing this application, I am making a commitment to both phases of the school.

I understand that some of the finances are due ahead of the school and I commit to paying all my fees when required (unless prior arrangements have been made). I undertake to pay all personal expenses during my involment with YWAM.

Applicant's Name:

Applicant's Signature:

Date (dd/mm/yyyy):

Parent/Guardian Declaration

I have read all the above statements and agree with them as the legal parent/guardian of the applicant.

Name of parent/guardian:

Signature:

Date (dd/mmm/yyyy):