



DTS

Discipleship Training School

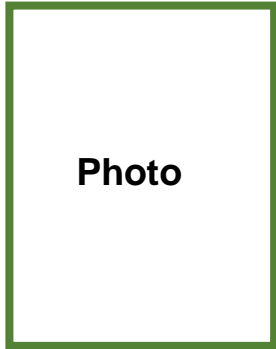
GUIDELINES TO COMPLETING SCHOOL APPLICATION

Thank you for applying for one of our training programs. In order to be accepted, we need to receive the information below:

- 1) School Application Form. Please answer every question. If one does not apply to you, write N/A in the blank.
- 2) A non-refundable Registration Fee of R\$ 100,00 (one hundred reais).
- 3) Confidential Health Form.
- 4) Consent for medical treatment form.
- 5) Consent for Treatment/Liability Release Form. Each applicant must sign this form. If the applicant is under 18 years of age, a parent or legal guardian must also sign the form.
- 6) Two reference forms. Please fill out the top portion of each reference form and give one to your pastor or spiritual leader and one to a mature Christian friend. After filling up the forms, please, scan it, and send to our email: treinamento@jocumrecife.org.br. The same must be done with the references forms.
- 7) A recent photo.
- 8) Supplement all Questions. Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.**
 - A. Describe your conversion experience and present relationship with the Lord.
 - B. Describe other significant spiritual experiences you have had in your walk with the Lord.
 - C. How would you describe your relationship with your family? Are they Christian? Include how they feel about your plans to attend this YWAM program.
 - D. Describe your relationship with your local church: include areas of service and leadership.
 - E. Are you presently employed or in school? Please specify.
 - F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
 - G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
 - H. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occult activities, or homosexual practices? Explain. (NOTE: This will not affect acceptance)
 - I. What areas of your character are you presently seeking God to further develop and improve?
 - J. How did you hear about this YWAM base in Recife, Brazil?
 - K. Please list any special circumstances or situations we should know about.
 - L. Please list the names and addresses of your two references.



School Application Form



DISCIPLESHIP TRAINING SCHOOL

Starting date: ____/____/____
(day/month/year)

PLEASE, FILL OUT WITH CAPITAL LETTERS.

PERSONAL INFORMATION

Name _____ Age _____

Birth date ____/____/____ Gender: Female Male Phone (____) _____

Nationality (Country) _____ Height _____ Weight _____

City and country where passport was issued _____ Passport # _____

Passport Expiry Date _____ E-mail address _____

Address _____ City _____

State _____ Country _____ Zip/Post Code _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Children accompanying you:

Name (First/Middle/Last)	Birth date (Mo/Day/Yr)	Sex	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME CHURCH

Name of home Church _____

How long have you attended? _____ Date of conversion _____ years _____ months

Church Address _____

City _____ State / County _____ Zip/Post Code _____

Church Phone (____) _____ E-mail _____

Do you have any role in the church? _____ Which? _____

Pastor's Name _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State/Country _____ Zip / Post Code _____

Phone: Home (____) _____ E-mail _____

SCHOOL EDUCATION/EMPLOYMENT/SKILLS

Highest level of education completed _____

Graduated in _____

What languages do you speak (in decreasing order of fluency)

1) _____ 2) _____ 3) _____

Any Military Service? _____ Yes _____ No (Specify) _____

Present employment _____ Occupation _____

Other occupation or skills _____ Years of experience _____

Musical abilities or other talents _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in a YWAM short/long-term outreach or training program? _____

Specify _____

Name of leader involved _____

Any other YWAM function _____

Why do you desire to attend this school? _____

What are your plans after you complete this training?

- Do another school Become a YWAM staff member Go back to job
- Become a staff member at another institution Work with home church
- Don't know Other _____

ABOUT YOUR PERSONALITY:

Circle or underline the words that best describe your personality:

Communicative, calm, active, happy, self-confident, melancholy, extroverted, creative, patient, skeptical, submissive, quiet, faithful, sensitive, timid, unstable, servant, friendly, thoughtful, loyal, critical, good humored, aggressive, a companion, independent, self-controlled, diligent, gentle, insecure, frank, untrusting, impulsive, take initiative, eager.

FINANCIAL INFORMATION

Do you have all the money to pay the school? _____ If the answer is no, how much do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE REQUIRED SCHOOL FEES MUST BE MADE UPON OR BEFORE ARRIVAL. 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 COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.

_____, ____/____/____
Place and Date (day/month/year)

Signature



DISCIPLESHIP TRAINING SCHOOL

Consent for Medical Treatment

I, _____, hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary in the case of my unconsciousness.

_____ Place and date: _____, ____/____/____
Applicant's Signature (day/month/year)

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)

Liability Release

I, _____, hereby release Youth With A Mission, and all its agents, employees, and any other person that works with Youth With A Mission as a staff member or volunteer from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course.

_____ Place and date: _____, ____/____/____
Applicant's Signature (day/month/year)

_____ Relationship to applicant: _____
Parent/Guardian Signature (if applicant is under 18)

Legal Consent for Minors

I, _____, legally responsible for _____ give consent for the said person to travel (where it is necessary) outside of Brazil with YWAM - YOUTH WITH A MISSION.
(complete name of person responsible)
(complete name of minor)

Relationship to applicant: _____.

Place and Date: _____, ____/____/____
(day/month/year)

Signature of Parent or Guardian



Confidential Health Form

DISCIPLESHIP TRAINING SCHOOL

PERSONAL HISTORY: Please answer all the questions. Explain any 'Yes' answers in the space below or on a separate page.

HAVE YOU EVER HAD OR DO YOU HAVE ANY OF THE FOLLOWING?

- | | | | | | |
|----------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| Skin Conditions | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | Stomach/Ulcer | <input type="checkbox"/> |
| Eye Trouble | <input type="checkbox"/> | Hay Fever, Asthma | <input type="checkbox"/> | Gall Bladder | <input type="checkbox"/> |
| Ear Trouble | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> |
| Head Injury | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> |
| Recurrent headaches | <input type="checkbox"/> | Low Blood Pressure | <input type="checkbox"/> | Intestinal Trouble | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Back Problems | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Mental or Nervous disorder | <input type="checkbox"/> | Dislocation of Joints | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> | Broken Bones | <input type="checkbox"/> | Anemia | <input type="checkbox"/> |
| Paralysis | <input type="checkbox"/> | Surgery | <input type="checkbox"/> | Venereal Disease | <input type="checkbox"/> |
| Insomnia | <input type="checkbox"/> | Appendectomy | <input type="checkbox"/> | Tumor, Cancer | <input type="checkbox"/> |
| Allergy | <input type="checkbox"/> | Tonsillectomy | <input type="checkbox"/> | FEMALES ONLY | |
| Penicillin | <input type="checkbox"/> | Hernia repair | <input type="checkbox"/> | Irregular Periods | <input type="checkbox"/> |
| Sulfonamides | <input type="checkbox"/> | Other - Specify | <input type="checkbox"/> | Sever Cramps | <input type="checkbox"/> |
| Serum | <input type="checkbox"/> | | | Excessive flow | <input type="checkbox"/> |
| Other- Specify | <input type="checkbox"/> | | | Are you Pregnant? | <input type="checkbox"/> |
| Food - Specify | <input type="checkbox"/> | | | | |

Other/Explain _____

Are you now under the care of a doctor for any condition? No Yes (Specify) _____

Are you taking any medication at this time? No yes (Specify) _____

Do you have any physical handicaps or health conditions which require special attention?
 No Yes (Specify) _____

Are you underweight? Overweight? Pounds / KG over/under _____

Would you rate your health conditions as: Excellent Good Fair Poor

Blood type: _____

FAMILY HISTORY - Have any of your relatives had any of the following health problems?

- | | | | |
|---|--------------------|--|--------------------|
| <input type="checkbox"/> Tuberculosis | Relationship _____ | <input type="checkbox"/> Arthritis | Relationship _____ |
| <input type="checkbox"/> Diabetes | _____ | <input type="checkbox"/> Stomach Disease | _____ |
| <input type="checkbox"/> Kidney Disease | _____ | <input type="checkbox"/> Asthma, Hay Fever | _____ |
| <input type="checkbox"/> Heart Disease | _____ | <input type="checkbox"/> Convulsions, Epilepsy | _____ |
| <input type="checkbox"/> Hypertension | _____ | <input type="checkbox"/> Cancer | _____ |

Have you ever had any of the following CONTAGEOUS DISEASES?

- | | |
|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Other (Specify) |

Comments: _____