

# Student Application

## Discipleship Training School, Bluefields Nicaragua



Name:

First

Last

Photo

Gender:

Male

☐

Female

☐

Birth Date

/

/

MM

DD

YYYY

Mailing Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email Address

Phone

Passport Number

Marital Status

☐

Single

☐

Engaged

☐

Married

Name of your Spouse/Fiance

How long have you been married?

Accompanying Children

Details of past marriages or separations

## **Emergency contact:**

Name:

First

Last

Relationship to the applicant:

Mailing Address

Street Address

Street Address Line 2

City

State/Province/Region

Postal / Zip Code

Country

Telephone : (Home)

(Work)

(Mobile)

Email

## **Church Information**

Denomination

Church Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country / Region

Church's Phone Number

Pastor's Name

## Personal Questions

- 1) How do your spiritual leaders feel about you doing a DTS?
- 2) Are you currently in school? ☐ Yes ☐ No
- 3) Highest level of education completed
- 4) Work experience for the past five years
- 5) What job did you enjoy the most? Why?
- 6) What are some of your talents and hobbies?
- 7) How do you like to spend your free time?
- 8) Do you have an past experience with YWAM? If so, how?
- 9) What other missionary organizations have you been involved with?
- 10) What types of leadership experience have you had?
- 11) Are you a licensed or ordained minister? ☐ Yes ☐ No
- 12) If yes, please describe the details of your license/ordination
- 13) What languages do you speak, and how fluently?
- 14) Have you worked with people of other cultures, races or religions?
- 15) Please describe your family of origin and the circumstances of your childhood and teenage years.
- 16) Please describe any adverse issues that have affected you
- 17) Is your family supportive of you doing a DTS?
- 18) Describe the events of your conversion and the steps leading up to that time
- 19) How are you doing in your devotional life?
- 20) Describe the current status of your spiritual growth

21) Describe your involvement with your local church. How have you used your gifts and abilities?

22) How have you helped others come to know Christ?

23) How did God call you to do a DTS?

24) What do you hope to accomplish through doing a DTS?

25) What are your dreams and visions for the future?

26) What are your top three destinations for outreach and why?

27) What experiences have you had in being self-reliant and responsible for yourself?

28) How do you think you deal with difficulties?

30) What experiences have you had in adjusting to a different lifestyle?

31) How do you relate in new social settings?

32) Bluefields is a city with a strong emphasis in sensuality. Our concern is that we would not bring you into a place where you may stumble. Therefore, please indicate if you think you may have difficulty with any of the following areas: alcohol, gambling, promiscuity, drugs, occult behavior, pornography and/or tobacco.

33) Do you have any outstanding debts?

34) Do you have any other financial commitments?

35) Do you have all the money required to cover DTS costs? If not, how much do you still need?

36) Have you ever been convicted of a felony? If so, describe in detail

37) Are there any special circumstances or situations we should know about?

**Answer the following questions on a separate sheet of paper, typed or clearly handwritten.**

# DTS Reference Form

Name of Student:

First

Last

What is your relationship with the applicant?

☐

Pastor

☐

Employer

☐

Leader

☐

Friend

☐

Other

How well do you know the applicant?

☐

Very Well

☐

Good

☐

Little

How long have known him/her?

☐

1-3 Years

☐

4-10 Years

☐

All your life

*Please mark with an X. Add comments if you feel the need to.*

		<i>Strong</i>	<i>Mature</i>	<i>Average</i>	<i>Developing</i>	<i>Weak</i>
A	Leadership					
B	Christian Character					
C	Positive spirit					
D	Ability to motivate others					
E	Ability to receive correction					
F	Self-confidence					
G	Willing to serve					
H	Emotional stability					
I	Ability to communicate					
J	Intellectual ability					
K	Financial responsibility					
L	Maturity					
M	Integrity					
N	Trustworthiness					
O	Teachable					
P	Assurance of calling					

Any addition comments?

To what extent is the applicant active in church/ministry/work?

Is the applicant prejudiced against any groups, races, or nationalities? ☐ Yes ☐ No

Does the applicant display high moral standards? ☐ Yes ☐ No

In your consideration which of the following would best describe the applicant's Christian experience?

☐ Mature ☐ Contagious ☐ Genuine and growing ☐ Over emotional ☐ Casual

Overall what would you consider to be the applicant's strong points?

(Please include any special abilities that you may be aware of)

What do you see as one of the applicant's weak points?

Is the applicant, to your knowledge, aware of their weak points and are they striving to improve in this area?

Please comment on the applicant's family background

Does the applicant, to your knowledge, struggle in relation to any of the following areas: medical, emotional, psychological, smoking, drugs, alcohol? (Feel free to also comment on any other areas you feel we should know about)

In your opinion, what are the applicant's motives for applying to YWAM?

Below is a list of tendencies that could reduce the success of a Christian worker, please indicate if there are any that apply to the applicant.

Inpatient		Bad humor	
Intolerant		Withdraws to self	
Argumentative		Prejudiced	
Dominant		Gossip	
Arrogant		Causes fights (or friction)	
Critical		Infatuated	
Shy		Impulsive	
Easily offended		Without humor	
Frequently discouraged		Dishonest	
Frequently worried		Lazy	
Nervous		Passive	
Anxious		Indifferent	
Irresponsible		Unstable	

To your knowledge, has the applicant ever been arrested for any public offense?

Name:

First

Last

Address:

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country / Region

Phone Number

Email

Your signature and date: \_\_\_\_\_

- 1) **(Pastor only)** Is your congregation standing behind the applicant with enthusiasm and prayer?
- 2) **(Pastor only)** What is your opinion about the applicant's desire to participate in a DTS?

Thank you for your time in filling out this reference form. If you would like more information about DTS, YWAM BLUEFIELDS or YWAM International, please contact us via email at [renewmigi@ywamnicaragua.org](mailto:renewmigi@ywamnicaragua.org). Or visit us on our website: [www.ywambluefields.org](http://www.ywambluefields.org) or [www.ywam.org](http://www.ywam.org)

## DTS Student Confidential Health Form

Name:    
First Last

Date of Birth:      
MM / DD / YYYY Age

Address   
Street Address

Address Line 2

City State / Province / Region

Postal / Zip Code Country / Region

Emergency Contact Emergency Contact Phone

Emergency Contact Number Address Street Address

Blood Type  Height (ft./cm)  Weight (lbs./kg)

Rate your health

☐ Very Good ☐ Good ☐ Average ☐ Below Average

Do you have any objection to using medical services? ☐ Yes ☐ No If yes, please explain

Have you struggled with any eating disorders (anorexic, bulimic, compulsive)? ☐ Yes ☐ No  
If yes, please explain



List all important past surgeries, X-rays, illnesses, injuries, or handicaps and briefly explain

Please describe any special dietary needs:

Does this limit you in any way?

Date of last medical examination

MM / DD / YYYY

Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how often and how much

Do you smoke? ☐ Yes ☐ No

Are you willing to quit? ☐ Yes ☐ No

Are you presently taking any medication? ☐ Yes ☐ No If yes, name of drug  
For what ailment or condition?

Do you ever have trouble sleeping? ☐ Yes ☐ No If yes, please describe

Have you ever had a severe emotional upset, or been diagnosed with a mental illness  
(depression or other mental illness)? ☐ Yes ☐ No If yes, please describe

Have you ever had suicidal thoughts or attempts? ☐ Yes ☐ No If yes, please comment

Have you ever used drugs for anything other than medical purposes or abused prescription medication?  
☐ Yes ☐ No

If yes, when? Name of drug(s)? For how long?

Are you pregnant? ☐ Yes ☐ No If yes, when is your due date?

Have you been pregnant before? ☐ Yes ☐ No

Have you been tested for HIV? ☐ Yes ☐ No If yes, what was the result?

**Have you ever had or do you have any of the following?**

If yes, please describe at the end of the section

Allergic to food ☐ Yes ☐ No

Allergic to penicillin ☐ Yes ☐ No

Allergic to selfonamides ☐ Yes ☐ No

Allergic to serum ☐ Yes ☐ No

Allergic to other ☐ Yes ☐ No

Anemia ☐ Yes ☐ No

Back Problems ☐ Yes ☐ No

Broken Bones ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

Dislocation of Joints ☐ Yes ☐ No

Ear Trouble ☐ Yes ☐ No

Epilepsy ☐ Yes ☐ No

Eye Trouble ☐ Yes ☐ No

Fainting Spells ☐ Yes ☐ No

Gall Bladder Problems ☐ Yes ☐ No

Hay Fever ☐ Yes ☐ No

Head Injury ☐ Yes ☐ No

Heart Condition ☐ Yes ☐ No

Hepatitis ☐ Yes ☐ No

What type? High or Low Blood Pressure ☐ Yes ☐ No

Insomnia ☐ Yes ☐ No

Intestinal Trouble ☐ Yes ☐ No

Jaundice ☐ Yes ☐ No

Kidney Disease ☐ Yes ☐ No

Migraines ☐ Yes ☐ No

Nervous Disorders ☐ Yes ☐ No

Paralysis ☐ Yes ☐ No

Recurring Diarrhea ☐ Yes ☐ No

Rheumatism/Arthritis ☐ Yes ☐ No

Shortness of Breath ☐ Yes ☐ No

Skin Condition ☐ Yes ☐ No

Stomach/duodenal ulcer ☐ Yes ☐ No

Tumor/Cancer ☐ Yes ☐ No

Weakness ☐ Yes ☐ No

Venereal Disease ☐ Yes ☐ No

Which one?

**If yes for any of the above, please explain**

**Have you ever had any of the following communicable diseases?**

Chicken Pox ☐ Yes ☐ No

Measles (Rubella) ☐ Yes ☐ No

Measles (Rubeola) ☐ Yes ☐ No

Mumps ☐ Yes ☐ No

Pertussis      ☐ Yes    ☐ No

Scarlet Fever      ☐ Yes    ☐ No

Tuberculosis      ☐ Yes    ☐ No

Other, please specify

## Consent Form

### Release of Liability

We do hereby release YWAM BLUEFIELDS, its staff, agents and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person during the course of involvement with YWAM BLUEFIELDS.

Applicant's Signature

Date: (Day/Month/Year)

**(Signature of Parent or Guardian required if applicant is under 18 years of age.)**

Parent or Guardian's Signature

Date: (Day/Month/Year)

### Consent for Treatment

In case of emergency, We hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor may deem necessary.

Applicant's Signature

Date: (Day/Month/Year)

**(Signature of Parent or Guardian required if applicant is under 18 years of age.)**

Parent or Guardian's Signature

Date: (Day/Month/Year)

## Burial Statement

Although it is most unlikely that any YWAM staff or student will pass away during his/her time on the field, it is important to consider this possibility prior to travel abroad. YWAM does everything possible to protect its staff and students while on outreach. In many countries where disease is prevalent, burial may have to take place within 24 hours. If this is the case, the remains would not be able to be returned to the student or staff person's home country.

Additionally, all burial costs and transportation expenses are not the responsibility of Youth With A Mission, Bluefields, its staff or associates. Therefore in the event of my decease, I give my permission to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial costs or transportation expenses.

Applicant's Signature

Date: (Day/Month/Year)

**(Signature of Parent or Guardian required if applicant is under 18 years of age.)**

Parent or Guardian's Signature

Date: (Day/Month/Year)