

# Guide to Completing the DTS Application

Thank you for applying to YWAM Heartland! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications. Please make a copy for your spouse if applicable.

- 1) **Entry Application Form.** Please answer all questions and return the form along with the other items listed below.
- 2) **Application Fee.** A non-refundable application fee of US\$35 for singles or US\$50 for couples should be sent with the application. Your application cannot be processed without it. **Make checks payable to YWAM Heartland.**
- 3) **Personal History.** Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to your application form. Your answers will be significant in the application process.
  - a) Please describe your conversion experience and present spiritual relationship with the Lord. (not more than one page)
  - b) What areas of your character are you presently seeking God to further develop and improve?
  - c) Please describe your spiritual and/or ministry goals, including missionary service goals.
  - d) Please describe your relationship with your local church, i.e. areas of ministry, service leadership experience, gifts and abilities.
  - e) Please describe your business, professional, missions, or other significant experiences.
  - f) Please describe your relationship with your family and how they feel about your plans to enroll in the Discipleship Training School.
- 4) **Reference Forms.** After you sign each form and enter the course date, give one form to your pastor, one to an employer or teacher, and one to a friend. If you have taken a YWAM course previously, one of your references must be from your most recent school leader. Ask them to complete the form and mail it directly to the DTS. Please include a list of their names, addresses and telephone number with your application. We must receive at least two of these reference forms (Pastor's form must be one) before we can process your application.
- 5) **Health Form.** Please complete this form and return it directly to the DTS. These forms must also be submitted for children if accompanying you.

**Important:** All students are encouraged to apply early as course may fill up many weeks in advance. US citizens should apply no later than three weeks prior to the start of the school, and for non-US citizens, no later than two months, due to visa processing.

## Send all forms to:

YWAM Heartland 8919 M-150 Hwy, Kansas City, MO 64149  
(816) 645-6608 YWAMHeartland.com E-mail: [contact@ywamheartland.com](mailto:contact@ywamheartland.com)

# Discipleship Training School Application Form

Date of Application: \_\_\_\_\_ Application Fee enclosed \$\_\_\_\_\_

School applying for: \_\_\_\_\_ Starting date: \_\_\_\_\_

Mr./Mrs./Miss \_\_\_\_\_

Current Address \_\_\_\_\_

Street/PO Box

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone number \_\_\_\_\_

Permanent address \_\_\_\_\_

Street/PO Box

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Age \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birthplace (city and country) \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security Number (US) \_\_\_\_\_

Passport # \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Expiry \_\_\_/\_\_\_/\_\_\_

Visa Type (non-US) \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Issue \_\_\_/\_\_\_/\_\_\_

Date of Expiry \_\_\_/\_\_\_/\_\_\_

Marital Status:

\_\_\_ Single \_\_\_ Engaged \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried

\_\_\_ Widowed \_\_\_ Married Anniversary: Month \_\_\_ Day \_\_\_ Year \_\_\_

Spouse's name \_\_\_\_\_

Names of Children accompanying you:

Name	Birth date	Sex	School Grade

(continued)

Please attach or include a recent photograph.

**Background Information**

Does your pastor know you are sending this application? Yes \_\_\_ No \_\_\_

Is he/she in agreement with your plans? Yes \_\_\_ No \_\_\_ Pastor's Name \_\_\_\_\_

Church name and address \_\_\_\_\_

Name Street/PO Box

City State/Prov. Zip Code Country Phone number

Church E-mail address \_\_\_\_\_

Denomination \_\_\_\_\_

How long have you attended the above church? \_\_\_\_\_

How long have you been a "born-again" Christian? \_\_\_\_\_

Previous missions experience (Please list when, where, program and leader) \_\_\_\_\_

How did you first hear of the DTS? \_\_\_\_\_

What is your purpose in applying for the DTS? \_\_\_\_\_

Occupation \_\_\_\_\_

Occupational Skills \_\_\_\_\_

Musical ability and other talents \_\_\_\_\_

Highest Educational Level Completed (date completed) \_\_\_\_\_

Languages (list in order of proficiency) \_\_\_\_\_

**Financial Information**

Do you have your complete school fees? Yes \_\_\_ No \_\_\_ If no, from what source will they come? \_\_\_\_\_

Do you have any outstanding debts? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

I certify that all this information is complete and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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(816) 645-6608 YWAMHeartland.com E-mail: contact@ywamheartland.com

# Release Form

## Release of Liability:

I/We do hereby release YOUTH WITH A MISSION, INC., YWAM Heartland, its 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Signature of parent or guardian if applicant is under 18 years of age:  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month Day Year

## Acknowledgment of Financial Responsibility:

I understand that payment of the required school tuition fees must be made in US currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for Kansas City. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with YWAM Heartland.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Signature of parent or guardian if applicant is under 18 years of age:  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month Day Year

## 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. I/We also accept full responsibility for expenses related to medical care.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Signature of parent or guardian if applicant is under 18 years of age:  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month Day Year

## Emergency Information:

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_ Specify any drugs you are allergic to \_\_\_\_\_

I have completed all portions of this application accurately for admission to the program for which I am applying. I have read the policies and if I am accepted by Youth With A Mission, Inc., I will abide by the spirit, rules, and schedules of the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Confidential Health Form

Name \_\_\_\_\_  
Last/Family Name
First
Middle

Applying for \_\_\_\_\_  
School
Location
Dates

Your Address \_\_\_\_\_  
Street Address
City
State
Zip

Do you have medical insurance? \_\_\_ yes \_\_\_ no  
 If yes, name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

**Personal History:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

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

	Yes	No		Yes	No		Yes	No
Allergy:			Surgery:			Jaundice		
Penicillin			Appendectomy			Hepatitis		
Sulfonamides			Tonsillectomy			Kidney Disease		
Serum			Hernia Repair			Gall bladder problems		
Other-specify			Other-specify			Intestinal troubles		
Food-specify			Broken bones			Recurrent diarrhea		
Skin Conditions			Dislocation of joints			Shortness of breath		
Eye trouble			Rheumatism/ Arthritis			Stomach or Duodenal ulcer		
Ear trouble			Back problems			Mental or nervous disorders		
Recurrent Headache			Paralysis			Depression		
Fainting spells			Head Injury					
Insomnia			Epilepsy					
Hay fever, asthma			Anemia			FEMALES ONLY		
Heart trouble			Diabetes			Irregular periods		
High Blood Pressure			Tumor: Cancer			Severe cramps		
Low Blood Pressure			Venereal Disease			Hysterectomy		
Weakness			HIV+			Are you pregnant?		

Other \_\_\_\_\_

Do you have any special dietary needs? \_\_\_\_\_

Are you now under doctor's care for any condition? \_\_\_ no \_\_\_ yes (specify) \_\_\_\_\_

Are you taking medication at this time? \_\_\_ no \_\_\_ yes (specify) \_\_\_\_\_

Do you have any handicaps? \_\_\_ no \_\_\_ yes (please describe) \_\_\_\_\_

Do you now or have you ever had any involvement with smoking, drugs, or alcohol abuse? If yes, please list which ones and the most recent dates of involvement.

\_\_\_\_\_

Applicant's full name \_\_\_\_\_

**Please attach a copy of your shot records.**

**To the Physician:**

The above named person has applied for service with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health.

1. Would he/she be able to walk 3-4 miles per day?                    \_\_\_ yes    \_\_\_ no
2. Would you consider the applicant to be in good health?            \_\_\_ yes    \_\_\_ no
3. Do you certify the applicant to be non-contagious?                    \_\_\_ yes    \_\_\_ no

NOTE: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

Doctor's signature or stamp \_\_\_\_\_

Doctor's full name printed \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

# Pastor's Reference Form

(or Youth Pastor, Spiritual Mentor, etc.)

**To the Applicant:** Please complete the information below and provide a stamped envelope addressed to Registrar for the person completing the reference.

Name of Applicant \_\_\_\_\_  
 Course applying for \_\_\_\_\_ Dates \_\_\_\_\_

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 800 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go ye into all the world and preach the gospel to every creature." (Mark 16:15) **Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully.** Thank you for your assistance. Please check the following and comment where necessary.

1. How well do you know the applicant? \_\_\_ very well \_\_\_ well \_\_\_ casually
2. In what situations have you observed the applicant? \_\_\_ at home \_\_\_ at work  
 \_\_\_ in social activities \_\_\_ in church relationships
3. How long has the applicant attended your church? \_\_\_\_\_
4. In what activities has the applicant participated since attending your church? \_\_\_

5. In your association with the applicant, what has been the level of commitment you have seen exemplified? \_\_\_ faithful \_\_\_ inconsistent \_\_\_ other \_\_\_\_\_  
 Please give details. \_\_\_\_\_

6. Were you aware of the applicant's intention to participate in this YWAM program? \_\_\_ yes \_\_\_ no

	Superior	Above Avg.	Average	Below Avg.	Inferior
Initiative					
Social Adaptability					
Concern for others					
Ability to follow					
Leadership					
Judgment/Decision Making					
Emotional Stability					
Health					
Personal Appearance					

Comments \_\_\_\_\_

(Continued)

Please check the appropriate response.

Mental ability     quick to comprehend     average     slow  
Industry             hard worker                     average     lacks persistence  
Reliability         meets obligations             average     neglects obligations  
Cooperativeness     works well with others     average     avoids group activities  
Flexibility         open to change                 average     unyielding  
Christian Character  well-balanced                 average     unstable  
Disposition        cheerful                         average     passive  
Punctuality        punctual                         average     often late  
Financial  
Responsibility      honors obligations             average     neglectful

Comments \_\_\_\_\_

7. Does he/she display high moral standards?  yes  no (please explain) \_\_\_\_\_

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8. Is he/she prejudiced against any groups, races, or nationalities?  no  yes (please explain) \_\_\_\_\_

9. With reference to his/her Christian service, do you consider the applicant to be:  dedicated  average  casual Please explain. \_\_\_\_\_

10. In your consideration, which of the following would best describe the applicant's Christian experience?  mature  contagious  genuine and growing  over emotional  superficial

Comments \_\_\_\_\_

11. Overall, what do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_

12. Please comment on the applicant's family background (if known) \_\_\_\_\_

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

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

15. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of his/her life that we should know more about to be of better service to him/her. \_\_\_\_\_

16. Would you recommend the applicant for acceptance by Youth With A Mission?  yes  with some reservation (please explain)  no (please explain) \_\_\_\_\_

17. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?  no  yes (please explain) \_\_\_\_\_

18. Would your church be willing to support this applicant?  financially  prayerfully Comments \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that he/she possesses the qualities indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print neatly) \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Would you like information about YWAM?  yes  no

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 Course applying for \_\_\_\_\_ Dates \_\_\_\_\_

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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1. What is your relationship to the applicant? \_\_ employer \_\_ teacher \_\_ friend
2. How well do you know the applicant? \_\_ very well \_\_ well \_\_ casually
3. In what situations have you observed the applicant? \_\_ at home \_\_ at work  
 \_\_ at school \_\_ in social activities \_\_ in church relationships \_\_ other \_\_\_\_\_

Please check the appropriate response.

	Superior	Above Avg.	Average	Below Avg.	Inferior
Initiative					
Social Adaptability					
Concern for others					
Ability to follow					
Leadership					
Judgment/Decision Making					
Emotional Stability					
Health					
Personal Appearance					

Comments \_\_\_\_\_

Please check the appropriate response.

- Mental ability    \_\_ quick to comprehend    \_\_ average    \_\_ slow  
 Industry            \_\_ hard worker                            \_\_ average    \_\_ lacks persistence  
 Reliability        \_\_ meets obligations                    \_\_ average    \_\_ neglects obligations  
 Cooperativeness    \_\_ works well with others            \_\_ average    \_\_ avoids group activities  
 Flexibility         \_\_ open to change                        \_\_ average    \_\_ unyielding

Christian Character \_\_\_ well-balanced \_\_\_ average \_\_\_ unstable  
Disposition \_\_\_ cheerful \_\_\_ average \_\_\_ passive  
Punctuality \_\_\_ punctual \_\_\_ average \_\_\_ often late  
Financial  
Responsibility \_\_\_ honors obligations \_\_\_ average \_\_\_ neglectful

Comments \_\_\_\_\_

4. To what extent is the applicant involved in church work? \_\_\_\_\_

5. Does he/she display high moral standards? \_\_\_ yes \_\_\_ no (please explain) \_\_\_\_\_

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6. Is he/she prejudiced against any groups, races, or nationalities? \_\_\_ no \_\_\_ yes  
(please explain) \_\_\_\_\_

7. With reference to his/her Christian service, do you consider the applicant to be:  
\_\_\_ dedicated \_\_\_ average \_\_\_ casual Please explain. \_\_\_\_\_

8. In your consideration, which of the following would best describe the applicant's  
Christian experience? \_\_\_ mature \_\_\_ contagious \_\_\_ genuine and growing  
\_\_\_ over emotional \_\_\_ superficial

Comments \_\_\_\_\_

9. Overall, what do you consider to be the applicant's strong points? (include  
special abilities) \_\_\_\_\_

10. Please comment on the applicant's family background (if known) \_\_\_\_\_

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

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12. What could YWAM do to aid in the applicant's personal development?

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use or other areas of his/her life that we should know more about to be of better  
service to him/her. \_\_\_\_\_

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\_\_\_ yes \_\_\_ with some reservation (please explain) \_\_\_ no (please explain) \_\_\_\_\_

15. Has the applicant proven on any occasion to be unreliable, dishonest, or of  
questionable character? \_\_\_ no \_\_\_ yes (please explain) \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that  
he/she possesses the qualities indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print neatly) \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Would you like information about YWAM? \_\_\_ yes \_\_\_ no

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