

DISCIPLESHIP TRAINING SCHOOL

Youth With A Mission - Los Angeles

Thank you for applying to YWAM Los Angeles! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive the following completed forms. Husbands and wives enrolling as students must complete separate applications.

Checklist for Completing Application

Important: Answer each question on all forms. For questions that do not apply to you, answer with: N/A

- DTS Application Form.*** Section A and B must be filled out either on-line or in printed form. This section, C, must be completed in full.
- DTS Registration Fee.*** A non-refundable registration fee is to be forwarded with your completed application. The fee is required in order to process your application. All payments received for the DTS must be in U.S. currency. See the Financial Policy for registration fee amounts.
- DTS Financial Policy.*** Please review carefully, sign and date.
- Confidential Health Form.*** Please provide this information, failure to do so completely could affect your chances of acceptance.
- Physician's Form.*** Please have a physician complete this form.
- Pastor's Reference.*** Please send this form to your pastor or spiritual leader for completion. Provide them with a stamped and addressed envelope.
- Employer or Teacher's Reference.*** Please send this form to an employer or teacher for completion. Provide them with a stamped and addressed envelope.
- Friend's Reference.*** Please send this form to a friend for completion. Provide them with a stamped and addressed envelope.
- Consent Form.*** Please read carefully and sign each portion of the form. Also, if you are a minor (under 18 years of age), please have your parent or guardian sign as well.
- Passport size picture.***

<p>Applications will not be reviewed until all parts are received.</p>

Mail all application items to:

YOUTH WITH A MISSION
Attn: Registrar
11141 Osborne Street
Lake View Terrace, California 91342, USA
Phone: +1 818-896-2755, Fax: +1 818-897-6738
E-mail: registrar@ywamla.org

DISCIPLESHIP TRAINING SCHOOL
Youth With A Mission - Los Angeles

FINANCIAL POLICY

TUITION AND FEES

Registration Fee: This fee must be included with your application in order for consideration of acceptance. This fee is non-refundable and must be sent in U.S. currency. **Singles: \$35** **Couples: \$50**

Tuition Fee: (Lecture Phase)

Please refer to our website or contact the Registrar at (818) 896 2755 ext. 230, or email registrar@ywamla.org for current prices.

Note: Outreach fees are not included in the tuition cost.

TUITION FEE POLICIES

- Each student is expected to send \$500 (\$1,000 per couple) as soon as possible after being accepted into the school to reserve their enrollment.
- There will be a \$50 discount for single students able to pay their tuition in full at least 30 days prior to the beginning of the school for which they are accepted. This can be deducted from the current tuition fee.
- The balance of tuition must be paid in full before the school begins. Any student arriving without the full tuition fees will not be able to attend, unless the school director has given approval.
- All payments must be made in U.S. funds.
- All personal expenses incurred while involved with YWAM - Los Angeles are the responsibility of the student.
- Variations to these policies are rare and require written approval by the school director. If you desire to apply for an exception, please contact the school director for help in developing a suitable proposal. A written copy of the proposal must be submitted at least two weeks prior to registration day. If the financing source is other than the student (e.g. friend, relative, church, etc.), a letter from the source verifying the means of payment must be presented.

Tuition fees cover school costs such as ground transportation, speaker expenses, meals and housing. Tuition does not include outreach expenses, expenses of personal care or study materials. In order to maintain minimal cost for the school, each student will be involved in work duties for 10 hours per week. This involves jobs such as cleaning, cooking, landscaping, maintenance, etc.

Tuition fees are not tax deductible. This is a college course and is viewed by the IRS the same as any other college/university course. After completion of the course, funds received for support may be tax deductible.

REFUND POLICY

It is expected that when students enroll, they will continue through the entire course. However, termination or withdrawal from the program may occur due to emergencies or disciplinary reasons. Refunds are disbursed as follows:

Any time during:

the first week:	80% refund of tuition	the 5 th week:	29% refund of tuition
the 2 nd week:	64% refund	the 6 th week:	23% refund
the 3 rd week:	51% refund	the 7 th week:	21% refund
the 4 th week:	36% refund	the 8 th week:	17% refund

I have carefully read the above financial policy and hereby agree to comply with all the terms outlined.

Applicant Signature _____ Date _____

*Discipleship Training School
Confidential Health Form*

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM – Los Angeles for the doctor completing this form.

Applicant Name: _____

DTS Dates: _____

- 1. Blood Type _____
- 2. Height _____ (in feet, please)
- 3. Weight _____ (in pounds, please)
- 4. Explain any recent weight changes:
- 5. List all important past surgeries, X-rays, illnesses, injuries, or handicaps. (Please explain): _____

6. Have you ever had a severe emotional breakdown, or been diagnosed with a mental illness (i.e. depression)? If yes, please describe: _____

7. Have you ever used drugs for other than medical purposes? If yes, when? _____

8. Name of drug _____ For how long _____

9. Have you ever had or do you have any of the following? If yes, please describe on a separate piece of paper.

Skin Condition	Yes	No	Heart Condition	Yes	No
Jaundice	Yes	No	Rheumatism/Arthritis	Yes	No
High Blood Pressure	Yes	No	Shortness of breath	Yes	No
Low Blood Pressure	Yes	No	Stomach ulcer	Yes	No
Intestinal trouble	Yes	No	Gall bladder problems	Yes	No
Recurrent diarrhea	Yes	No	Eye trouble	Yes	No
Migraines	Yes	No	Ear trouble	Yes	No
Head injury	Yes	No	Diabetes	Yes	No
Venereal disease	Yes	No	Kidney disease	Yes	No
Fainting spells	Yes	No	Epilepsy	Yes	No
Nervous disorders	Yes	No	Anemia	Yes	No
Weakness	Yes	No	Hepatitis	Yes	No
Paralysis	Yes	No	Hepatitis type _____		

Discipleship Training School Confidential Health Form

Cont.

Insomnia	Yes	No	Broken bones	Yes	No
Back Problems	Yes	No	Asthma	Yes	No
Hay fever	Yes	No	Tumor/Cancer	Yes	No
Dislocation of joints	Yes	No			

Are you allergic to:

Penicillin	Yes	No	Food	Yes	No	Specify: _____
Serum	Yes	No	Other	Yes	No	Specify: _____
Sulfonamides	Yes	No				

10. Have you ever had any of the following communicable diseases?

Chicken Pox	Yes	No	Measles (Rubella)	Yes	No
Scarlet Fever	Yes	No	Mumps	Yes	No
Pertussis	Yes	No	Other:	Yes	No
Tuberculosis	Yes	No	Specify: _____		

11. Immunization Record

	Yes	No	Dates (Month/Year)
DPT/Td (Series of 3)	Yes	No	_____ / _____
Td Booster	Yes	No	_____ / _____
Tetanus Booster	Yes	No	_____ / _____
Polio (Series of 3)	Yes	No	_____ / _____
Polio Booster (as adult)	Yes	No	_____ / _____
Measles (MMR) – (Series of 2)	Yes	No	_____ / _____
Rubella	Yes	No	_____ / _____
Typhoid (Series of 3)	Yes	No	_____ / _____
Cholera	Yes	No	_____ / _____
Smallpox	Yes	No	_____ / _____
Yellow Fever	Yes	No	_____ / _____
BCG	Yes	No	_____ / _____
Hepatitis A (Series of 2)	Yes	No	_____ / _____
Hepatitis B (Series of 3)	Yes	No	_____ / _____

12. Have any of your relatives ever had any of the following? Relationship

Tuberculosis	Yes	No	_____
Diabetes	Yes	No	_____
Kidney Disease	Yes	No	_____
Heart Disease	Yes	No	_____
Arthritis	Yes	No	_____
Stomach Disease	Yes	No	_____
Asthma, Hay Fever	Yes	No	_____
Epilepsy	Yes	No	_____

Females only:

Irregular periods	Yes	No	
Medication for Menstrual cycle	Yes	No	
Are you pregnant?	Yes	No	If yes, what is your due date? (mm/dd/yy) _____ / _____ / _____
Past Pregnancies?	Yes	No	

Mail form to:

**Youth With A Mission – Los Angeles, Attn. Registrar
11141 Osborne Street, Lake View Terrace, CA 91342, USA
Phone: +1 818-896-2755, Fax: +1 818-897-6738**

***Discipleship Training School
Medical Report***

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM – Los Angeles for the doctor completing this form.

Applicant Name: _____

DTS Dates: _____

To the Doctor

Please fill out this medical report bearing in mind that the applicant could travel and work in almost any country in the world, often in primitive and stressful conditions.

Doctor's Name: _____

Street Address: _____

City and State: _____ Zip or Postal Code and Country: _____

Doctor's Signature: _____

Date (mm/dd/yy) ____/____/____

General Health

Is the patient able to walk six miles in a day? Yes No If no, please explain: _____

Could the patient carry out reasonably strenuous physical work on a daily basis? Yes No

If no, please explain: _____

Applicant's Height _____ (in feet and inches, please)

Applicant's Weight _____ (in pounds, please)

Is the patient hindered from doing anything due to being over or under weight? Yes No

If so, is this a risk to their health? Yes No

If yes to either, please explain: _____

Discipleship Training School Medical Report

Is the patient under medical supervision for any condition? Yes No

If yes, please explain: _____

Is the patient free from infectious diseases? Yes No

If no, please explain (*This may be a requirement of the authorities of the country to which the applicant is traveling*).

Does the patient suffer from any of the following?

If yes, please explain:

- | | | | |
|---|-----|----|-------|
| Epilepsy/seizures | Yes | No | _____ |
| Anemia | Yes | No | _____ |
| Hypertension | Yes | No | _____ |
| Mental Problems | Yes | No | _____ |
| Adverse reactions to stressful situations | Yes | No | _____ |
| Allergies | Yes | No | _____ |
| Any other serious conditions | Yes | No | _____ |

List any prescription medications that the patient is taking: _____

Are there any other facts that might be relevant? _____

Based on the information given, do you consider the person to be in good health? Yes No

Any Comments: _____

Discipleship Training School Medical Report

Please list all the serious illnesses and operations that the patient has had. *(This means any illness requiring hospital treatment or non-hospital treatment lasting more than a month, or has had a long-term effect upon the person's health).*

Illness/Operation Outcome	Date (mm/dd/yy)
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

List any serious relevant illnesses in the person's family.

Family Member	Illness
_____	_____
_____	_____
_____	_____
_____	_____

FOR WOMEN ONLY

Does the patient have any problems with her menstrual cycle? Yes No

If yes, please explain: _____

Is the person pregnant? Yes No
If so, when is the baby due? Day _____ Month _____ Year _____

Past pregnancies? Yes No
If so, what was the outcome? _____

Thank you so much for your cooperation,
YWAM-Los Angeles DTS staff

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Discipleship Training School
PASTOR’S REFERENCE

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM – Los Angeles for the person completing the reference.

Applicant name: _____

DTS dates: _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant’s signature: _____ Date: (mm/dd/yy) _____/_____/_____

Dear Pastor:

The above applicant has applied to attend a training program with Youth With A Mission - Los Angeles. Youth With A Mission (YWAM) is an international, interdenominational Christian missions organization. Founded in 1960, YWAM now has centers in over 180 nations on six continents. Its purposes include training, challenging and equipping Christians to fulfill Christ’s command to “Go, therefore and make disciples of all nations.”

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant’s suitability for admission. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated.** Please feel free to use additional paper to answer any of the questions.

I have known the applicant for _____ years.

On a scale of 1 to 5, how well do you know the applicant? _____ (1= very little, 5= intimately)

Pastor, how long has the applicant attended your church? _____

Pastor, in what activities has the applicant participated since attending your church?

In your association with the applicant, what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other Please explain: _____

Discipleship Training School **PASTOR'S REFERENCE**

Please check words that describe the applicant. Choose only 4-5 words that stand out to you:

- | | | | |
|---------------|--------------------|-------------|--------------------|
| Teachable | Easily Discouraged | Humorous | Easily Embarrassed |
| Tolerant | Perfectionist | Moody | Easily Offended |
| Enthusiastic | Nervous | Fearful | Dependable |
| Committed | Lacking Humor | Domineering | Self motivated |
| Good Listener | Prejudiced | Flexible | Patient |
| Understanding | Anxious | Critical | Wise |
| Disciplined | Stable | Peaceful | Apathetic |

Please check the following and comment where necessary. If Poor or Below Average is marked, please explain below.

	Excellent	Above Average	Average	Below Average	Poor
Initiative					
Response to change					
Social Adaptability					
Communication Skills					
Ability to Follow					
Ability to receive correction					
Self Confidence					
Leadership					
Concern for Others					
Willingness to Serve					
Judgment/ Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments: _____

Due to the cultural and environmental context of the school, adjustments may have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability.

How does the applicant react in trying situations? (Check one)

- | | | | |
|-------------------|------------------|------------|----------------------|
| Withdraws | Gets discouraged | Gets angry | Meets constructively |
| Accepts patiently | Other _____ | | |

Discipleship Training School
PASTOR’S REFERENCE

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? Yes No
If yes, please explain:

Please check which one best describes the applicant:

Mental Ability	Quick to Comprehend	Average	Slow To Comprehend
Industrious	Hard Worker	Average	Lacks Persistence
Reliable	Meets Obligations	Average	Neglects Obligations
Teamwork	Works Well With Others	Average	Avoids Group Actions
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: _____

Please, check one of the following:

- Applicant is outstandingly mature, has proven ability to operate under stress and pressure
- Applicant is more mature and emotionally stable than average.
- Applicant possesses adequate emotional stability and maturity.
- Experience has shown that the applicant might not be able to endure stress.

Does the applicant display high moral standards? Yes No

If no, please explain: _____

Please comment on the applicant’s family background (if known): _____

Please add any other relevant remarks that you think we should know about the applicant: _____

***Discipleship Training School
PASTOR'S REFERENCE***

Pastor, if you feel it is right for the applicant to participate in this training program, would you offer any pastoral counsel to us in helping him/her adjust to a foreign country and new situation? _____

Pastor, is your congregation or group standing behind the applicant with total enthusiasm? Yes No
If no, please explain: _____

Would you recommend the applicant for acceptance by YWAM? Yes No Hesitant
If hesitant or no, please explain: _____

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

- | | | | |
|----------------------|--|-----------------------|--------------|
| Personal Growth | Christian Service | Adventure | Receive Help |
| Receive Discipleship | To Spread The Gospel | Desire To Help Others | |
| Travel | Get Away From Unpleasant Circumstances | | |

Pastor, we desire to come along side your ministry to the applicant by continuing the discipling process. If you have any questions or input, please do not hesitate to contact us.

Your Name: _____

Street Address _____

City and State _____ Zip or Postal Code and Country _____

Telephone Number home: _____ Work Phone: _____

Email: _____

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Do you want to know more about YWAM - Los Angeles? Yes No

Please direct all forms to the address below.

Thank you so much for your cooperation,
YWAM-Los Angeles DTS staff

Mail form to: **Youth With A Mission – Los Angeles, Attn. Registrar**
11141 Osborne Street, Lake View Terrace, CA 91342, USA
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Discipleship Training School
EMPLOYER’S OR TEACHER’S REFERENCE

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM – Los Angeles for the person completing the reference.

Applicant name: _____

DTS dates: _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form knowing that this waiver is not required for admission.

Applicant’s signature: _____ Date: (mm/dd/yy) _____/_____/_____

To the person filling out this form:

The above applicant has applied to attend a training program with Youth With A Mission - Los Angeles. Youth With A Mission (YWAM) is an international, interdenominational Christian missions organization. Founded in 1960, YWAM now has centers in over 180 nations on six continents. Its purposes include training, challenging and equipping Christians to fulfill Christ’s command to “ Go, therefore and make disciples of all nations.”

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant’s suitability for admission. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Please be sure to mail this form directly to the Youth With A Mission base address indicated below. **Your early response will be appreciated as the applicant’s file cannot be considered until all references are received by this office.** Please feel free to use additional paper to answer any of the questions.

Thank you for taking the time to help us in this way. We sincerely appreciate your cooperation.

How long have you been acquainted with the applicant? Years _____ Months _____

What is your relationship to him/her? (teacher, pastor, friend, etc.) _____

Discipleship Training School **EMPLOYER’S OR TEACHER’S REFERENCE**

Evaluation of Applicant’s Emotional and Spiritual Maturity

A Discipleship Training School student must be able to adjust him/herself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

Physical Condition

- _____ Frequently incapacitated
- _____ Somewhat below par
- _____ Fairly healthy
- _____ Good health

Attractiveness

- _____ Avoided by others
- _____ Tolerated by others
- _____ Liked by others
- _____ Well-liked by others

Intelligence

- _____ Learns and thinks slowly
- _____ Average mental ability
- _____ Alert: has good mind
- _____ Brilliant: exceptional

Responsiveness

- (to the feelings and needs of others)
- _____ Slow to sense how others feel
 - _____ Reasonably responsive
 - _____ Understanding & thoughtful
 - _____ Exceptionally responsive

Emotional Resilience

- (in trying situations)
- _____ Gets angry, impulsive
 - _____ Withdraws
 - _____ Gets discouraged easily
 - _____ Meets constructively

Christian Character

- _____ Relatively superficial
- _____ Over-emotional
- _____ Genuine but mild
- _____ Rich and growing
- _____ Warmly contagious

Leadership

- (ability to inspire others & maintain their confidence)
- _____ Makes no effort to lead
 - _____ Tries but lacks ability
 - _____ Has some leadership promise
 - _____ Outstanding ability to lead

Achievement

- (ability to formulate, execute, and carry plans to conclusion)
- _____ Starts but does not finish
 - _____ Does only what is assigned
 - _____ Meets average expectations
 - _____ Superior creative ability

Willingness to Serve

- _____ Reluctant to serve
- _____ Motives confused
- _____ Usually willing to serve
- _____ Eager to serve as needed

Teamwork

- _____ Frequently causes friction
- _____ Insists on having own way
- _____ Usually cooperative
- _____ Works well with others

Listed below are some of the qualities that describe a leader. Please use the letters W, D, A, M, or S to rate as follows:

W=Weak; D=Developing; A=Average; M=Mature; S=Strong

*Please comment if Weak is denoted.

- | | |
|-----------------------------------|---|
| _____ Positive, contagious spirit | _____ Able to make decisions |
| _____ Ability to motivate others | _____ Assurance of God’s calling |
| _____ Social poise | _____ Self-confidence |
| _____ Teachable attitude | _____ Able to receive criticism |
| _____ Ability to communicate | _____ Respect for strong conviction of others |
| _____ Emotionally stable | _____ Able to deal with inter-personal problems |

Check any of the following that you feel is motivating the applicant to do a Discipleship Training School:

- | | | |
|-----------------------------|---------------------------|-----------------|
| Christian Service | Receive help, counseling | Adventure |
| Desire to spread the Gospel | Escape from bad situation | Discipleship |
| Desire to help others | Travel | Personal Growth |
| Other (specify): | | |

Discipleship Training School
EMPLOYER’S OR TEACHER’S REFERENCE

Listed below are some of the tendencies that, if present in the applicant, may hinder the DTS experience for the applicant and other students. Please underline words or descriptions that may pertain to the applicant.

Easily embarrassed, offended or discouraged

Frequently worried, anxious, nervous or tense, given to moods

Prejudiced toward groups, races, or nationalities

Impatient, intolerant, argumentative, domineering, “cocky” or critical of others

Given to exclusive and absorbing infatuations

Unable to cope with stress, erratic in attitudes or action

Uncontrolled anger

Lack of respect for leadership or structure (i.e. rules)

If the applicant seems relatively free from all such tendencies, check here _____

If you have noted any of these or similar limitations in the applicant, please specify on a separate sheet.

Please comment briefly on the family and social background of the applicant: _____

Is the applicant financially responsible? Yes No If no, please explain.

Describe any significant physical, psychological, or addictive behavioral problems the applicant has faced.

What do you feel YWAM can do to aid the applicant’s personal/spiritual development? _____

Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following three questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or to have questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense?
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or the occult?

Discipleship Training School
EMPLOYER’S OR TEACHER’S REFERENCE

What is your overall evaluation of the applicant’s promise as a Discipleship Training School Student?

- | | |
|---|------------------------------|
| Is definitely unsuited | Is an average prospect |
| Is not suited at this time | Is an above average prospect |
| Is a good prospect, but I do have some reservations | Is an exceptional prospect |

Evaluation of Applicant’s Skill, Training, Profession, or Trade

To be answered only by those who are qualified to evaluate applicant’s skill.

Please state applicant’s skill/trade _____

- | | |
|-------------|------------------------|
| Incompetent | Highly competent |
| Doubtful | Superior in competence |
| Adequate | |

What other skills or areas of competence? _____

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

Your Name (please print) _____ Date _____
Month/Day/Year

Address _____

Signature _____ Telephone _____

Would you like to receive further information about Youth With A Mission? Yes No

Thank you so much for your cooperation,
YWAM-Los Angeles DTS staff

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11141 Osborne Street, Lake View Terrace, CA 91342, USA
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Discipleship Training School
FRIEND’S REFERENCE

ATTENTION APPLICANT

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Applicant name: _____

DTS dates: _____

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Applicant’s signature: _____ Date: (mm/dd/yy) _____/_____/_____

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What is your relationship to him/her? (teacher, pastor, friend, etc.) _____

Discipleship Training School

FRIEND'S REFERENCE

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Physical Condition

Frequently incapacitated
Somewhat below par
Fairly healthy
Good health

Attractiveness

Avoided by others
Tolerated by others
Liked by others
Well-liked by others

Intelligence

Learns and thinks slowly
Average mental ability
Alert: has good mind
Brilliant: exceptional

Responsiveness

(to the feelings and needs of others)
Slow to sense how others feel
Reasonably responsive
Understanding & thoughtful
Exceptionally responsive

Emotional Resilience

(in trying situations)
Gets angry, impulsive
Withdraws
Gets discouraged easily
Meets constructively

Christian Character

Relatively superficial
Over-emotional
Genuine but mild
Rich and growing
Warmly contagious

Leadership

(ability to inspire others & maintain their confidence)
Makes no effort to lead
Tries but lacks ability
Has some leadership promise
Outstanding ability to lead

Achievement

(ability to formulate, execute, and carry plans to conclusion)
Starts but does not finish
Does only what is assigned
Meets average expectations
Superior creative ability

Willingness to Serve

Reluctant to serve
Motives confused
Usually willing to serve
Eager to serve as needed

Teamwork

Frequently causes friction
Insists on having own way
Usually cooperative
Works well with others

Listed below are some of the qualities that describe a leader. Please use the letters W, D, A, M, or S to rate as follows:
W=Weak; D=Developing; A=Average; M=Mature; S=Strong

*Please comment if Weak is denoted.

___ Positive, contagious spirit
___ Ability to motivate others
___ Social poise
___ Teachable attitude
___ Ability to communicate
___ Emotionally stable

___ Able to make decisions
___ Assurance of God's calling
___ Self-confidence
___ Able to receive criticism
___ Respect for strong conviction of others
___ Able to deal with inter-personal problems

Check any of the following that you feel is motivating the applicant to do a Discipleship Training School:

Christian Service	Receive help, counseling	Adventure
Desire to spread the Gospel	Escape from bad situation	Discipleship
Desire to help others	Travel	Personal Growth
Other (specify):		

***Discipleship Training School
FRIEND’S REFERENCE***

Listed below are some of the tendencies that, if present in the applicant, may hinder the DTS experience for the applicant and other students. Please underline words or descriptions that may pertain to the applicant.

Easily embarrassed, offended or discouraged

Frequently worried, anxious, nervous or tense, given to moods

Prejudiced toward groups, races, or nationalities

Impatient, intolerant, argumentative, domineering, “cocky” or critical of others

Given to exclusive and absorbing infatuations

Unable to cope with stress, erratic in attitudes or action

Uncontrolled anger

Lack of respect for leadership or structure (i.e. rules)

If the applicant seems relatively free from all such tendencies, check here _____

If you have noted any of these or similar limitations in the applicant, please specify on a separate sheet.

Please comment briefly on the family and social background of the applicant: _____

Is the applicant financially responsible? Yes No If no, please explain.

Describe any significant physical, psychological, or addictive behavioral problems the applicant has faced.

What do you feel YWAM can do to aid the applicant’s personal/spiritual development? _____

Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following three questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or to have questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense?
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or the occult?

***Discipleship Training School
FRIEND'S REFERENCE***

What is your overall evaluation of the applicant's promise as a Discipleship Training School Student?

- | | |
|---|------------------------------|
| Is definitely unsuited | Is an average prospect |
| Is not suited at this time | Is an above average prospect |
| Is a good prospect, but I do have some reservations | Is an exceptional prospect |

Evaluation of Applicant's Skill, Training, Profession, or Trade

To be answered only by those who are qualified to evaluate applicant's skill.

Please state applicant's skill/trade _____

- | | |
|-------------|------------------------|
| Incompetent | Highly competent |
| Doubtful | Superior in competence |
| Adequate | |

What other skills or areas of competence? _____

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

Your Name (please print) _____ Date _____

Month/Day/Year

Address _____

Signature _____ Telephone _____

Would you like to receive further information about Youth With A Mission? Yes No

Thank you so much for your cooperation,
YWAM-Los Angeles DTS staff

Mail form to: **Youth With A Mission – Los Angeles, Attn. Registrar
11141 Osborne Street, Lake View Terrace, CA 91342, USA
Phone: +1 818-896-2755, Fax: +1 818-897-6738**

DISCIPLESHIP TRAINING SCHOOL
Youth With A Mission – Los Angeles

CONSENT FORM

RELEASE OF LIABILITY

I/We do hereby release YWAM - Los Angeles, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss that may be sustained by said person(s) during the course of involvement with YWAM - Los Angeles.

Applicant's Signature _____ **Date** _____

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

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, as the attending physician may deem necessary.

Applicant's Signature _____ **Date** _____

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

Guardian Signature _____ Date _____

Relationship _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my/our arrival, unless otherwise in writing by the DTS Director before my/our departure for YWAM - Los Angeles. Furthermore, I/We agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during the involvement with Youth With A Mission. If I/We are accepted by YWAM - Los Angeles, I/We will abide by the Spirit, rules, and schedule of the school.

Applicant's Signature _____ **Date** _____

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

Guardian Signature _____ Date _____

Relationship _____

BURIAL STATEMENT

Although it is most unlikely that any YWAM staff or student 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. In many countries where disease is more prevalent, burial may have to take place within 24 hours. If this were the case, the remains would not be able to be returned to the student's or staff member's home country. Secondly, all burial costs and transportation expenses are not the responsibility of Youth With A Mission - Los Angeles, its staff or associates.

Therefore, in the event of my death, 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** _____

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

Guardian Signature _____ Date _____

Relationship _____