



# Discipleship Training School

## Youth With A Mission - Los Angeles

### Checklist for Completing Application

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

- Application Form:** Step 1 and 2 must be filled out either on-line or in printed form. This Step 3, 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.
- Medical 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.**

*Note: If you are applying for the Calling All Skaters Discipleship Training School, please disregard the friend's and employer's reference forms.*

**Applications will not be reviewed until all parts are received.**

**Mail all application items to:**

**Youth With A Mission Los Angeles  
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](mailto:registrar@ywamla.org)**



# 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**

**Security Deposit:** Fully refundable after outreach upon satisfactory dorm checks. **Singles: \$50 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](mailto: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 housing, as we have a limited number of beds available.
- There will be a \$50 discount for single students able to pay their tuition in full at least 15 days prior to the beginning of the school for which they are accepted. This can be deducted from the current fee.
- The balance of tuition must be **paid in full** at the time of registration. Any student arriving without the full tuition fees will not be able to attend, unless the school leader has **given approval personally**.
- 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 leader. If you desire to apply for an exception, please contact the school leader 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:**

1st week: 80% refund of tuition

2nd week: 64% refund

3rd week: 51% refund

4th week: 36% refund

5th week: 29% refund of tuition

6th week: 23% refund

7th week: 21% refund

8th week: 17% refund

9th week: 0% refund

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

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# 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: \_\_\_\_\_

3. Weight: \_\_\_\_\_

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, 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 _____	
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 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	



# 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/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: \_\_\_\_\_

Applicant's Weight: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the patient under medical supervision for any condition? Yes No  
If yes, please explain:

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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).

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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:

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Are there any other facts that might be relevant?

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

Any Comments:

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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. \_\_\_\_\_

**FOR WOMEN ONLY**

Does the patient have any problems with her menstrual cycle? Yes No  
If yes, please explain:

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Is the applicant pregnant? Yes No  
If so, when is the baby due? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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

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# 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:** \_\_\_\_\_

### 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. 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:

\_\_\_\_\_  
\_\_\_\_\_



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

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Teachable     | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Humorous    | <input type="checkbox"/> Easily Embarrassed |
| <input type="checkbox"/> Tolerant      | <input type="checkbox"/> Perfectionist      | <input type="checkbox"/> Moody       | <input type="checkbox"/> Easily Offended    |
| <input type="checkbox"/> Enthusiastic  | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Dependable         |
| <input type="checkbox"/> Committed     | <input type="checkbox"/> Lacking Humor      | <input type="checkbox"/> Domineering | <input type="checkbox"/> Self motivated     |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced         | <input type="checkbox"/> Flexible    | <input type="checkbox"/> Patient            |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Critical    | <input type="checkbox"/> Wise               |
| <input type="checkbox"/> Disciplined   | <input type="checkbox"/> Stable             | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> 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					
Communication Skills					
Ability to Follow					
Ability to receive correction					
Self Confidence					
Leadership					
Willingness to Serve					
Judgment/ Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments:

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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)

- |  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Withdraws         | <input type="checkbox"/> Gets discouraged | <input type="checkbox"/> Gets angry | <input type="checkbox"/> Meets constructively |
| <input type="checkbox"/> Accepts patiently | <input type="checkbox"/> Other _____      |                                     |   |

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

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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:

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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:

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

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

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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?

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

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

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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 & State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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  
Phone: +1 818-896-2755, Fax: +1 818-897-6738**



# 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:** \_\_\_\_\_

### 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 or employer) \_\_\_\_\_

### 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

**Social Skills:**

- 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 rate using the following chart: W=Weak; D=Developing; A=Average; M=Mature; S=Strong  
\*Please comment if Weak is denoted.

- |  |  |
|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Able to make decisions                    |
| <input type="checkbox"/> Ability to motivate others  | <input type="checkbox"/> Assurance of God’s calling                |
| <input type="checkbox"/> Social poise                | <input type="checkbox"/> Self-confidence                           |
| <input type="checkbox"/> Teachable attitude          | <input type="checkbox"/> Able to receive criticism                 |
| <input type="checkbox"/> Ability to communicate      | <input type="checkbox"/> Respect for strong conviction of others   |
| <input type="checkbox"/> Emotionally stable          | <input type="checkbox"/> 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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Christian Service           | <input type="checkbox"/> Receive help, counseling  | <input type="checkbox"/> Adventure       |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Discipleship    |
| <input type="checkbox"/> Desire to help others       | <input type="checkbox"/> Travel                    | <input type="checkbox"/> Personal Growth |
| <input type="checkbox"/> Other (specify):            |  |  |

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 check words or descriptions that may pertain to the applicant.**

- |   |   |
|---|---|
| <input type="checkbox"/> Easily embarrassed                                       | <input type="checkbox"/> Offended                       |
| <input type="checkbox"/> Frequently worried                                       | <input type="checkbox"/> Anxious                        |
| <input type="checkbox"/> Prejudiced   | <input type="checkbox"/> Argumentative                  |
| <input type="checkbox"/> Impatient  | <input type="checkbox"/> Intolerant                     |
| <input type="checkbox"/> Domineering  | <input type="checkbox"/> "Cocky" or critical of others  |
| <input type="checkbox"/> Given to exclusive                                       | <input type="checkbox"/> Absorbing infatuations         |
| <input type="checkbox"/> Unable to cope with stress                               | <input type="checkbox"/> Erratic in attitudes or action |
| <input type="checkbox"/> Uncontrolled anger                                       | <input type="checkbox"/> Discouraged                    |
| <input type="checkbox"/> Lack of respect for leadership or structure (i.e. rules) |   |
| <input type="checkbox"/> Nervous or tense   |   |

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:

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

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

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

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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 questionable character? Y/N
- b) As far as you know, has the applicant ever been arrested for any offense? Y/N
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or a occult? Y/N

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

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

**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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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**



# Friend'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:** \_\_\_\_\_

### To the person filling out this form:

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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.) \_\_\_\_\_



### 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

**Social Skills:**

- 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 rate using the following chart:  
 W=Weak; D=Developing; A=Average; M=Mature; S=Strong  
 \*Please comment if Weak is denoted.

- |  |  |
|--|--|
| <input type="checkbox"/> Positive, contagious spirit | <input type="checkbox"/> Able to make decisions                    |
| <input type="checkbox"/> Ability to motivate others  | <input type="checkbox"/> Assurance of God's calling                |
| <input type="checkbox"/> Social poise                | <input type="checkbox"/> Self-confidence                           |
| <input type="checkbox"/> Teachable attitude          | <input type="checkbox"/> Able to receive criticism                 |
| <input type="checkbox"/> Ability to communicate      | <input type="checkbox"/> Respect for strong conviction of others   |
| <input type="checkbox"/> Emotionally stable          | <input type="checkbox"/> 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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Christian Service           | <input type="checkbox"/> Receive help, counseling  | <input type="checkbox"/> Adventure       |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Escape from bad situation | <input type="checkbox"/> Discipleship    |
| <input type="checkbox"/> Desire to help others       | <input type="checkbox"/> Travel                    | <input type="checkbox"/> Personal Growth |
| <input type="checkbox"/> Other (specify):            |  |  |

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 check words or descriptions that may pertain to the applicant.

- |   |   |
|---|---|
| <input type="checkbox"/> Easily embarrassed                                       | <input type="checkbox"/> Offended                       |
| <input type="checkbox"/> Frequently worried                                       | <input type="checkbox"/> Anxious                        |
| <input type="checkbox"/> Prejudiced   | <input type="checkbox"/> Argumentative                  |
| <input type="checkbox"/> Impatient  | <input type="checkbox"/> Intolerant                     |
| <input type="checkbox"/> Domineering  | <input type="checkbox"/> "Cocky" or critical of others  |
| <input type="checkbox"/> Given to exclusive                                       | <input type="checkbox"/> Absorbing infatuations         |
| <input type="checkbox"/> Unable to cope with stress                               | <input type="checkbox"/> Erratic in attitudes or action |
| <input type="checkbox"/> Uncontrolled anger                                       | <input type="checkbox"/> Discouraged                    |
| <input type="checkbox"/> Lack of respect for leadership or structure (i.e. rules) |   |
| <input type="checkbox"/> Nervous or tense   |   |

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:

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

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

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

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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? Y/N
- b) As far as you know, has the applicant ever been arrested for any offense? Y/N
- c) To your knowledge, has the applicant ever been involved in drug abuse, promiscuity, or a occult? Y/N

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

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

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

What other skills or areas of competence?

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

Your Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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  
DTS Application, Los Angeles – Step 3**



# 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 \_\_\_\_\_