

YWAM
Antigua,
Guatemala



Compassion
Discipleship Training
School application

YWAM Antigua
444 Brickell Ave
Suite 53-85020
Miami, FL 33131
011-502-7834-0390
email: ywamantigua@gmail.com



application instructions

Thank you for applying to the Compassion Discipleship Training School with Youth With A Mission-, Antigua, Guatemala! **In order for us to process your application, we must receive all of the following completed forms and the application fee.**

___ **1. DTS Application Form**

Please answer all questions. For questions that do not apply to you, answer with: N/A

___ **2. Application Fee**

Non-refundable \$35 USD per individual/ \$50 USD per married couple. Make all checks/ money orders payable to *Youth With A Mission*. There will be an additional fee of \$25 USD per person for those registering less than 30 days prior to the beginning of the school.

___ **3. Personal History**

___ **4. Health Form and Physician's Evaluation**

Please complete and have signed by a physician.

___ **5. Release Form**

Please read and sign all portions.

___ **6. Reference Forms**

Give one form to your pastor, one to an employer or teacher, and one to a friend along with a stamped envelope addressed to the address below. Be sure to put your name on each form.

___ **7. Photos**

Please include two recent photos of yourself:
- at least one that is passport size

Please mail all forms to:

YWAM Antigua
444 Brickell Avenue
Suite 53-85020
Miami, FL 33131
Email forms to ywamantigua@gmail.com

For more information:

Phone: (011)502-7834-0390
Fax: (011)502-7834-0390
Cell: (011)502-5394-3186



more about DTS...

What is Discipleship Training School?

DTS is designed to prepare messengers of the gospel by helping them to know God in-depth, to further develop a Christ-like character, and to establish godly relationships between the student and God, as well as between the student and his/her family, friends, and local church. The aim is to develop a real, consistent walk with God rather than to accumulate information. The five-month program consists of three months of lecture and two months of active service.

Format for Discipleship Training School

A. Lecture Phase

Live teachings from international speakers, as well as individualized mentoring, focusing on helping believers become mature Christians and effective soul winners.

1. Classroom Curriculum

- a. The Christian's Relationship to God
Understanding the character and ways of God; How to hear the voice of God; Developing a personal devotional life
- b. The Christian's Relationship to Oneself and Others
Personal character development; Discovery and release of one's gifts and ministries; Stewardship; Principles of healthy relationships; Forgiveness
- c. The Christian's Relationship to the Word
How to develop a consistent lifestyle of personal study; Meditation and the application of Biblical truth
- d. The Christian's Relationship to the World
The lostness of man; How to share one's faith; Evangelism and cross-cultural missions; Reaching the unreached; General awareness of world needs; Biblical world view; The implications of the Gospel in society
- e. The Christian's Relationship to the Church
Commitment, unity; Understanding the complementary role of the local church and missions structures.
- f. The Christian's Orientation to Youth With A Mission International
Its three-fold calling to Evangelism, Training, and Mercy Ministries; The foundational values and ministry opportunities

2. Small Groups

Meet 1 or 2 times a week and are lead by qualified staff members. The time is used for study, prayer, learning, and growing together. This will greatly assist you in practically applying the principles you learn in the classroom.

3. Intercession Groups

Meet 2-3 times a week. During these times we focus mainly on praying for the nations of the world and other prayer needs outside our personal boundaries.

4. Personal Devotions

A "God Time" is set aside each day for you to develop your personal relationship with God through spending one on one time with Him.

5. Required Reading

You will be required to read several books which will reinforce what you will be learning in lecture. You will not be expected to purchase these books as they will be provided for you through our school library.

6. Work Duties

Each student will work approximately 10 hours per week. Our primary purposes for having work duties are discipline of the physical body and to develop a servant's heart. Learning faithfulness in the practical areas of life will aid in developing character.

B. Outreach Phase

An opportunity to apply what you've learned during the lecture phase in the United States for eight weeks in a very dynamic and fun way. Each student will be involved in areas of evangelism and mercy projects through drama, children's ministry, personal evangelism, construction work, and relief aid. During this phase, the students will support local churches and impact the non-Christian community in a way that is both practical and innovative.

Tuition

Lecture Phase	\$1800 USD
Outreach Phase	\$1200 USD plus transportation which will be determined later

These figures include all housing, food, tuition, transportation to and from the airport, and on-site outreach costs. The non-refundable application fee (\$35 USD per student/ \$50 USD per married couple) is not included in the tuition fee. This fee is to accompany your application. (Your application can not be processed without the application fee.)

Payment of Tuition

Upon receiving a final letter of acceptance from Youth With A Mission- Antigua, Guatemala, a down payment of \$350 USD per student/ \$550 USD per couple is required. The balance of the tuition is due at the beginning of the school. **Make your check or money order payable to YWAM Antigua and send it to:**

YWAM Chico
15850 Richardson Springs Rd
Chico, CA 95973

Refund of Tuition

Each student is accepted with the understanding that he/she has registered for the entire length of training. Certain expenses involved in securing teaching faculty, support services, housing, and transportation do not diminish when students are absent, withdraw, or are dismissed. Therefore, when a student enters the training and then discontinues for any reason, our refund policy is as follows:

- a. Withdrawal within one week or before- all but \$400 USD will be refunded
- b. After the first week up to 30 days- \$400 plus \$25 USD per day will be deducted from the full tuition.
- c. Withdrawal after 30 days will result in no tuition refunds

(NOTE: We have done our best at keeping cost for the school as low as possible. For some people the costs are not a problem, for others they seem unattainable. Please don't be discouraged, we serve a big God and believe that if He is calling you here at this time He will provide. It is a time of increasing your faith in Him!)

Other Important Information

A. Outside Jobs

Since this time of training requires 100% of your concentration and time, you will not be able to have outside employment during the time of your training.

B. Personal Finances

It is difficult to cash checks in Guatemala, however ATM cards work fairly well. We recommend you have someone at home handle your finances and use the ATM to withdraw the money you need. (Money for tuition can be received by check in USD).

C. Weekends

Students will be able to take advantage of a variety of group activities available on the weekends. We want you to keep your focus on the training you are receiving and use the time on the weekend to complete your assignments while enjoying the beauty of Guatemala.

D. Insurance

We recommend that you obtain an international insurance plan that covers you while in your training. If you are already insured, please check with your insurance company to ensure that you are also covered in Guatemala. Note that in the case of an accident, you may need to pay with cash or a credit card, and your insurance company will reimburse you later.

E. Relationships

Good relationships among all staff and students are encouraged; however we highly recommend that students do not begin any exclusive, romantic, or dating relationships during the DTS to allow for maximum personal growth. This is very important for you to receive the most that you can from the school and not to be distracted from what God may want to do in your life during this time.

F. Passport

It is required that you have a passport before you arrive for training. Once you've applied, it can take up to 3 months to receive, so please begin this process early. Your passport must have at least 6 months of validity prior to its expiration date.

G. Immunizations

For your own protection, please be sure that you have had the following immunizations before arriving to the school:

Tetanus, Hepatitis A and B

You may want to contact the Center for Disease Control to find the latest recommendations for travelers to Guatemala.



YWAM Antigua Compassion DTS application

Personal Information

Date of Application: _____
Date of School Applying for: _____ Application Fee Enclosed: \$_____

Full Name: _____

Current Address: _____
Street/P.O. Box _____

City _____ State/Prov. _____ Country _____ Phone _____

Permanent Address (if different from above): _____
Street/P.O. Box _____

City _____ State/Prov. _____ Country _____ Phone _____

Email Address: _____

Sex: M ___ F ___ Age: _____ Birth Date: _____

Birthplace: _____ Citizenship: _____

Height: _____ Weight: _____

Marital Status:

Single ___ Engaged ___ Married ___ Divorced ___

Separated ___ Remarried ___ Widowed ___

Will your spouse be accompanying you? Yes ___ No ___

Spouse's Name: _____

Will your children be accompanying you? Yes ___ No ___

Name: _____ Sex: ___ Birth Date: _____ School Grade: _____

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Name: _____ Sex: ___ Birth Date: _____ School Grade: _____

Passport Information

Name as listed on Passport: _____

Passport Number: _____

City/Country where Passport was issued: _____ Expiration Date: _____

Have you ever been refused a visa for any country? Yes ___ No ___ If yes, please explain: _____

Talents and Skills

Help us to get to know you better by telling us what some your interests and skills are:
(Example: working on cars, singing on a worship team, photography, etc.)

Please tell us what languages you speak, other than English, and your level of proficiency.

_____ Speaking: __ Basic __ Conversational __ Fluent
Writing: __ Basic __ Conversational __ Fluent

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 ___

(explain) _____

If so, will these be paid off before you attend the school? Yes ___ No ___

If not, please explain how much is owed and how you plan to make payments.

Home Church Information

Church's Name: _____ Denomination: _____

Address: _____

Telephone: _____

Pastor's Name: _____ How long have you attended? _____

Educational History

I have completed: High School ___ College/ University ___

Schools attended (High School and after)

Name of School	Location	Dates Attended	Degree

Occupational/ Work Experience

List previous work experience for the past 5 years, beginning with the most recent.

Occupation	Organization/Business	Location	Dates

YWAM Involvement and Experience

Have you previously attended a YWAM school? Yes ____ No ____

Have you done any volunteer work with YWAM? Yes ____ No ____

If answering yes to any of the above questions, please give details:

Name of School or Position Held	Location	Dates



personal history

Please prayerfully answer the following questions on a separate sheet of paper. Include on the paper your name, address, and phone number. Please be as accurate and honest as possible.

- a. Describe your conversion experience.
- b. Describe your personal relationship with the Lord.
- c. What areas of your character are you presently seeking God to further develop and improve?
- d. Describe your relationship with your local church and any areas of service or leadership.
- e. What missions experience have you had?
- f. Explain your purpose for attending DTS.
- g. Describe your relationship with your family and their attitude regarding your interest in attending DTS.
- h. Are you interested in continuing to serve with YWAM after DTS? If so, please specify your area of interest within YWAM and length of commitment after DTS.
- i. List the names and address of a
 - former employer or school teacher,
 - a close friend,
your pastor to whom you will be giving your confidential reference forms.
- j. List anything else that we should know about your situation (special circumstances, work limitations, etc).



health form

Date of School Applying for: _____

Name of Applicant: _____ Date of Birth: _____

Current Address: _____

Telephone: _____

Do you have medical insurance? Yes No

Name of Insurer: _____ Policy Number: _____

Emergency Contact

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I also accept full responsibility for expenses related to medical care.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature _____ Date _____ Relationship _____

Personal Health History

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

Please check all that apply and comment in the space below, or on a separate sheet of paper.

- | | | |
|----------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Medicine- specify | <input type="checkbox"/> Weakness | <input type="checkbox"/> HIV+ |
| <input type="checkbox"/> Food- specify | <input type="checkbox"/> Surgery- specify | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Other- specify | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Rheumatism/ Arthritis | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Intestinal troubles |
| <input type="checkbox"/> Recurrent headache | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Recurrent diarrhea |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Head injury | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anemia | <input type="checkbox"/> Mental or |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> nervous disorders |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Tumor: Cancer | <input type="checkbox"/> Depression |

Specifics/Other:

Are you presently taking any medication? Yes No If yes, please specify: _____

Do you have any physical disabilities? Yes No If yes, please specify: _____

Have you been under psychiatric care? Yes No If yes, please explain history:



physician's evaluation

To the Applicant: Please have a physician complete and sign this form.

To the Physician:

_____ has applied to be admitted into the Discipleship Training School with Youth With A Mission in Antigua, Guatemala. Please answer the following questions regarding the applicant's health.

1. Height: _____ Weight: _____ Blood Type: _____
2. Is he/ she underweight or overweight? Yes ___ No ___
How much? _____
3. Is he/ she taking medication or under medical attention at this time?
Yes ___ No ___
If yes, what type? _____
4. Does the applicant have any contagious illness? Yes ___ No ___
5. Is the applicant on a special diet? Yes ___ No ___
If yes, what type? _____
6. Would he/ she be able to walk 3-4 miles a day? Yes ___ No ___
7. Is the applicant in general good health? Yes ___ No ___

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

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Address: _____

Telephone: _____



release forms

Release of Liability

I do hereby release Youth With A Mission- Antigua, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course of involvement with Youth With A Mission.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature _____ Date _____ Relationship _____

Burial Statement

Although it is very rare that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to traveling abroad. YWAM does everything possible to protect its staff and students, but in many countries where disease is more prevalent burial may have to take place within 24 hours, or arrangements will be made to ship the remains home. In addition, all burial costs and transportation expenses are not the responsibility of Youth With A Mission- Antigua, 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 cost or transportation expenses.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature _____ Date _____ Relationship _____

Acknowledgement of Financial Responsibility

I understand that payment of the required school tuition fees must be made on or before arrival, unless otherwise approved in writing by the school leader. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission.

Applicant's Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature _____ Date _____ Relationship _____

Declaration of Commitment

I understand that this school is voluntary. I choose to commit myself to this intensive process of discipleship for the next five months. I recognize that the school is full-time- seven days per week, 24 hours per day. I also understand that the purpose of the school is to develop my character, discipline, and relationship with God. I trust that God will use the Discipleship Training School and the YWAM staff to work in areas of my character that need to grow, change, or be refined.

Applicant's Signature _____ Date _____

I certify that all information in this application is complete and accurate and if accepted, I will abide by the spirit, rules, and schedule of the program.

Applicant's Signature _____ Date _____



pastor's reference

To the Applicant:

Please complete the information below and provide a stamped envelope addressed to YWAM- , Guatemala for the person completing the reference.

Name of Applicant: _____ DTS Dates: _____

To the Pastor:

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 500 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go therefore and make disciples of all nations." (Matt. 28:18)

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.**

Your Name: _____ Relation to Applicant: _____

Name of Church: _____

Address: _____

Telephone: _____

How long have you known the applicant? _____

How well do you know the applicant? ___ Very well ___ Well ___ Casually

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social adaptability					
Teachable attitude					
Leadership					
Judgment/Decision making					
Emotional stability					
Health					
Personal appearance					
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Concern for others					
Willingness to serve					

Comments: _____

Mental ability ___ quick to comprehend ___ average ___ slow
 Work Ethic ___ 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: _____

Please choose 4 or 5 of the following words that best describe the applicant.

<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"/> Apathy

Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

Comments _____

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

Does the applicant respond well to authority? ___ Yes ___ No If no, please explain: _____

To what extent is the applicant active in Christian service? _____

With reference to his/her Christian service, do you consider the applicant to be:

dedicated average casual Please explain: _____

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

<input type="checkbox"/> Personal growth	<input type="checkbox"/> Christian service	<input type="checkbox"/> Desire to help others
<input type="checkbox"/> Receive discipleship	<input type="checkbox"/> To spread the Gospel	<input type="checkbox"/> Receive help
<input type="checkbox"/> Travel	<input type="checkbox"/> Adventure	<input type="checkbox"/> Get away from unpleasant circumstances

Please comment on the applicant's family situation. _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). _____

Would you recommend the applicant for acceptance into the Discipleship Training School?

Yes With some reservation (please comment) No (please comment)

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

Signature _____ Date _____

Please send reference to: YWAM Antigua , 444 Brickell Ave. Suite 5385320 Miami, FL 33131
Or email to: ywamantigua@gmail.com



employer or teacher's reference

To the Applicant:

Please complete the information below and provide a stamped envelope addressed to YWAM-Antigua for the person completing the reference.

Name of Applicant: _____ DTS Dates: _____

To the Employer or Teacher:

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 500 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go therefore and make disciples of all nations." (Matt. 28:18)

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.**

Your Name: _____ Relation to Applicant: _____

Name of Business or School: _____

Address: _____ Telephone: _____

How long have you known the applicant? _____

How well do you know the applicant? ___ Very well ___ Well ___ Casually

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social adaptability					
Teachable attitude					
Leadership					
Judgment/Decision making					
Emotional stability					
Health					
Personal appearance					
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Concern for others					
Willingness to serve					

Comments: _____

- Mental ability ___ quick to comprehend ___ average ___ slow
- Work Ethic ___ hard worker ___ average ___ lacks persistence
- Reliability ___ Meets obligations ___ average ___ neglects obligations
- Cooperativeness ___ works well with others ___ average ___ avoids group activity
- 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 choose 4 or 5 of the following words that best describe the applicant.

- | | | | |
|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------------|
| <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 |

Which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine and Growing Over-emotional Superficial

Comments _____

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

Does the applicant respond well to authority? Yes No If no, please explain: _____

To what extent is the applicant active in Christian service? _____

With reference to his/her Christian service, do you consider the applicant to be:

- dedicated average casual Please explain: _____

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

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Personal growth | <input type="checkbox"/> Christian service | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Receive discipleship | <input type="checkbox"/> To spread the Gospel | <input type="checkbox"/> Receive help |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Adventure | <input type="checkbox"/> Get away from unpleasant circumstances |

Please comment on the applicant's family situation. _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). _____

Would you recommend the applicant for acceptance into the Discipleship Training School?

- Yes With some reservation (please comment) No (please comment)

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

Signature _____ Date _____

Please send reference to: YWAM Antigua ; 444 Brickell Ave. Suite 53-85020; Miami, FL 33131
Or email to: ywamantigua@gmail.com



friend's reference

To the Applicant:

Please complete the information below and provide a stamped envelope addressed to YWAM-Antigua for the person completing the reference.

Name of Applicant: _____ DTS Dates: _____

To the Close Friend:

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 500 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go therefore and make disciples of all nations." (Matt. 28:18)

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.**

Your Name: _____ Relation to Applicant: _____

Address: _____ Telephone: _____

How long have you known the applicant? _____

How well do you know the applicant? ___ Very well ___ Well ___ Casually

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social adaptability					
Teachable attitude					
Leadership					
Judgment/Decision making					
Emotional stability					
Health					
Personal appearance					
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Concern for others					
Willingness to serve					

Comments: _____

- | | | | |
|--------------------------|----------------------------|-------------|---------------------------|
| Mental ability | ___ quick to comprehend | ___ average | ___ slow |
| Work Ethic | ___ hard worker | ___ average | ___ lacks persistence |
| Reliability | ___ Meets obligations | ___ average | ___ neglects obligations |
| Cooperativeness | ___ works well with others | ___ average | ___ avoids group activity |
| 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 choose 4 or 5 of the following words that best describe the applicant.

- | | | | |
|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------------|
| <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 |

Which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine and Growing Over-emotional Superficial

Comments _____

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

Does the applicant respond well to authority? Yes No If no, please explain: _____

To what extent is the applicant active in Christian service? _____

With reference to his/her Christian service, do you consider the applicant to be:

- dedicated average casual Please explain: _____

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

- | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Personal growth | <input type="checkbox"/> Christian service | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Receive discipleship | <input type="checkbox"/> To spread the Gospel | <input type="checkbox"/> Receive help |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Adventure | <input type="checkbox"/> Get away from unpleasant circumstances |

Please comment on the applicant's family situation. _____

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). _____

Would you recommend the applicant for acceptance into the Discipleship Training School?

- Yes With some reservation (please comment) No (please comment)

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

Signature _____ Date _____

Please send reference to: YWAM Antigua ; 444 Brickell Ave. Suite 53-85020; Miami, FL 33131
Or email to: ywamantigua@gmail.com