

Dear friend,

Greetings to you in the wonderful name of Jesus! Thank you for your request for a Discipleship Training School (DTS) application form. Please find one attached to this letter.

The instructions for completion of the application are on Page 1. Please read them carefully. It takes some time and thought to complete the forms properly. Please complete pages 4, 5, 6 & 7 in your own handwriting. DO NOT use a typewriter or have anyone else print them for you. Pages 8-9, 10-11 and 12-13 should not be filled out by relatives or family members.

All forms must be completed and returned to the Registrar by _____.

The next school dates are _____.

The cost of the school is _____

This covers tuition, meals, housing, and your train fares on your outreach. However, it does not cover your travel to and from the school.

The DTS is about five and a half months. It is a full-time, live-in course taught in English language; so, you need to have a good understanding of English and be able to speak, read and write in it very well. We teach on relationship with God, interpersonal relationships, prayer life, spiritual warfare, evangelism and other topics. Thousands all over the worlds have completed a DTS and have had their lives greatly changed and helped as they have learned God's principles and applied them to their lives. In this way, they have been able to share God's love with a lost and hurting world.

Youth with a Mission is involved in Training, Evangelism, and Mercy Ministries throughout the world and right here in India. There are many opportunities available for people to serve the Lord should they decide to join YWAM after the Discipleship Training School. An individual can only apply for a staff position with YWAM after successful completion of the Discipleship Training School. Please indicate in the forms if you are intending to apply for missionary service with YWAM after your DTS.

May the Lord richly bless you as you seek His will for your life. I look forward to hearing from you soon.

In His Service,

PS. Richard Kleinman

(Beach Center Director)

KEEP THIS PAGE. DO NOT RETURN IT WITH YOUR APPLICATION

REQUIREMENTS - Page 2

9 Read all the requirements on Page 2. If you can agree to and obey all the requirements then sign and fill in the blanks on the back of page 5 under REQUIREMENTS.

PERSONAL STATISTICS - Page 3

1. Use a pen, do not use a typewriter. Do not have anyone write them for you or help you with English grammar in your answer.
2. Answer all questions please. Use "N/A" (Not Applicable) for items that do not apply to you.

PERSONAL HISTORY - Page 4&5

- Answer all the questions (1-25) on a separate sheet of paper. Answer question A first, then question B and so on.
- Mark each answer with the corresponding letter of each question.

REQUIREMENTS AND AGREEMENTS - Page 6

- Read and sign all four places, filling in all the blanks.

CONFIDENTIAL HEALTH FORM - Page 7

With your parent(s) or a doctor, please answer all items fully. In the Personal History section, if there are any "yes" answers, explain thoroughly on the back of the form or a separate sheet of paper. Be sure to list the condition by name and then explain.

CONFIDENTIAL EVALUATION FORMS - Pages 8-9, 10-11. 12-13.

1. Give these forms to the following persons: Pages 7-8 your pastor, Page 8-9 a friend who knows you well, Page 11-12 someone who has influenced you in your Christian life.
2. Do NOT give any form to a relative or family member.
3. **YOU must not see what these people say about you. They must be assured that their comments will be confidential. Do NOT be in their presence when they fill the forms. They are to mail the forms directly to YWAM.**

When you have completed pages 4, 5&6 and answered questions A - W, on a separate sheet of paper, post them to:

Youth with a mission,
Zion arcade- one,
#12, Jaganathan street, Laxmana Nagar,
Kottivakkam,
Chennai- 600 041
INDIA
Phone: 044-24511724
Mob: +91-8056285667
Email ::beachcenter1@gmail.com

Cost of the school _____

Application closing date _____

Next school begins on _____

Please enclose /send Rs. _____ Registration fee
(Non refundable) together with your
application form (In favor of, youth **with a**
mission, payable at Chennai)

YOUTH WITH A MISSION

**WE LOOK FORWARD TO HEAR FROM YOU SOON. IF YOU HAVE ANY
QUESTIONS, PLEASE DO NOT HESITATE TO WRITE TO US**

The following requirements must be met by anyone wishing to attend a training school in Chennai. Please read the list carefully and notify us if there is ANY item that you are unable to meet. Failure to notify us of your inability to meet any of these requirements will result in you being sent home from the school.

1. Applicant must be 18 years of age by the first day of school.
2. Applicant must be born-again, committed Christians and have a desire to do evangelism and see others come to know Jesus personally.
3. Applicant must be able to read, write, speak and understand English
 - enough to understand a sermon in English, and
 - enough to be able to preach and share your testimony in detail in English.
4. Applicant must agree to attend the full program without interruption.
5. Program fees: all applicants must pay the full amount of the program fees before the sixth week lecture phase of the school. Half the fees should be paid on arrival: the first month's fee is non-refundable.
6. All applicants must receive a letter of acceptance from the YWAM Madras leadership BEFORE departing from your home for YWAM Madras.
7. All Applicants who receive an acceptance letter from YWAM Madras must send us a telegram stating
 - arrival time and place
 - train or flight number and
 - the date of arrival
 For those in the local area, please inform us of your time and date of arrival.
8. Use of alcohol, tobacco, or drugs of any sort, is not allowed during the full program.
9. Applicants must be willing to go to villages for outreaches, and must be prepared to travel frequently.
10. Applicant s must be willing to learn and participate in dramas, skits, pantomime and dances that will be used as tools for evangelism during the outreach portion.

Youth With A Mission

Personal Statistics

School Application

Do Not Write in this Box

Lecture Grade _____ Univ.No. _____
 O/Reach Grade _____
 pryr _____
 pryr _____
 pryr _____

Please attach a recent photograph Here, not older than 3 months

Applying for which school? DTS

Date school begins _____ Miss./Mrs./Mr. _____
(YOUR FULL NAME- UNDERLINE SURNAME) (NAME YOU LIKED TO BE CALLED)

Your present mailing address: _____
 City: _____ State: _____ Pin code: _____ Telephone _____

Email: _____

In case of emergency contact: Miss./Mrs./Mr. _____

Relationship _____

Emergency address: _____

City: _____ State: _____ Pincode : _____ Telephone: _____

Pastor's name: _____

Name of Church: _____ Address: _____

City: _____ State: _____ Pincode: _____ Telephone: _____

Mother's name: _____ **Father's name:** _____

Parent's address: _____ address _____

City: _____ State: _____ Pincode: _____ Telephone: _____

List languages you speak in decreasing order of fluency _____

Your age: _____ Sex: _____ Weight: _____ Height _____ Birth date: _____
(D / M / Y)

Occupation: _____ Birth Place: _____ City: _____

State: _____ Country: _____

Marital Status:

If married, is your husband/wife applying for this school? Yes _____ no _____

If married, is your husband/wife coming with you? Yes _____ no _____

Husband's/Wife's name _____

Applicant's passport No. _____ Expiration date _____

Country of Issue _____ Citizenship _____

PERSONAL HISTORY

On a separate sheet of paper write with a pen, in your own English, the following questions and answers. ***DO NOT TYPE***

1. Describe your life before Christ and after He changed you. (use no less than 100 words and not more than 150 words:
2. Do you have personal devotional time? if so, how often and what do you do during that time?
3. What church do you attend and how often?
4. Describe other Christian activities in which you are involved.
5. Are you personally involved in evangelism and winning souls?
6. What is God doing in your life now?
7. Why do you want to come for this program?
8. List your leadership experience and how long the office was held.
9. Are there any situations at home or elsewhere which might necessitate your returning home or going elsewhere during the school?
10. List abilities and talents - i.e. music, mechanics, cooking, typing, first aid, etc.
11. How did you hear about Youth with a Mission? Please be specific - giving the names of the people who told you about YWAM and the dates, etc.
12. Give the name and address of
 - a) Your pastor, give him pages 7-8 to fill in.
 - b) A close friend, give him/her pages 9-10 to fill in.
 - c) Someone who has impacted you, give pages 11-12.

THEY ARE TO MAIL THESE FORMS DIRECTLY TO YWAM.

13. Will you have the full amount of money for the program on your arrival, or before the sixth week of the school? If not, how do you plan to pay the amount? (YWAM does NOT grant any scholarships)
14. List your academic background - (highest standard completed, college degrees, technical qualifications, etc.)
15. Do you have paid or volunteer work experience? If so, list: COMPANY, JOB HELD, FROM (dates) TO, REASON FOR ENDING JOB.
16. Up to what standard have you studied in English? Can you preach or share your testimony in

English?

17. What do you intend to do after the completion of this course?
18. Can you speak for 30 minutes in English? (YES___ NO___)
19. Can you pray publicly in English? (YES___ NO___)
20. *This DTS will be held in English. If you do not fully understand and speak English you will not benefit by attending the DTS. Applicants whose level of English is lower than what is stated here are liable to be sent home.)*
21. Have you ever; a) Taken drugs? b) Alcohol? c) Smoked or chewed tobacco? If the answers to a, b, or c is "yes", please give full details of:
 - a. 1)how you started, what age you were, etc. 2) When you quit, if you have 3)Please say if you are still using any of these substances.
22. Do you have any children? If yes a) Are they coming to the school with you? b)If not, where will they stay while you do the school?
23. Do you have the discipline and health to undergo a demanding schedule from early morning to late evening for the full course of the DTS?
24. Are your parents in agreement for you to attend the YWAM DTS? If not please state in full detail.
25. If possible please enclose any letters of recommendation from Mission leaders, denominational leaders, or known Christians.

YOUTH WITH A MISSION

Chennai REQUIREMENTS

Print this page out and mail it along with Pg.6

I have read all the requirements for the school on page 2 and I can obey them in full detail.

APPLICANT'S PRINTED NAME _____ DATE _____

SIGNATURE _____

If you cannot obey one or more of the requirements, please state the number of the one you cannot comply with below. Then explain in full detail why you cannot obey it.

AGREEMENT

I understand that my school certificate will be given only on full payment of all my school fees and successful graduation of the school. I confirm that I am fully aware of my financial obligation both to the Lord and to the students and staff at the school. I, therefore, commit myself to paying all personal expenses incurred during my involvement with YOUTH WITH A MISSION. I have completed all portions of this application for admission to the school, course, or outreach for which I am applying: and if I am accepted by YOUTH WITH A MISSION, I will abide by the spirit, rules, and schedules of the school.

PRINTED NAME _____ SIGNATURE _____ DATE _____

CONSENT AND AGREEMENT

I/we do hereby release YOUTH WITH A MISSION, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION.

APPLICANT'S SIGNATURE _____ DATE _____

PARENTS'/GUARDIANS' _____ SIGNATURE(S) _____/ _____

CONSENT FOR TREATMENT

I/we do hereby agree to the PERFORMANCE OF SUCH TREATMENTS ANAESTHETICS AND OPERATIONS as, in the opinion of the attending physician, is deemed necessary on:

APPLICANT'S PRINTED NAME _____

SIGNATURE _____

PARENT'S/GUARDIANS' SIGNATURE(S) _____/ _____ DATE _____

CONFIDENTIAL HEALTH FORM

This information is treated confidentially. Please answer all items in English. Use ink, please print in BLOCK LETTERS.

NAME _____

Name you like to be called _____

(Your full name -Underline surname)

In the case of an emergency contact: (This should be the same person as on page 3)

Name _____

Relationship _____

Address _____

Telephone _____

Do you have any physical or mental conditions that require special attention, medication, diet or doctors care such as

DIABETES		ASTHMA	
EPILEPSY		KIDNEY AILMENT	
BACK TROUBLE		LOW BLOOD PRESSURE	
STOMACH ULCERS		FAINING SPELLS	
HEART TROUBLE		TUBERCULOSIS	

DO YOU HAVE ANY OTHER PHYSICAL PROBLEMS? PLEASE SPECIFY.

Are you at present under a doctor's care?

Are you taking any medicine at this time?

Have you ever had psychiatric treatment?

Are you allergic to any medication?

(If you have answered yes to any question above, please explain fully and give names of all medications you are presently taking.)

What is your blood group? _____

SPECIAL DIET OR MEDICAL CARE

If you have need of a special diet or special medical care, please describe below:

Please bring all that you need for your special diet or medical care

YOUTH WITH A MISSION CONFIDENTIAL EVALUATION

By Pastor

APPLICANT:

Please print these pages out and fill in your name and the dates of the school for which you are applying. Then give this form to your pastor or spiritual leader.

APPLICANT'S NAME _____
SCHOOL YOU ARE APPLYING FOR _____ BEGINNING DATE _____

THIS FORM IS NOT TO BE FILLED OUT BY THE PERSON WHO IS APPLYING FOR THE SCHOOL

The above applicant is applying to study in a YOUTH WITH A MISSION (YWAM) training program. YWAM is a Christian organization which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. Are you his/her pastor? _____ Spiritual leader? _____ If not, how do you know the applicant?

2. How long have you known the applicant? years _____ months _____
3. Has the applicant received Jesus Christ as his/her Lord and Savior and experienced a change of life?
yes _____ no _____ Comments: _____
4. Does this person regularly attend your church services? Yes _____ No _____
5. In your opinion is the applicant spiritually ready to attend the YWAM training school? Please comment.

6. Does the applicant have a hunger for spiritual growth? Please comment. _____
7. After each of the qualities below, please tick the rating that most closely fits your opinion of the applicant:

Excellent	Good	Average	Below Average	Poor
-----------	------	---------	--------------------------	------
- a) Willingness to work hard
- b) Leadership
- c) Willingness to follow a leader's orders
- d) Ability to work with others
8. Does this person become easily angry with others when wronged?
Comment: _____
9. Can the applicant speak, pray and give his/her testimony in English? Please comment on the extent of his/her ability. _____
10. In your opinion why does this person want to attend this YWAM school?
Comment: _____
11. Is there any Christian leader or family member who does not want the applicant to study in this YWAM School? Yes _____ No _____
if yes, please explain: _____
12. Please comment briefly on the parents' occupation, religion and social background.

13. Is the applicant presently:

a) Smoking or chewing tobacco?	yes ___ no ___
--------------------------------	----------------

b) Consuming alcohol? yes___ no___
c) Using harmful drugs? yes___ no___

Has the applicant ever used any of these vices? yes___ no___

If yes, how long has he/she been off a) Tobacco?_____ b) Alcohol?_____
c) Drugs?_____

14. Has the applicant suffered from any psychiatric or mental disorder(s)? yes___ no___

Comments:_____

15. Does this person have the discipline and health to undergo a demanding schedule from early morning to late evening for the full course? yes___ no___

Comments:_____

16. Does this person show discipline of behavior in conduct towards the opposite sex? yes___ no___

Comments:_____

17. Does this person have the full fees for the course? yes___ no___ If not how does he/she plan to pay for this amount if accepted? (Scholarships are not available through YWAM at present.)

Comments:_____

18. Does the applicant accept his/her responsibility on financial debts? yes___ no___

Comments:_____

19. Is the church willing to pray for him and help support him/her financially? yes___ no___

Comments:_____

20. What does the applicant intend to do after the course?_____

21. Are you willing should God lead, to have this person stay on long term in full time missionary service? yes___ no___ Please comment:

22. Are you willing to release this person to do the school? yes___ no___

Comments:_____

The foregoing information filled in by me is correct and true to the best of my knowledge.

SIGNATURE_____ DATE_____

NAME_____

ADDRESS_____

PLEASE RESPOND AS SOON AS POSSIBLE TO:

**Youth With A Mission,
12 Jaganathan Street, Laxmana nagar,
Kottivakkam.
Chennai- 600 041, India.**

YOUTH WITH A MISSION CONFIDENTIAL EVALUATION

By Close Friend

APPLICANT:
Please print these pages out and fill in your name and the dates of the school for which you are applying.
Then give this form to a close friend.

APPLICANT'S NAME _____
SCHOOL YOU ARE APPLYING FOR _____ BEGINNING DATE _____

THIS FORM IS NOT TO BE FILLED OUT BY THE PERSON WHO IS APPLYING FOR THE SCHOOL

The above applicant is applying to study in a YOUTH WITH A MISSION (YWAM) training program. YWAM is a Christian organization which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. What is your relationship with the applicant?

2. How long have you known the applicant? years _____ months _____
3. Has the applicant received Jesus Christ as his/her Lord and Savior and experienced a change of life?
yes _____ no _____ Comments: _____
4. Does the applicant have any skill such as mechanics, music, carpentry, arts, sports, printing, etc.?

5. In your opinion is the applicant spiritually ready to attend the YWAM training school? Please comment.

6. Does the applicant have a hunger for spiritual growth? Please comment. _____
7. After each of the qualities below, please tick the rating that most closely fits your opinion of the applicant:

| Excellent | | Good | Average | **Below**
Average | Poor |

- e) Willingness to work hard
- f) Leadership
- g) Willingness to follow a leader's orders
- h) Ability to work with others

8. Does this person become easily angry with others when wronged?
Comment: _____
9. Can the applicant speak, pray and give his/her testimony in English? Please comment on the extent of his/her ability. _____
10. In your opinion why does this person want to attend this YWAM school?
Comment: _____
11. Is there any Christian leader or family member who does not want the applicant to study in this YWAM school? Yes _____ No _____

YOUTH WITH A MISSION CONFIDENTIAL EVALUATION

By Spiritual leader

APPLICANT:
Please print these pages out and fill in your name and the dates of the school for which you are applying.
Then give this form to Your spiritual leader.

APPLICANT'S NAME _____
SCHOOL YOU ARE APPLYING FOR _____ BEGINNING DATE _____

**THIS FORM IS NOT TO BE FILLED OUT BY THE PERSON
WHO IS APPLYING FOR THE SCHOOL**

The above applicant is applying to study in a YOUTH WITH A MISSION (YWAM) training program. YWAM is a Christian organization which offers training and short-term involvement in missions. Please take time to fill in this form and send it to us directly. All information you provide for us is strictly confidential. The applicant will not see it. Please be honest in your responses.

1. What is your relationship with the applicant?

2. How long have you known the applicant? years _____ months _____
3. Has the applicant received Jesus Christ as his/her Lord and Saviour and experienced a change of life?
yes _____ no _____ Comments: _____
4. Does the applicant have any skill such as mechanics, music, carpentry, arts, sports, printing, etc.?

5. In your opinion is the applicant spiritually ready to attend the YWAM training school? Please comment.

6. Does the applicant have a hunger for spiritual growth? Please comment. _____
7. After each of the qualities below, please tick the rating that most closely fits your opinion of the applicant:

| Excellent | | Good | Average | Below Average | Poor |

- i) Willingness to work hard
 - j) Leadership
 - k) Willingness to follow a leader's orders
 - l) Ability to work with others
8. Does this person become easily angry with others when wronged?
Comment: _____
 9. Can the applicant speak, pray and give his/her testimony in English? Please comment on the extent of his/her ability. _____
 11. In your opinion why does this person want to attend this YWAM school?
Comment: _____

