



DISCIPLESHIP TRAINING SCHOOL

2016

## Information and Application Pack



*YWAM 50th Anniversary 2010 Cape Town, South Africa*

**Ready To  
Take The  
First Step?**

# Welcome To DTS

Youth With A Mission is an international missions movement of Christians from many backgrounds, cultures and Christian traditions, dedicated to serving Jesus throughout the world. Also known as YWAM (pronounced "why-wham"), our purpose is simply to **know God and to make Him known.**

YWAM has a decentralized structure that encourages new vision and the exploration of new ways to change lives through training, conveying the message of the Gospel, and caring for those in need. We are currently operating in more than 1,100 locations in over 180 countries, with a staff of over 18,000.

This Discipleship Training School (DTS) is a **full-time**, residential training course which begins with a classroom or 'lecture phase,' followed by an 'outreach phase.' DTS is accredited by YWAM's University Of The Nations (U of N).\*

DTS emphasizes cross-cultural exposure and global awareness, preparing students to answer the call to "Go into all the world and make disciples of all

The discipleship training school is a requirement for applying as YWAM staff, and serves as a prerequisite to all other training programs within Youth With A Mission.

Over the last 20 years, this ministry has sent teams to serve in partnership with Gleanings for the Hungry, YWAM Sultana California.

We look forward to seeing you!

*Paul Shorb, Base Leader / Executive Director  
Faith Harvest Helpers  
A Ministry of Youth with a Mission*

*\* University of the Nations is a degree-granting institution but has not applied for accreditation in any nation's educational system*

## IMPORTANT DATES

The DTS runs from June 13, 2016 to November 4, 2016. Students must arrive no later than 3pm on June 12th due to scheduled commencement of the program.

## LOCATION

DTS will be conducted on the Shorb's 5 acre property in Olympia Washington; located approximately 55 miles south of Seattle/Tacoma International Airport.

## AIRPORT TRANSPORTATION

Airport transportation is strictly available for initial arrival (June 11<sup>th</sup> and 12<sup>th</sup>) and final departure (November 5<sup>th</sup> and 6<sup>th</sup>) Transport to/from airports is not supplied on any other dates. We supply transportation to/from Seattle/Tacoma International Airport only.

## CLIMATE

Olympia has a Marine West Coast climate. Most of western Washington's weather is brought in by weather systems that form near the Aleutian Islands in Alaska. It contains cold moist air, which brings western Washington cold rain, cloudiness, and fog. However, June through September temperatures range from 60-85 degrees F. Students should come prepared for any weather conditions.

## FINANCES

In a nutshell the principal program fee is approximately \$6,250 USD. This is comprised of the Lecture Phase fee of \$2,850 and the base Outreach Phase fee of approximately \$3,400. This does not include Visa fees, and flights to and from the DTS. A full financial breakdown can be found in the DTS Financial Guide & Agreement **Form D7**



***Future Home of YWAM Faith Harvest Helpers***

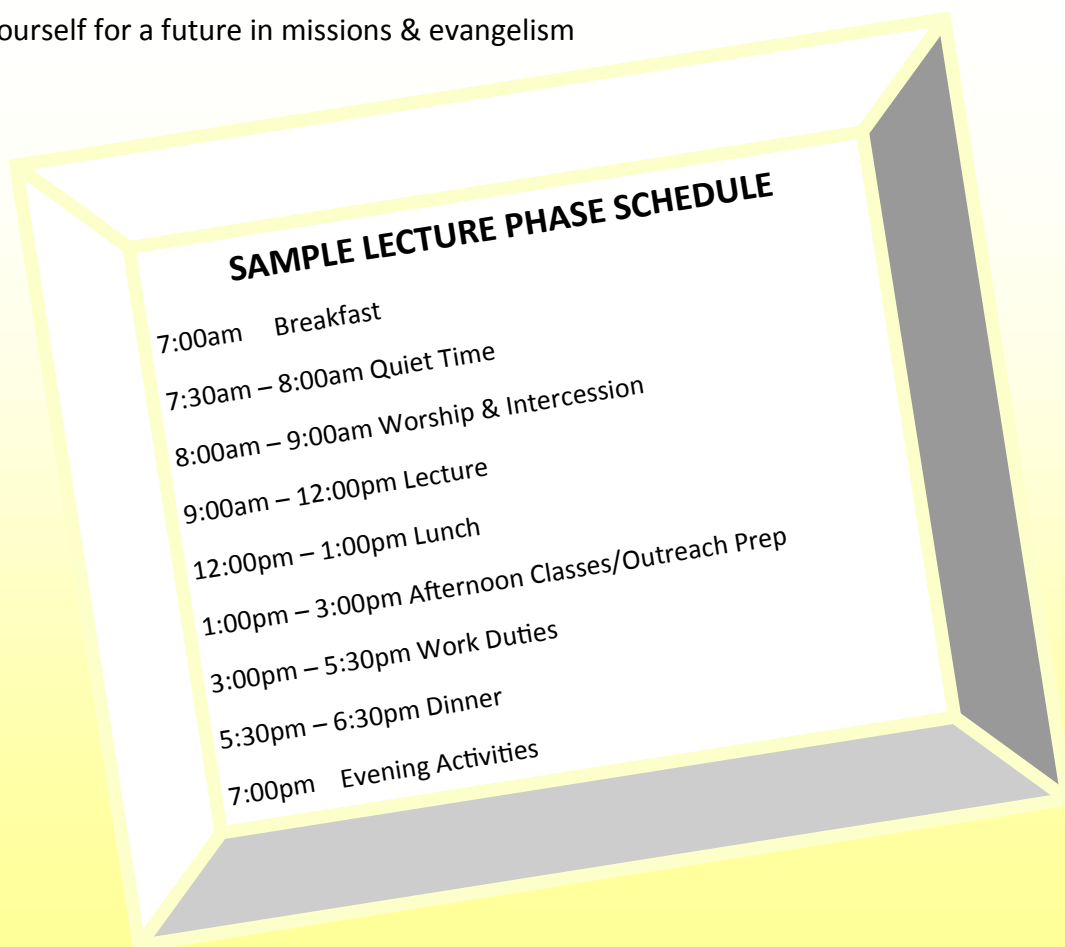


***YWAM Sultana California.***



## CORE CURRICULUM

- ◆ To know God's nature & character
- ◆ To develop a dynamic, daily devotional life in God's word & prayer
- ◆ To cultivate the practice of hearing God's voice
- ◆ To develop a lifestyle of intercessory prayer
- ◆ Who you are in Christ
- ◆ Know the ways of God
- ◆ To respond to God in worship
- ◆ To live a life of obedience
- ◆ To strengthen your life and witness with spiritual warfare
- ◆ To step out in faith, trust God to supply what is needed and to do what He asks you to do
- ◆ To live out a dependence on the Holy Spirit to do His work
- ◆ To understand God's purposes for your life and a sense of your life direction
- ◆ To develop a vision & heart for the un-evangelized people of this world
- ◆ To impart your faith to those who do not know Him
- ◆ To prepare yourself for a future in missions & evangelism



# DTS: WHAT TO EXPECT

## Worship, Intercession & Lecture

Each morning the school will meet for times of worship and intercession. This will be followed by world class speakers teaching on core curriculum. Come with open hearts, prepared to grow spiritually.

## Quiet Times

How foundational to set aside time every day to spend alone with the Lord! In the school, you will not have to search for this time but it will be built into your daily schedule.

## Afternoon Classes

Afternoon classes will be conducted by the YWAM staff and can vary from cultural studies classes, practical outreach preparation, research activities, and other teaching times.

## Evening Activities

Weekday evenings can include evening lectures from that week's speaker, outreach opportunities, small group activities, fun nights and free nights.

## One-On-Ones

The YWAM staff is here to walk alongside each student in the journey with God and therefore weekly appointments are made for the student to share with a staff member what they are learning and where they might need prayer.

## Small Groups

The school will be broken down into smaller groups that will meet once a week to discuss lecture topics, share needs, minister to one another and have fun!

## Journals

Each student will receive a journal at the beginning of the school to be completed and turned into their one-on-one staff member weekly. Journaling gives an opportunity to creatively express what God is doing.

## Book Reports

Four book reports must be completed and turned into your one-on-one staff member throughout the DTS. The books will be consistent with your growth in Christ.

## Special Celebrations

Twice during the DTS there will be a traditional YWAM celebration called a Love Feast. This is an opportunity to dress up for a more formal dinner with a special program.

## Weekly outreaches

Outreach opportunities are immediately mixed in with the weekly schedule to ensure that we are staying active in our faith (Philemon 6).

## Work Duties

Work duties are shared by everyone. Many students will find their work duty times a great time to process what the Lord has been teaching them. Each student is required to spend 7-10 hours on work duties per week.

## Outreach

Outreach is the most dynamic and exciting part of the DTS! Each participant will be able to take the invaluable lessons taught by the Holy Spirit during their time in the classroom, and put them into practice daily. Outreach is a time when God cements your walk of faith and makes it personal to you. Each day is another chance to listen and obey God's instructions and touch lives for His glory. Outreach activities include purposeful evangelism, hearing and obeying the voice of God, and coming alongside local ministries to strengthen their effort and encourage the long-term workers.

## CONVERSATIONS

We want to honor the different cultures that form our community, by understanding that each culture has its own standards for appropriate language. Blasphemy, cursing and racial jokes are not acceptable as we seek to honor God's Word.

## RESOLVING PERSONAL CONFLICTS

Jesus provides a model for us in Matthew 18:15-17 in how to resolve personal conflicts with others. Therefore we urge that personal conflicts be resolved speedily through reconciliation and a spirit of gentleness and humility.

## SUBSTANCES

Students in any YWAM school are to refrain from alcohol, smoking and possession or use of any illegal substances.

## DISCIPLINARY PROCESS

Any violation of our community standards of conduct will be considered grounds for disciplinary actions. Types of violations include specific sins mentioned in Scripture such as sexual immorality, sexual abuse, lying, theft, substance abuse, academic dishonesty, drunkenness, physical abuse etc. It is our first and foremost concern to pursue restoration for the person through repentance, forgiveness and restitution.

## MEDIA

To protect your mind and spirit we ask that you avoid questionable movies, music, books and magazines.

## CAMPUS LIFE

It is our goal as we live, learn and work together to honor and serve one another on a daily basis. The YWAM campus cannot fully function without each member doing their part. We value each person as we work together in the areas of food service, hospitality, housekeeping and maintenance. Work duties are a regular part of campus life

***“Pleasant words are a honeycomb, sweet to the soul and healing to the bones.”***

***Proverbs 16:24***

***“If another believer sins against you, go privately and point out the offense. If the other person listens and confesses it, you have won that person back. But if you are unsuccessful take one or two others with you and go back again, so that everything you say may be confirmed by two or three witnesses. If the person still refuses to listen, take your case to the church. Then if he or she won’t accept the church’s decision, treat that person as a pagan or a corrupt tax collector”***

***Matthew 18:15-17***

## AGE REQUIREMENTS

It is a prerequisite to the DTS that **all students are at least 18 years old or have obtained a High School Diploma** (or equivalent secondary education). Occasionally, students complete the High School requirement by 17 years old. For such applicants, the Minor Consent Form (Form D8) must be completed and returned upon acceptance.

## HEALTH & TRAVEL INSURANCE

All students must be negative of TB or have the required vaccinations. All students must have valid health insurance for the duration of the DTS program in the United States. Travel & health insurance will be available for any duration of outreach phase beyond the U.S. borders. **On registration day, proof of valid health insurance with coverage in the U.S is required**

## PASSPORTS & VISA

All students must have a valid passport for International travel, with at least 2 empty pages & 6-months validity beyond the end of the DTS program (Nov 4, 2016). For foreign students who require a U.S. entry visa, upon acceptance YWAM will assist you in obtaining a B-1 or B-2 visitors visa. This is valid only for the duration of the program. **Any required U.S. visas or passports must be obtained before attending the program.** Any associated visa fees either for entry to the U.S. or for international travel during outreach phase are not included in the cost of the DTS program.

## ENTRY DEADLINES

While we do not have official deadlines for DTS applications, we do suggest allowing the timeframes below, in order to allow adequate time to process your application and assist with necessary visa applications.

### Before Start of DTS

<b>U.S. &amp; Canada</b>	1 - 2 months
<b>Europe / Australia / New Zealand</b>	2 - 3 months
<b>Other nationalities</b>	3 - 6 months

## PERSONAL ELECTRONIC ITEMS

You may bring with you a laptop, iPod, cell phone etc. WiFi access is available on campus and public computer terminals are also available. International students may need to purchase a U.S. power adapter (120V, 2-3 pin)

## What To Bring

- ◆ Bible, notebook and stationary
- ◆ Passport (and Visa if necessary)
- ◆ Towels & Toiletries
- ◆ Summer & Winter Clothing & appropriate footwear
- ◆ Appropriate seasonal clothing for outreach location
- ◆ 1 or 2 formal outfits for special occasions
- ◆ Sneakers/comfortable walking shoes
- ◆ Any necessary medication
- ◆ Personal spending money
- ◆ Camera, if desired
- ◆ A positive attitude
- ◆ Flexibility & a servants heart

## What Not To Bring

- ◆ Video Games
- ◆ Other electronic devices which may distract you
- ◆ Any controlled substances
- ◆ Any illegal weapons or firearms
- ◆ Too many clothes!

**NOTE:** Due to space and outreach travel limitations baggage is strictly limited to ONE 50lb/23kg bag.

## VALUABLES

YWAM holds no responsibility for lost, stolen or damaged personal items throughout the program.

## FOOD

All meals are included as part of your DTS fees. Should you have specific food requirements or allergies (i.e. gluten or lactose intolerance, Celiac disease, etc.) please let us know on the DTS application form (form D1). Limited shelf and refrigerator/ freezer storage is available during the program for personal food items.

# DTS How to Apply

G4

**The next step is simple.** Follow the checklist on next page and complete your application. We earnestly pray through every application and once received we endeavor to get back to you as soon as possible!

There are three submission options for your completed DTS application:



Mail to:  
ATTN: DTS Registrar  
Faith Harvest Helpers YWAM  
PO Box 14672  
Tumwater, WA 98511



Or signed, scanned and emailed to:  
[registrar@faithharvesthelpers.org](mailto:registrar@faithharvesthelpers.org)

(not all parts of the DTS application are permitted to be received via email (view below where it is possible))



Or Online Registration

Most parts of the DTS Application can be completed and submitted online under the “Ministries / Programs” section of our website <http://www.faithharvesthelpers.org> by selecting “Apply For DTS Online” from the “DTS” section of the page. From there simply follow the onscreen instructions as well as those found in this publication. All online forms are transmitted securely to the registrar.

The three (3) reference forms D4, D5 & D6 can be completed online by the individuals supplying the reference; not the applicant. Applicants should provide their prospective references with a link to these forms and also provide their DTS Application Number if references wish to submit these forms online.

The Physicians Evaluation Form D3 and the Minor Consent Form (if applicable) D8 are the only two parts of the application that cannot be completed online. These two forms must be physically completed and submitted per each forms instructions. These forms are included in the “DTS Information and Application Pack” and are also available to download from our website.





Online payment of the Application Fee is available under the “Ministries / Programs” section of our website by selecting “Pay DTS Application Fee” in the “DTS” Section of the page. Upon acceptance of your application, registrar will provide additional payment information for remaining Student Fees.

If you have a question about the application forms or process, please contact us at the addresses above or call (360)339-4726 (country code +1 from abroad) 9am to 5pm Pacific Standard Time (PST).





# Handy Checklist

## To be completed as part of the initial application:





- ☐  **Form D1 Discipleship Training School Application Form:** This must be completed in its entirety. Please note that all dates are requested in the format of day / month / year.
- ☐  **Form D2 Personal Questionnaire:** This personal questionnaire is to be answered along with your application. Please answer the questions thoroughly and in paragraph form.
- ☐  **Form D3 Physicians Evaluation:** Please take this form to your local physician/doctor with an envelope to be completed, signed/stamped and enclose it with your application.
- ☐  **Forms D4 Pastor/Spiritual Leader Reference Form; D5 Employer or Teacher Reference Form; D6 Personal Reference Form.** Please take these forms to the appropriate person providing the reference called for on each form along with a stamped envelope addressed:

*Attn: DTS Registrar*  
Faith Harvest Helpers YWAM  
PO Box 14672  
Tumwater WA 98511

*(Note: These forms are NOT to be returned by you, but mailed or scanned and emailed directly from the person filling it out each reference form. Reference Provider may also complete reference forms online)*

- ☐  **Applicant Photo:** Please include a current photo with your application that accurately reflects your current appearance. For email applications please include as an attachment. For online applications please upload photo where prompted on form D1.
- ☐  **Application Fee:** A non-refundable fee of \$50.00 must be received with your application. This is payable via check or credit/debit card (subject to \$2.00 service charge). See Form D6 for more info on how to pay. Your application cannot be processed until this payment is received.

## Upon acceptance of the Discipleship Training School, the following must be sent:

- ☐  **Form D7 Financial Information & Agreement:** All accepted students are required to read, sign and return the financial agreement.
- ☐  **Lecture Phase Deposit:** Refer to the Financial Information & Agreement (Form D7). This secures your place in the school.
- ☐  **Form D8 Minor Consent Form:** For those under 18 at the start of DTS only. Authorization must be given to Youth With A Mission for all minors (under 18 years of age) to depart and re-enter the United States. This must be signed and stamped/sealed by a notary public or foreign equivalent.
- ☐  **Form D9 Burial Statement:** This form must be completed in its entirety.

# DTS Application Form

D1

Please print legibly using blue or black ink.

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

## Personal Information

Name Mr. Ms. \_\_\_\_\_  
First Name Middle Name Last / Family Name Preferred Name

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DTS Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day Month Year At the start of DTS City / State / Country

Citizenships Held \_\_\_\_\_ Social Security # \_\_\_\_\_  
Citizen or permanent resident U.S. citizens / residents only

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
City State / Province Zip / Postal Code Country

Current Address \_\_\_\_\_  
\_\_\_\_\_  
City State / Province Zip / Postal Code Country

This is my address until: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Contact Details \_\_\_\_\_  
Home Phone # (include country code, e.g. +1 for U.S.) Cell / Mobile Phone #

Email Address \_\_\_\_\_

## Passport & Visa

Passport Details \_\_\_\_\_  
Full Name as on passport Country of Citizenship

Place / City / Country of issue \_\_\_\_\_ Passport # \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Visa Information Do you currently have a visa for the United States? ☐ Yes ☐ No  
(Only for non U.S. citizens or legal permanent residents) If yes, \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Visa Type / Class (e.g. B-1) Day Month Year

Have you ever been denied a visa or entry into the United States? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

## Family Information

Marital Status      ☐ Single    ☐ Engaged    ☐ Married    ☐ Separated    ☐ Divorced    ☐ Widowed

Has your marital status changed in the past year?    ☐ Yes    ☐ No

If yes, have you participated in any type of counseling?    ☐ Yes    ☐ No

If yes, please describe: \_\_\_\_\_

Do you have children?    ☐ Yes    ☐ No    If yes, how many? \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Name                      Middle Name                      Last / Family Name                      Preferred Name

Spouse's D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day    Month    Year

**Important: Each adult must complete a separate DTS Application Form (Form D1).**

## Financial Information

Do you currently have your complete school fees?    ☐ Yes    ☐ No

If no, what source will they come from? \_\_\_\_\_

Do you currently have any outstanding debts requiring re-current monthly payments?    ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

## Work Experience

Please list your previous 2 employment positions, if any:

Organization/Company Name	Position/Job Title Location	Dates of Employment mm/yyyy to mm/yyyy
_____	_____	____/____-____/____

Organization/Company Name	Position/Job Title Location	Dates of Employment mm/yyyy to mm/yyyy
_____	_____	____/____-____/____

Have you ever volunteered with YWAM prior to this DTS?    ☐ Yes    ☐ No

If yes, please let us know when, where and what you did. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Church Experience

If you have a home church, please provide details

Church Name \_\_\_\_\_ Years of Membership \_\_\_\_\_

Church Address \_\_\_\_\_

\_\_\_\_\_  
City State / Province Zip / Postal Code Country

Church Contact \_\_\_\_\_  
Pastor/Contact Name Contact Telephone Number

Email Address \_\_\_\_\_

Please list any responsibilities or positions you have fulfilled in your home church:

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## Education & Training

Date of High School completion: \_\_\_\_ / \_\_\_\_  
Month Year

Your level of English proficiency: ☐ None ☐ Conversational ☐ Advanced ☐ Fluent/Native Language

Please list any post-secondary education (e.g. college, university or seminary) received:

College/University Name	Location	Degree/Major	Dates of Attendance mm/yyyy to mm/yyyy
_____	_____	_____	____/____ - ____/____
_____	_____	_____	____/____ - ____/____
_____	_____	_____	____/____ - ____/____

Please describe any other training you have intentionally received (e.g. art, dance):

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# Health Information

**This information is treated with the highest level of confidentiality.  
Please answer truthfully and thoroughly.**

Have you ever had or been treated for any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chickenpox             | <input type="checkbox"/> Recurrent diarrhea           | <input type="checkbox"/> Back problems         |
| <input type="checkbox"/> Measles (Rubella)      | <input type="checkbox"/> Chronic constipation         | <input type="checkbox"/> Dislocated joints     |
| <input type="checkbox"/> Measles (Rubeola)      | <input type="checkbox"/> Gallbladder issues           | <input type="checkbox"/> Broken bones          |
| <input type="checkbox"/> Mumps                  | <input type="checkbox"/> Jaundice                     | <input type="checkbox"/> HIV/AIDS              |
| <input type="checkbox"/> Pertussis              | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Hepatitis A, B or C   |
| <input type="checkbox"/> Scarlet fever          | <input type="checkbox"/> Kidney disease               | <input type="checkbox"/> Venereal disease      |
| <input type="checkbox"/> Tuberculosis           | <input type="checkbox"/> Kidney infections            | <input type="checkbox"/> Tumors/Cancer         |
| <input type="checkbox"/> Eye trouble            | <input type="checkbox"/> Paralysis                    | <input type="checkbox"/> Appendectomy          |
| <input type="checkbox"/> Ear trouble            | <input type="checkbox"/> Insomnia                     | <input type="checkbox"/> Tonsillectomy         |
| <input type="checkbox"/> Head trauma            | <input type="checkbox"/> Severe allergic reactions    | <input type="checkbox"/> Other surgery         |
| <input type="checkbox"/> Recurrent headaches    | <input type="checkbox"/> Hay fever/seasonal allergies | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Migraines              | <input type="checkbox"/> Food allergies               | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Asthma                       | <b><i>Females Only</i></b>                     |
| <input type="checkbox"/> Fainting spells        | <input type="checkbox"/> Shortness of breath          | <input type="checkbox"/> Irregular periods     |
| <input type="checkbox"/> Recurrent weakness     | <input type="checkbox"/> Heart trouble                | <input type="checkbox"/> Severe cramps         |
| <input type="checkbox"/> Chronic fatigue        | <input type="checkbox"/> Anemia                       | <input type="checkbox"/> Excessive flow        |
| <input type="checkbox"/> Stomach/Duodenal ulcer | <input type="checkbox"/> High/low blood pressure      | <input type="checkbox"/> Previous pregnancies? |
| <input type="checkbox"/> Intestinal trouble     | <input type="checkbox"/> Rheumatism/Arthritis         | <input type="checkbox"/> Currently pregnant?   |

If yes to any of the above, give your best estimate on when and provide details:

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Have you ever had, or currently have any of the following mental, nervous or emotional disorders?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Bulimia                         | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> Anxiety          | <input type="checkbox"/> Other eating disorder           | <input type="checkbox"/> Schizophrenia                 |
| <input type="checkbox"/> Panic attacks    | <input type="checkbox"/> Suicidal thoughts               | <input type="checkbox"/> Social phobias                |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Post traumatic stress           | <input type="checkbox"/> Other phobias                 |
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Borderline personality disorder | <input type="checkbox"/> Tourette's syndrome           |
| <input type="checkbox"/> Anorexia         | <input type="checkbox"/> Antisocial disorder             | <input type="checkbox"/> Other:                        |

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If yes to any of the above, please provide details: \_\_\_\_\_

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If yes, what treatment did you receive/are receiving for these? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any other conditions for which you are currently receiving treatment from a physician:

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

Please list any medications that you are currently taking that have not been previously disclosed:

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

Are you allergic to any medications such as penicillin? ☐ Yes ☐ No

If yes please list: \_\_\_\_\_

Have you ever been addicted to alcohol, cigarettes, marijuana or other drugs? ☐ Yes ☐ No

If yes please list: \_\_\_\_\_

Are you currently addicted? ☐ No ☐ Cigarettes/Tobacco ☐ Marijuana ☐ Other drugs

Have any of your direct relatives (parents, grandparents or siblings) ever had any of the following?

If yes, relation to you:

☐ Arthritis \_\_\_\_\_  
☐ Asthma \_\_\_\_\_  
☐ Severe allergies \_\_\_\_\_  
☐ Cancer \_\_\_\_\_  
☐ Diabetes \_\_\_\_\_  
☐ Epilepsy \_\_\_\_\_  
☐ Heart disease \_\_\_\_\_

If yes, relation to you:

☐ HIV/AIDS \_\_\_\_\_  
☐ Kidney disease \_\_\_\_\_  
☐ Depression \_\_\_\_\_  
☐ Mental illness \_\_\_\_\_  
☐ Stomach disease \_\_\_\_\_  
☐ Alcoholism \_\_\_\_\_  
☐ Drug addiction \_\_\_\_\_

## Insurance Information

Please give your current U.S. and/or international health insurance, if available.

Company \_\_\_\_\_

\_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Valid worldwide? ☐ Yes ☐ No  
Policy Number Day Month Year

**! Please remember that proof of insurance (a copy of insurance card and policy documentation) is required to be shown on Registration Day.**

## Emergency Contact

**In case of emergency, please contact:**

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Details \_\_\_\_\_  
Primary Telephone Number Secondary Telephone Number

\_\_\_\_\_  
Email Address

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Details \_\_\_\_\_  
Primary Telephone Number Secondary Telephone Number

\_\_\_\_\_  
Email Address

# Personal Questionnaire

D2

Applicants Name \_\_\_\_\_

**To the Applicant:** Please answer each question with at least 3-5 complete sentences. If you need more space, feel free to attach a separate piece of paper.

1. Please describe your conversion experience to Christianity and your present relationship with the Lord:

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2. What areas of your character are you presently seeking God to further develop and improve?

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3. What are your motives for applying for DTS?

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4. Please describe your relationship with your local church, i.e. areas of ministry, service, leadership experience, gifts and abilities:

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5. Please describe your business, professional, missions or other significant experiences:

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6. Please describe your relationship between your immediate family members.

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7. How does your family feel about your plans to apply for the Discipleship Training School?

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8. Have you ever lived under pioneer situations, different food & culture, dormitory culture or small quarters for families? If so, describe:

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## Signature & Declaration

I verify that all the information given in this application form (Forms D1 & D2) is complete and accurate. If I have given any false information, I understand that it could result in my immediate dismissal from the DTS.

I understand that my application will not be processed until the application fee and all required forms (Forms D1 - D5) have been received by the Registrar.

I have read and understood the Guidelines as highlighted in Form G2 & G3.

I agree to fully participate in the DTS schedule and complete all required elements of the curriculum.

In case of an emergency, I authorize any necessary treatment, including anesthesia or surgery, as the attending doctor or physician may deem necessary.

I release the University of the Nations and Faith Harvest Helpers a Ministry of YWAM, its staff, agents and volunteers from any liability whatsoever arising out of any injury, damage or loss which may be sustained during the course of my involvement with the Discipleship Training School.

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

**For those under 18 at the start of DTS, parent/guardian signature required.**

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Relationship: \_\_\_\_\_

# Physicians Evaluation

## Form D3

Applicants Name \_\_\_\_\_

**To the Physician:** The applicant has applied for a school with Faith Harvest Helpers a Ministry of YWAM. Please review and complete the following information, sign/date and seal in the attached envelope.

Height	Weight	Ears	Eyes		Blood	
			Uncorrected	Corrected	Pressure	Group/Type

**Are there any abnormalities in the following systems?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Trunk & Back   | <input type="checkbox"/> Cardiovascular        | <input type="checkbox"/> Musculoskeletal     |
| <input type="checkbox"/> Eyes           | <input type="checkbox"/> Respiratory           | <input type="checkbox"/> Endocrine (Thyroid) |
| <input type="checkbox"/> Teeth          | <input type="checkbox"/> Head/Ears/Nose/Throat | <input type="checkbox"/> Skin                |
| <input type="checkbox"/> Nervous system | <input type="checkbox"/> Digestive tract       | <input type="checkbox"/> Urogenital          |

If yes to *any* of the above, please describe fully. Use separate sheet or transcript if necessary:

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Has the applicant ever been treated for any of the following?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Personality disorder | <input type="checkbox"/> Phobias              |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Eating disorder      | <input type="checkbox"/> Other mental illness |
| <input type="checkbox"/> Bipolar Suicidal tendencies | <input type="checkbox"/> Schizophrenia        | <input type="checkbox"/> _____                |
| <input type="checkbox"/> ADD/ADHD                    |   |   |

If yes to *any* of the above, please describe fully completed or ongoing treatment, including medications:

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Does the applicant have any physical disorders? ☐ Yes ☐ No

If yes please describe: \_\_\_\_\_

Please list, if any, other medications that the applicant is currently taking:

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## Immunization History

**To the Physician:** Please either fill-in the following immunization info. or attach an immunization transcript.

If yes, date:

☐ Typhoid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Polio \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Mumps \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Diphtheria \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Yellow Fever \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If yes, date:

☐ BCG \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Tetanus \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Cholera \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Pertussis \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Hepatitis \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Hepatitis B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Tuberculosis Control

**To the Physician:** Please perform the following tests, as necessary.

Skin Test	Chest X-ray
<input type="checkbox"/> Negative? Date: _____ / _____ / _____	<input type="checkbox"/> Negative? Date _____ / _____ / _____
Location of test _____	Location of x-ray: _____
If positive, chest x-ray req'd for admission.	If positive, BCG vaccination req'd for admission.

BCG Vaccination
Valid from: _____ / _____ / _____ to _____ / _____ / _____
Location of vaccination: _____



## Physician Signature

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

Printed Name \_\_\_\_\_

Stamp/Seal:

Contact details if not on stamp:

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Thank you! Please seal in the provided envelope and return to applicant. If you have any major concerns regarding the applicant's ability to attend the program, please include on a separate sheet.

# Reference Form #1

# D4

## PASTOR/SPIRITUAL LEADER

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

**To the Applicant:** Please print and sign this form and give directly to your Pastor or Spiritual Leader with an addressed envelope to Faith Harvest Helpers, A Ministry of Youth with a Mission. By signing, you understand that you waive the right to read or obtain copies of this reference.

Address: Faith Harvest Helpers a Ministry of YWAM, c/o DTS Registrar, PO Box 14672, Tumwater WA 98511

**To the Pastor/Spiritual Leader:** The above applicant has applied for a Discipleship Training School ('DTS') with Faith Harvest Helpers, a ministry of Youth With A Mission. The purpose of this school is to train, challenge and equip Christians to fulfill Christ's command to go into all the world with the Gospel. The program is very intensive and your evaluation of the applicant is taken into serious consideration by our staff to determine acceptance. Please be honest and thorough in all your answers and mail into our office as soon as possible. Their application cannot be processed without your reference form.

**All answers are strictly confidential. Do not return to the applicant.**

What is your relationship with the applicant? ☐ Senior Pastor ☐ Youth Pastor ☐ Spiritual Leader

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

How often do you interact with the applicant? ☐ Very often ☐ Regularly ☐ Rarely

How many years have you known the applicant? \_\_\_\_\_

**Please rate:**

### Intrapersonal Characteristics

### Interpersonal Characteristics

	Poor					Superior				
	1	2	3	4	5	1	2	3	4	5
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Apperance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments in regards to intrapersonal or interpersonal skills, write them here:

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How is the applicant active in church work or volunteer service?

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Has he/she ever displayed prejudice against groups, races or nationalities? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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

☐ Dedicated ☐ Average ☐ Casual

In your consideration, which of the following would best describe his/her Christian experience?

☐ Mature ☐ Contagious ☐ Genuine & Growing ☐ Over-emotional ☐ Superficial

Please describe 3 strong points of the applicant (please be specific) \_\_\_\_\_

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Please describe 3 areas of growth you see needed in the applicant: \_\_\_\_\_

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Please comment on his/her family/home life (e.g. relationship to father, mother, siblings, extended family):

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Has the applicant ever had struggles with drugs, alcohol, eating disorders, suicide, mental illness?

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What do you think are the applicant's motives for applying for the Discipleship Training School? \_\_\_\_\_

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How do you think we could assist in his/her personal growth with the Lord? \_\_\_\_\_

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Your final recommendation:      ☐ Yes    ☐ With some reservations    ☐ No

Is the church behind the applicant with enthusiasm & prayer?      ☐ Yes    ☐ No

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

Printed Name \_\_\_\_\_

Should we need to contact you regarding this reference, please provide your details below:

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Thank you! Please seal in envelope provided and return to Faith Harvest Helpers YWAM, PO Box 14672, Tumwater WA 98511 as soon as possible. Do not return to the applicant. We cannot proceed with the application until this reference has been received.

# Reference Form #2

## Employer / Teacher

D5

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

**To the Applicant:** Please print and sign this form and give directly to an unrelated Employer or Teacher Reference with an addressed envelope to Faith Harvest Helper YWAM. By signing, you understand that you waive the right to read or obtain copies of this reference.

Address:

Attn: Registrar  
Faith Harvest Helpers YWAM,  
PO Box 14672,  
Tumwater, WA. 98511

**To the Reference:** The above applicant has applied for a Discipleship Training School (DTS) with Faith Harvest Helpers a Ministry of YWAM. The purpose of this school is to train, challenge and equip Christians to fulfill Christ's command to go into all the world with the Gospel. The program is very intensive and your evaluation of the applicant is taken into serious consideration by our staff to determine acceptance. Please be honest and thorough in all your answers and mail to our office as soon as possible. Their application cannot be processed without your reference form. **All answers are strictly confidential. Do not return to the applicant.**

What is your relationship with the applicant? ☐ Teacher ☐ Employer ☐ Friend ☐ \_\_\_\_\_

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

How often do you interact with the applicant? ☐ Very often ☐ Regularly ☐ Rarely

How many years have you known the applicant? \_\_\_\_\_

**Please rate:**

### Intrapersonal Characteristics

### Interpersonal Characteristics

	Poor 1	Avg 2	Avg 3	Superior 4	Superior 5		Poor 1	Avg 2	Avg 3	Superior 4	Superior 5
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Apperance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments in regards to intrapersonal or interpersonal skills, write them here:

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How is the applicant active in church work or volunteer service? \_\_\_\_\_

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Has he/she ever displayed prejudice against groups, races or nationalities?    ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

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

☐ Dedicated    ☐ Average    ☐ Casual

In your consideration, which of the following would best describe his/her Christian experience?

☐ Mature    ☐ Contagious    ☐ Genuine & Growing    ☐ Over-emotional    ☐ Superficial

Please describe 3 strong points of the applicant: \_\_\_\_\_

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Please describe 3 areas of growth you see needed in the applicant: \_\_\_\_\_

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Please comment on his/her family/home life (e.g. relationship to father, mother, siblings):

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Has the applicant ever had struggles with drugs, alcohol, eating disorders, suicide, mental illness?

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What do you think are the applicant's motives for applying for the Discipleship Training School? \_\_\_\_\_

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How do you think we could assist in his/her personal growth with the Lord? \_\_\_\_\_

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Your final recommendation:      ☐ Yes    ☐ With some reservations    ☐ No

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

Printed Name \_\_\_\_\_

Should we need to contact you regarding this reference, please provide your details below:

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Thank you! Please seal in envelope provided and return as soon as possible to:

Attn: Registrar  
Faith Harvest Helpers YWAM,  
PO Box 14672,  
Tumwater, WA. 98511

Do not return to the applicant. We cannot proceed with the application until this reference has been received.

# Reference Form #3

## Personal

D6

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

**To the Applicant:** Please print and sign this form and give directly to an unrelated Personal Reference of your choice with an addressed envelope to Faith Harvest Helpers YWAM. By signing, you understand that you waive the right to read or obtain copies of this reference.

Address:

Attn: Registrar  
Faith Harvest Helpers YWAM,  
PO Box 14672,  
Tumwater, WA. 98511

**To the Reference:** The above applicant has applied for a Discipleship Training School (DTS) with Faith Harvest Helpers a Ministry of YWAM. The purpose of this school is to train, challenge and equip Christians to fulfill Christ's command to go into all the world with the Gospel. The program is very intensive and your evaluation of the applicant is taken into serious consideration by our staff to determine acceptance. Please be honest and thorough in all your answers and mail to our office as soon as possible. Their application cannot be processed without your reference form. **All answers are strictly confidential. Do not return to the applicant.**

What is your relationship with the applicant? ☐ Teacher ☐ Employer ☐ Friend ☐ \_\_\_\_\_

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

How often do you interact with the applicant? ☐ Very often ☐ Regularly ☐ Rarely

How many years have you known the applicant? \_\_\_\_\_

**Please rate:**

### Intrapersonal Characteristics

### Interpersonal Characteristics

	Poor 1	Avg 2	Avg 3	Superior 4	Superior 5		Poor 1	Avg 2	Avg 3	Superior 4	Superior 5
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Apperance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any comments in regards to intrapersonal or interpersonal skills, write them here:

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How is the applicant active in church work or volunteer service? \_\_\_\_\_

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Has he/she ever displayed prejudice against groups, races or nationalities? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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

☐ Dedicated ☐ Average ☐ Casual

In your consideration, which of the following would best describe his/her Christian experience?

☐ Mature ☐ Contagious ☐ Genuine & Growing ☐ Over-emotional ☐ Superficial

Please describe 3 strong points of the applicant: \_\_\_\_\_

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Please describe 3 areas of growth you see needed in the applicant: \_\_\_\_\_

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Please comment on his/her family/home life (e.g. relationship to father, mother, siblings):

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Has the applicant ever had struggles with drugs, alcohol, eating disorders, suicide, mental illness?

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What do you think are the applicant's motives for applying for the Discipleship Training School? \_\_\_\_\_

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How do you think we could assist in his/her personal growth with the Lord? \_\_\_\_\_

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Your final recommendation:      ☐ Yes    ☐ With some reservations    ☐ No

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

Printed Name \_\_\_\_\_

Should we need to contact you regarding this reference, please provide your details below:

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Thank you! Please seal in envelope provided and return as soon as possible to:

Attn: Registrar  
Faith Harvest Helpers YWAM,  
PO Box 14672,  
Tumwater, WA. 98511

Do not return to the applicant. We cannot proceed with the application until this reference has been received.

# Financial Information

**D7**

DTS payment fees and schedule:

Type	Amount (\$ USD)	Due Date
Application Fee	\$50	Immediately with application (non-refundable)
LECTURE PHASE	\$2,850	
Deposit	\$500	(non-refundable) Upon acceptance
1st Installment	\$1,000	April 16, 2016
2 <sup>nd</sup> Installment	\$1,000	May 7, 2016
3 <sup>rd</sup> (final) Installment	\$300	June 4, 2016
OUTREACH PHASE	*\$3,400	
1 <sup>st</sup> Installment	\$1,500	(non-refundable) July 1, 2016
2 <sup>nd</sup> Installment	\$1,500	(non-refundable) July 30, 2016
Outreach Airfare	*varies \$900 - \$1,500	(non-refundable) August 13, 2016
3 <sup>rd</sup> (final) installment	\$400	(non-refundable) September 3, 2016
Outreach Credit Card fees	*See note below	(non-refundable) September 8, 2016

\* The \$3,400 total for the Outreach Phase is an approximate total to be determined by the actual amount of airfare to the Outreach destination.

\* Airfares range from approximately \$900 - \$1,500 depending on Outreach destination chosen.

\* Credit Card fees vary depending on nationality but are usually in the range of \$50.00 - \$170.00 Outreach airfare is approximate until booking. All prices are in US Dollars (\$).

# Finance Policies

## ✓ What's Included

- All meals, accommodation, ministry-related travel, school supplies, U of N fees and pre-arranged school activities.
- Airport transportation is only available to Seattle/Tacoma International Airport (SEATAC) strictly for initial to and final departure from the DTS program as specified in the DTS Information Guide (Forms G1-G3).

## x What's Not Included

- Leisure travel, personal food, personal amenities
- Airfare to/from DTS and any credit card processing fees.
- Additional charges resulting from excess baggage on outreach flights beyond what is permitted.

## \$ Payment Policy

- If a due date has already passed by the time you sign this agreement, the overdue amounts are also immediately due upon receipt of the completed and signed agreement.
- If you have not paid your Lecture Phase tuition prior to outreach departure date, you will not be released to join the outreach team until all payments have been collected.
- Please contact the DTS Registrar if you are having problems meeting this payment schedule so we can stand in prayer with you.

## ♥ God's Faithfulness

We trust God alongside all our students, that He will provide the necessary resources for you to complete this program. We have seen many miracles of God's faithfulness in the past. If you require assistance in fundraising please contact the DTS Registrar to talk and pray through your concerns.

## \$ Refund Policy

- If a student leaves the school early for any reason, Lecture Phase fees (except the non-refundable Deposit and Application Fee) will be pro-rated per week and refunded accordingly, up to and including the end of the third week. (July 5, 2016). NO refunds for Lecture Phase given after this date.
- If you are not able to participate in the DTS due to U.S. visa or immigration issues (prior to June 7 2016), we will refund all payments including the Lecture Phase Deposit (except the Application Fee).
- Outreach payments are non-refundable under any circumstances due to the group travel rates incurred.
- Payments are to be made in U.S. Dollars only.

## Payment Info

- Each payment should be made in full via check, money order or credit card. **DTS payments may be made online at our website: [www.faithharvesthelpers.org](http://www.faithharvesthelpers.org) under the 'Ministries / Programs' section by selecting: For Application Fee 'Pay DTS Application Fee,' for all other DTS payments by selecting 'Make A DTS Payment' in the DTS section of the page.**
- A **3% surcharge (minimum surcharge is \$2.00)** is automatically applied to all payments made by credit card. Please be aware that this is in addition to any foreign transaction or currency exchange fees that may be incurred from your bank.
- Cash or travelers checks may be used if paid in person to the Registrar's office. **No cash payments or travelers checks will be accepted via mail.**
- If receiving multiple financial gifts from family & friends, please submit as one payment to the Registrar's office.
- DTS fees are classed as **services rendered** by the United States Internal Revenue Service (IRS) and are not eligible for tax-deductible receipts. Should you wish to facilitate tax-deductible receipts it is advised you speak with your local church to set up a donation fund.

## Financial Agreement

All students are required to read, complete, sign and return all pages of this Financial Information & Agreement (Form D7) only upon acceptance into the Discipleship Training School. Please keep a copy for your records.

Note: Refer to the Checklist in the DTS Information Guide (Form G4) and include all necessary forms & deposits due. Important: Students still living at home or whose parents/legal guardians are still financially responsible for their well-being and education are required to have a parent/legal guardian sign the financial agreement in addition to them.

\*\*\*\*\*

I, \_\_\_\_\_ have read and understand the terms of this Financial Information & Agreement including the Financial Overview, Payment Schedule & Policies, Refund Policy and Payment Guidelines. I hereby agree to the following terms and understand that as a result of my acceptance into the program, I am responsible for the full program costs as listed in the agreement. I understand that failure to comply with these terms may result in early dismissal from the program or ineligibility for outreach and such ineligibility are subject to the refund policy.

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian Signature (if required)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



# Minor Authorization

# D8

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

**To the Parent/Legal Guardian:** In addition to the child's passport documentation, a minor child under the age of 18 must have a legal guardian, or parental consent form from their birth parents to exit the United States and enter most foreign countries. Parents/Legal Guardians should complete the form below for each minor child under the age of 18 (at the time travel starts) to prevent Immigration problems when entering or leaving the country.

I / WE, \_\_\_\_\_  
Parent / Legal Guardian name(s)

Parent / legal guardian of \_\_\_\_\_  
Minor's Full Name

hereby authorize \_\_\_\_\_  
Staff / Team Leader Name

to travel as their guardian to the following countries: \_\_\_\_\_

\_\_\_\_\_  
Enter Country Names

from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Enter Program or Travel Dates if Known

In addition, I / WE AUTHORIZE / DO NOT AUTHORIZE the above person to make medical treatment decisions for the minor child named, according to Physician advice if needed.

Please circle.

Signature of non-traveling parent(s) / legal guardian(s), to be signed in front of a Notary Public:

SIGNATURE(S) \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_,  
And the State/Province/Country of \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Affix Notary Seal Here

# Statement of Burial/Mediation

D9

We at Faith Harvest Helpers a Ministry of YWAM, encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth with A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Faith Harvest Helpers a Ministry of YWAM does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey. We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Faith Harvest Helpers a Ministry of YWAM cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance.

I agree that in case of my death while on outreach in conjunction with Faith Harvest Helpers a Ministry of YWAM may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Faith Harvest Helpers a Ministry of YWAM, its staff and associates, from any responsibility for burial costs.

Applicant's Name (print): \_\_\_\_\_

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

Children's Name(s) (print): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicant is under 18 years of age, the signature of a parent or responsible party is required:

Name (print): \_\_\_\_\_

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