**APPLICATION FORM**

IMPORTANT

Please attach a recent,

clear photograph

of yourself

 Attach a Recent

Clear Photograph

of Yourself

**YOUTH WITH A MISSION**

青 年 使 命 團

# Beginning date of DTS you are applying for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **There is a $600 TWD registration fee** (approximately $20.00 USD) **fee per application form – please pay upon arrival, *do not* include a check in your application for 20.00 USD.**

 Name: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Musical Abilities or other talents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupational & Professional Talents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Current Marital Status: Single Engaged Married Separated

##  Divorced Remarried Widowed

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children accompanying you:

Wedding Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supports me in joining this program Does not support me joining this program

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

Previous church/ministry experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Secondary/high school or equivalent from which you graduated or will be graduating:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously attended any YWAM School/s? YES NO

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Source: Personal savings Family Church support Living by faith

Enough fees

Not enough fees, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debt (or loan)

No Debt (or loan), please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a SEPARATE sheet of paper, TYPE or PRINT the following information. It does not suffice to have YES or NO answers, please be specific.

Describe your conversion experience in three stages:

Pre-Christ, Conversion, Present relationship.

What church or ministry experience have you had? Describe your relationship with your pastor or elders and the congregation.

What religious books & Christian periodicals have influenced you the most?

Describe your family and your relationship with them.

Have you ever struggled with any form of drug or alcohol abuse, homosexuality, eating disorders, the occult, psychological disorders, or depression? If yes, please specify the issue, when it was, how long you were involved in it, and if you are currently free of this.

How did you hear about Youth With A Mission Taiwan?

How did God call you to attend this school? What are your expectations?

What is God’s calling upon your life? What do you want to do for God?

Give a personal definition for “discipleship”. Why, and how, do you feel called to it? What would it look like to/for you?

In your opinion, what are 2 areas that keep this generation from pursuing God and His ways? What can you bring to these areas?

List anything else we should know about you or your situation.

List ADDRESS & TEL of those that fill out your reference form:

* 1. Pastor /elder
	2. Someone who knows you well.
		+ I confirm that I understand that payment of the required fees must be made upon or before my arrival, unless otherwise arranged with leadership before departure. I further understand that payment must be made in the currency used by the country in which the school is located, or in U.S. Dollars. I also confirm that I am fully aware of my financial obligations. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission. If I am accepted by Youth With A Mission, I will abide by the spirit, rules and schedules of YWAM.



 Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YWAM Taichung - DTS**

No. 6, Alley 75, Lane 766, Jianxing Road

North District, Taiching. Taiwan R.O.C

Email: ywamtaichung@gmail.com

### **CONFIDENTIAL REFERENCE**

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

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(APPLICANT FILL OUT ABOVE)

Youth With A Mission (YWAM) is an international, interdenominational Christian missionary organisation founded in 1960 which now has centres in 80 countries on all six continents. The purpose of YWAM is three-fold :

1. EVANGELISM -- sharing the Good News of relationship with God and His Son, Jesus

 Christ:

2. TRAINING -- preparation for missionary service; and

3. MERCY MINISTRY -- helping the poor and needy of the world.

In order to make an intelligent evaluation of the applicant’s fitness for admission into YWAM, it would be appreciated if you could supply the information requested on this form.

1. Maturity of applicant. (Due to the nature of the course and its outreach, the applicant needs to adapt to many different cultures, habits, climates, food and environments. In consideration of this, please evaluate the applicant’s maturity.) Under various difficulties and pressure, the applicant :

 shows ample maturity performs well

 is willing to learn to adapt to various situations cannot perform well

runs and hides away, showing emotional instability

 Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The reactions of the applicant in trying environments:

 overcomes difficulty positively accepts trial patiently

 shrinks back depressed

 angry others, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please tick below, to describe the applicant :

 honest, responsible, reliable extrovert socially adaptable

 teachable able to learn initiative

 emotionally stable self-controlled healthy, good image

 hard-working patient quiet

 curious joyful humorous

 specific flexible punctual

 shy fussy emotional

 dependent careless easily depressed

 easily angered easily scared easily nervous

1. Why, in your opinion, is the applicant applying for this course?

 personal spiritual growth for the Gospel for future ministry

 for travelling adventure to help others

 simply to leave home needs help for teaching & training

 others, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the applicant prejudiced against groups, races or nationalities?

 NO YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the applicant’s family to the best of your knowledge.

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

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1. Would you recommend the applicant for acceptance into Youth With A Mission?

 YES WITH SOME HESITATION NO

1. Please add any other relevant remarks.

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

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1. I have known the applicant for \_\_\_\_\_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.
2. From where have you observed the applicant’s qualities? From his/her :

 family work small group

 social activities church relationships others, like: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Would you like to receive further information about YWAM? YES NO

Please send this form directly to :

**YWAM Taichung - DTS**

No. 6, Alley 75, Lane 766, Jianxing Road

North District, Taiching. Taiwan R.O.C

Email: ywamtaichung@gmail.com

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##### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Would you like to receive further information about YWAM? YES NO

Please send this form directly to :

**YWAM Taichung - DTS**

No. 6, Alley 75, Lane 766, Jianxing Road

North District, Taiching. Taiwan R.O.C

Email: ywamtaichung@gmail.com

###### CONFIDENTIAL HEALTH FORM

* + - This information is treated confidentially; please answer the following questions in detail.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Do you have medical or life insurance? NO YES

 Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Coverage (explain simply)

4. Height: \_\_\_\_\_\_\_\_\_ cm, weight: \_\_\_\_\_\_\_\_\_ kg, blood group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Any allergies? NO YES (specify)

6. Are you at present under the doctor’s care for any condition or taking any medication?

 NO YES - Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Any physical disabilities? NO YES

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

Please write on a separate sheet of paper when you had, and the duration of the condition.

 Heart trouble High blood pressure Shortness of breath Arthritis

 Hepatitis Diabetes Kidney disease Color blind

 Anaemia Stomach trouble Tuberculosis Epilepsy

 Sexual disease Cancer Polio Paralysis

 Others, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does any member of your family have the following?

 Heart trouble High blood pressure Diabetes Kidney disease

 Arthritis Shortness of breath Tuberculosis Epilepsy

 Others, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does any of the following occur frequently?

 Dizziness Headache Medical Nervousness Insomnia

 Diarrhea Backache

 Others, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

NOTE: Damage or loss refers to those not caused by the agents and employees: e.g. earthquake, flood, airplane accidents, drowning, car accidents, etc.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of attending physician.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR BURIAL

I, the undersigned, hereby grant consent to whatever national laws require, in the eventuality of my death while in the service of Youth With A Mission.

NOTE: In case of accidental death, we will do our best to abide by the wish of the applicant’s family: if, due to the difference in national laws, the burial needs to take place in the applicant’s country, please sign below for consent:

Applicant’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_