

DISCIPLESHIP TRAINING SCHOOL (DTS) APPLICATION**GUIDE TO COMPLETING APPLICATION**

The following items must be submitted BEFORE your application can be processed. All questions must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate applications. If applicant is under the age of 18, parent's or guardian's consent must be provided. Contact us about any questions you have. God bless you as you seek His guidance in this process.

CHECK LIST**✓ APPLICATION FORM**

Please fill out completely, attach a recent photo of yourself, and sign the application form.

Please return all forms to: YWAM–Chiang Mai, DTS Admin. Office, PO Box 113 CMU Chiang Mai 50202, Thailand

✓ APPLICATION FEE

A non-refundable application fee of US\$25 for singles and US\$40 for couples is to be sent in with your application. For checks, please make it payable to “YWAM-Chiang Mai.”

✓ PERSONAL HISTORY

Please prayerfully answer the following questions on a separate sheet of paper and attach to the application form. Your answers will be significant in the application process. Please write or type no more than 2 pages total.

- a) How long have you been a Christian? Describe your conversion experience and other significant spiritual experiences.
- b) Describe your present relationship with the Lord and the areas you are seeking to develop in your character.
- c) Describe your spiritual and ministry goals.
- d) Describe your relationship with your local church and areas of ministry within and/or outside of it.
- e) Describe your business, professional, or missions' experiences.
- f) What influenced you to apply for DTS? Why at *YWAM–Chiang Mai, Thailand*?
- g) Describe your relationship with your family and their feelings about your training at *YWAM– Chiang Mai, Thailand*.

✓ HEALTH FORMS

Please complete all questions on the health form. Fill out the Health Form A for your personal history yourself, and then take Form A & B to your physician and have him fill out the Form B. A child health form must also be filled out and sent in for any children coming with you. Be sure to have the physician who performed the physical sign your Health Form. Be sure to fill out your childhood immunization records as completely as possible. You should have updated adult boosters (within the last 5 years, see Health Form for details). These things are very important, your application cannot be processed without a completed Confidential Health Form.

✓ REFERENCE FORMS

Three reference forms are enclosed. One reference form should be given to each of the following:

- 1) Employer/teacher, 2) Friend, 3) Pastor/Ministry leader. Ask them to fill it out then mail directly to YWAM-Chiang Mai, Thailand

✓ COST

US\$4,500 for International Students (Incl. Lecture + Outreach Fees) for the 21-week school. This covers tuition, housing and meals during the 11-week Training Phase as well as grounds fees for the 10-week Outreach Phase (visas and fees, transportation, housing, meals and mandatory travel insurance). US\$2,000 IS DUE BEFORE OR UPON ARRIVAL. DTS costs are not tax-deductible. Full payment of all DTS cost is due by week 7 of the training phase or by approved arrangement.

- a. Personal care items - laundry money, souvenirs, extra activities, personal snacks are the responsibility of the student during each phase.

**Please keep in mind that before we can consider you for acceptance to DTS,
We must receive all of the above!!**

YWAM- DISCIPLESHIP TRAINING SCHOOL (DTS) APPLICATION

School & Season Applying for: _____ Today's date: _____

Application fee enclosed. US\$25/single US\$40/couple

Are you pursuing a University of the Nations degree? Yes No Not sure

PERSONAL INFORMATION

Last Name: _____ Gender: Male Female

First Name: _____ Phone (home): _____

Middle Name: _____ Phone (cell): _____

Preferred Name: _____ Phone (other): _____

DOB (dd/mm/yy): _____ Age: _____ Fax: _____

Birth Place (city, state/province, country): _____

Email address (primary): _____

Online Community ID: _____ FaceBook: _____

Other (_____)

Current Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Permanent Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

FAMILY INFORMATION

Marital Status: Single

Engaged (Date _____) Married (Date _____)

Separated (Date _____) Divorced (Date _____)

Remarried (Date _____) Widowed (Date _____)

If married, give spouse's information:

First Name: _____ DOB (dd/mm/yy): _____

Middle Name: _____ Birth Place: _____

Last/Family Name: _____ If accompanied by children, list names and ages:

Wedding Anniversary (dd/mm/yy): _____

Name: _____ DOB: _____ Age: _____ Grade: _____ M F

Name: _____ DOB: _____ Age: __ Grade: _____ M F

Name: _____ DOB: _____ Age: __ Grade: _____ M F

Name: _____ DOB: _____ Age: __ Grade: _____ M F

Name: _____ DOB: _____ Age: __ Grade: _____ M F

EMERGENCY CONTACT

1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

CHURCH BACKGROUND

Church Name: _____ Denomination/Affiliation: _____

Pastor's Name: _____ Phone Number: _____

Address: _____

Email: _____ Fax Number: _____

Fellowship, Ministry, Home Group, etc.: _____

Leaders Name: _____ Phone Number: _____

Address: _____

Email: _____ Fax Number: _____

YWAM EXPERIENCE

Have you been involved with **YWAM** ministry activities (volunteer, intern, short-term outreach, seminar, etc.)? Yes No (If yes, please describe below.)

Dates: _____ Location: _____ Leader: _____

Role/Responsibilities: _____

Dates: _____ Location: _____ Leader: _____

Role/Responsibilities: _____

Dates: _____ Location: _____ Leader: _____

Role/Responsibilities: _____

EDUCATIONAL DEGREES

High School Secondary School College University/ Seminary Attended:

1. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

2. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

3. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

4. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

5. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

I have a GED.

I have not completed high school/secondary school.

My highest educational level completed is: _____

VOCATIONAL EXPERIENCE, SKILLS, INTERESTS, GIFTINGS

1. Previous Employment: _____ Dates: _____

Brief job Description: _____

2. Previous Employment: _____ Dates: _____

Brief job Description: _____

3. Previous Employment: _____ Dates: _____

Brief job Description: _____

4. Previous Employment: _____ Dates: _____

Brief job Description: _____

Skill Experience Levels (leave blank if no experience):

1. Little 2. Some 3. Considerable 4. Extensive 5. Professional

Cooking

Baking

Auto Repair

Computer Programming

Cleaning

Carpentry

Fitness Training

Accounting

Child Care

Electrical

Landscaping

Receptionist

Sound Equipment

Painting

Architecture

IT Skills

Graphic design

Plumbing

Bus/Truck Driver

Medical

Clerical Work

Heavy Equipment Operator

Leading worship What musical instruments do you play? _____

Other skills & abilities not listed above

Have you ever been convicted of a crime? If so, please describe including dates:

ETHNICITY / LANGUAGES

Please specify ethnic background: _____

English Proficiency (please indicate proficiency using the number scale below):

- | | |
|-------------------------------------|----------------------------------|
| 1. Elementary Speaking | 2. Limited Word Proficiency |
| 3. Minimum Professional Proficiency | 4. Full Professional Proficiency |
| 5. Native Speaking Proficiency | 6. Mother Tongue |

Other Languages and Proficiency: _____

PASSPORT / VISA

NOTE: You need to have a passport that will be valid for 9 months minimum from the start of DTS.

Name as Listed on Passport: _____

Citizenship: _____

Birth Place (City, Country): _____

Passport Number: _____ Issue Date: _____

Issue Place (City, Country): _____ Expiry Date: _____

Do you have multi-citizenships? Yes No If yes, please give the same information on other than the one above on a separate paper and attach it.

I do not have a valid passport as required, but (circle one) applied / will apply for it on (dd/mm/yy):

PHOTO RELEASE

I, the undersigned, hereby give permission to Youth With A Mission—Chiang Mai to use my name and photographic likeness taken, while participating in any staff, ministry or community activity, in all forms of media for advertising, trade, and any other lawful purpose.

Print Name: _____

Applicant's Signature: _____ Date: _____

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ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I , understand that payments of the required DTS tuition fees must be made in USD. and or Thai Baht currency. 12-week Training Phase and 9-week Outreach Phase (US\$4,500): US\$2,000 IS DUE UPON ARRIVAL, with the balance of US\$2,500 due on by week 7 of the Training Phase or by approved arrangement.

I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with *YWAM–Chiang Mai*.

If I am accepted *by YWAM–Chiang Mai* , I will abide by the spirit, rules , and schedule of the school.

Print Name: _____

Applicant's Signature: _____ Date: _____

Signature of parent or guardian required if applicant is under 18 years of age:
Parent/Guardian

Signature: _____ Relationship: _____

Date: _____

Do you have your complete school fees? Yes No

If No, how much do you have at this time? \$_____ From what source will they come?

Do you have any outstanding debt? If so, please explain

CONSENT FOR TREATMENT

I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of attending physicians.

Printed Name: _____ Date: _____

Applicant's Signature: _____

RELEASE OF LIABILITY

I do hereby release University of the Nations and Youth With A Mission–Chiang Mai its staff, agents and volunteer assistants from any liability whatsoever arising out of

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any injury, damage or loss which may be sustained by said person(s) during the course of involvement with University of the Nations/Youth With A Mission–Chiang Mai.

Printed Name: _____ Date: _____

Applicant's Signature: _____

STATEMENT OF BURIAL AND MEDIATION

We, at *Youth With A Mission–Chiang Mai*, encourage each YWAM staff and volunteer to seriously consider some possible consequences of missions work. Death is extremely rare in service with Youth With A Mission, nevertheless it is 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. We, also, strongly advise that you make out a will and file a copy with your family and YWAM-Chiang Mai. In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. YWAM–Chiang Mai, does everything possible to protect staff ,volunteers and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We endeavor to maintain a Christian view of death, in that we believe it is not the final step, but just a passage. The person is not in the coffin, but only his/her earthly shell.

Therefore the priority for limited resources on outreach must be for living. In the case of death, YWAM–Chiang Mai, cannot commit to covering the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) 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. 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, not Youth With A Mission–Chiang Mai.

I agree that in the case of my death while serving with Youth With A Mission–Chiangmai on outreach or extended service in a foreign field, that they may carry out the burial in the location of my death. If my family desires to see my body shipped home, they agree to cover all expenses incurred. I hereby absolve YWAM–Chiang Mai, its staff and associates from any responsibility for burial costs.

Printed Name: _____ Date: _____

Applicant’s Signature: _____

PERMISSION TO OBTAIN A BACKGROUND CHECK

In the interest of safety and security, I, the undersigned applicant (also known as “consumer”), authorize Youth With A Mission Chiang Mai to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/ records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to *YWAM Chiang Mai*, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Print Name (First Middle Last): _____

Signature: _____ Date: _____

Other names used (alias, maiden, nickname): _____

Current address: _____

Dates at current address: _____

Former address: _____

Dates at former address: _____

Social Security Number: _____ Date of birth: _____

Driver’s License Number: _____

State of Issuance: _____ Gender: _____

Daytime phone number: _____

CONFIDENTIAL HEALTH FORM A: PERSONAL HISTORY

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to ALL questions in English. Although your responses to these questions will not necessarily affect acceptance considerations, certain medical conditions may preclude acceptance. Form B must be completed by your physician or physician’s assistant. (Other health forms done for other YWAM bases are not acceptable.)

First Name: _____ DOB: _____

Middle Name: _____ Birth Place: _____

Last/Family Name: _____

Please rate your health: Excellent Good Fair Poor

Do you have medical insurance? Yes No If Yes,

Name of Insurer: _____

Insurance #: _____ Insurer Phone: _____

Type of Coverage (briefly): _____

Please answer all questions. Take both Form A and Form B to your physician. Comment on all “yes” answers on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status. Have you ever had any of the following? Please explain any other illnesses, conditions, or surgeries you have had or are going through currently:

Are you presently under a doctor’s care for any condition? Yes No

Specify: _____

Are you presently taking any medication? Yes No

Specify: _____

Are you allergic to any medication/drugs? Yes No

Specify: _____

Do you have a history of emotional instability or psychiatric treatment?

Yes No If “Yes”, when: _____

For how long: Still in treatment? Yes No

Please explain: _____

Do you have any history with: Eating disorders: Yes No

Drug or alcohol abuse: Yes No

Sexual issues: Yes No

If "Yes" to any above, when: _____ For how long: _____

Currently? Yes No Please explain: _____

Do you have any physical impairments, handicaps, or health conditions which require special attention?

Yes No

Specify: _____

Have you been tested for HIV/AIDS? Yes No

Have you been diagnosed as having HIV/AIDS? Yes No

CONFIDENTIAL HEALTH FORM B: PHYSICIAN'S EVALUATION

Applicant's Name: _____

Date of Application: _____

TO THE PHYSICIAN: Please review the information in Form A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

TO THE APPLICANT: All the following immunizations MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT YWAM-Chiang Mai: Diphtheria, Tetanus, Typhoid, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B. (Due to the varied outreach locations, other immunizations, injections and malaria medication may be required and can be obtained before outreach.)

Please be prepared financially to cover the cost of additional injections. You need to have a Diphtheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunisations). Those born before 1957 are considered immune from measles.

Diphtheria	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Hepatitis A	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Hepatitis B	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Measles	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Mumps	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Polio	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Rubella	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Tetanus	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____
Typhoid	(dd)_____	(mm)_____	(yy)_____	/	(dd)_____	(mm)_____	(yy)_____

Chest X-ray Date: _____ Result: _____ Examination Facility: _____

TB Skin Test* Date: _____ Result: _____ Examination Facility: _____

Height: _____/_____ Weight: _____

Overweight: _____

Blood Type: _____

Blood Pressure: _____ Pulse: _____

Urinalysis: _____ A1C _____

Last Mammogram: _____

Last Pap Smear (not compulsory): _____

Visual Acuity: (without glasses) R _____ L _____ (with corrective lenses) R _____ L _____

Auditory Acuity: R _____ L _____

Other _____

Comment on all "YES" answers on a separate sheet of paper. Have you ever had, or now have, any of the following:

	NO	YES		NO	YES		NO	YES
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Serum	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to Food (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Mental/ Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>			

Dislocation of Surgeries?

Pregnant? Due date _____

Are there any abnormalities of the following systems? Please describe fully.

E. N. T

Ophthalmological

Teeth

Neurological

Cardiovascular

Respiratory

Musculoskeletal

Endocrine

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Other: _____

Recommendations For Follow-up Tests / Treatment:

Would he/she be able to walk 3 – 4 miles per day? Yes No

Comment:

PHYSICIAN'S RECOMMENDATION:

Acceptable w/o Limitations

Not Acceptable

Should Be Where Adequate Medical Care Is Provided

Acceptable with Limitations (specify)

Additional Comments:

How long has this patient attended your office? Years ___ Months ___ Weeks ___

PHYSICIAN'S NAME: (print) _____

ADDRESS:

CITY, STATE, ZIP: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____ DATE _____

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CONFIDENTIAL HEALTH FORM C: CHILD'S HEALTH

Please only fill this form out if you have children coming with you. PARENT INFORMATION: Please print or type answers to ALL questions in English.

Parent's Name: (First)! _____ (Middle) _____ (Last/Family) _____

Child's Name: (First)! _____ (Middle) _____ (Last/Family) _____

DOB (dd/mm/yy): _____ Birth Place: _____

Child's Health: Excellent Good Fair Poor

Do you have medical insurance? Yes No If Yes,

Name of Insurer: _____

Insurance No. _____ Insurer's Phone No. _____

Type of Coverage for Child (briefly):

CHILD'S PERSONAL HISTORY: Comment on all "yes" answers on a separate sheet of paper. Has your child ever had, or now have, any of the following:

	NO	YES		NO	YES		NO	YES
Recurrent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Serum	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to Food (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergy: Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Mental/ Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>			

Epilepsy Paralysis Other (specify) _____

Please explain any other illness, conditions or surgeries your child has had or is going through currently:

Is your child presently under a doctor's care for any condition? Yes No

Specify: _____

Is he/she presently on any medication? Yes No

Specify: _____

Is he/she allergic to any drugs not listed above? Yes No

Specify: _____

Does he/she have any physical impairments, handicaps, or health conditions which require special attention? Yes No

Specify: _____

Is he/she underweight? Yes No. Overweight? Yes No. If so, how much? _____

Child's Blood Type: _____ O, A, B, AB (+ or -) Comment: _____

PHYSICIAN'S SIGNATURE: _____

Date _____

CONFIDENTIAL REFERENCE FORM A: EMPLOYER / TEACHER / LEADER

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____
 Current Address: _____ City: _____ State/Province: _____
 Postal/Zip Code: _____ Country: _____
 Course: _____ Date Applying For: _____
 Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Chiang Mai. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

Please check the following and comment where necessary:

How long have you known the applicant? _____

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Below Inferior
Initiative	<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"/>
Concern for Others	<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"/>
Leadership	<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"/>
Emotional Stability	<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"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please respond to the following questions by placing a check mark (✓) according to what you have observe fit in the applicant.

Mental Ability	<input type="checkbox"/>	Quick to comprehend	<input type="checkbox"/>	Average	<input type="checkbox"/>	Slow
Industry	<input type="checkbox"/>	Hard worker	<input type="checkbox"/>	Average	<input type="checkbox"/>	Lacks persistence
Reliability	<input type="checkbox"/>	Meets obligations	<input type="checkbox"/>	Average	<input type="checkbox"/>	Neglects obligations
Cooperativeness	<input type="checkbox"/>	Works well with others	<input type="checkbox"/>	Average	<input type="checkbox"/>	Avoids group activity
Flexibility	<input type="checkbox"/>	Open to change	<input type="checkbox"/>	Average	<input type="checkbox"/>	Unyielding
Christian Character	<input type="checkbox"/>	Well balanced	<input type="checkbox"/>	Average	<input type="checkbox"/>	Unstable
Disposition	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Average	<input type="checkbox"/>	Passive
Punctuality	<input type="checkbox"/>	Punctual	<input type="checkbox"/>	Average	<input type="checkbox"/>	Often late
Financial Responsibility	<input type="checkbox"/>	Honors obligations	<input type="checkbox"/>	Average	<input type="checkbox"/>	Neglectful

COMMENTS

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No

COMMENTS

Is he/she prejudiced against groups, races, or nationalities? Yes No

Please explain:

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

Dedicated Average Casual

Please explain:

In your consideration, which of the following best describes the applicant's Christian experience?

- Mature Contagious Genuine and Growing Over-emotional Superficial

COMMENTS

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

What do you think are the applicant's motives in applying for the school?

- | | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Adventure/Travel | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Desire for spiritual growth | <input type="checkbox"/> Escape |
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Desire to spread the Gospel |
| <input type="checkbox"/> Receive help/counseling | |

What could YWAM do to aid in the applicant's personal development?

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them):

Would you recommend this person for acceptance to Discipleship Training School (DTS) at YWAM Chiang Mai (a 5-month school)? Yes With Some Reservation (please explain) No (please explain)

I have known: _____ for _____ years.
I believe that he/she possesses the qualities indicated above.
Name (please print): _____
Position: _____
Address: _____

City: _____ State/Province: _____
Postal/Zip Code: _____ Country: _____
Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Chiang Mai Yes No
Please return to: YWAM-Chiang Mai • PO Box 113 CMU Chiang Mai 50202, Thailand.

CONFIDENTIAL REFERENCE FORM B: FRIEND

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____
 Current Address: _____ City: _____ State/Province: _____
 Postal/Zip Code: _____ Country: _____
 Course: _____ Date Applying For: _____
 Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Chiang Mai. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

Please check the following and comment where necessary:

How long have you known the applicant? _____

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Below Inferior
Initiative	<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"/>
Concern for Others	<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"/>
Leadership	<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"/>

Emotional Stability	<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"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please respond to the following questions by placing a check mark (✓) according to what you have observe fit in the applicant.

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial Responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

COMMENTS

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No

COMMENTS

Is he/she prejudiced against groups, races, or nationalities? Yes No

Please explain:

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

Dedicated Average Casual

Please explain:

In your consideration, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

COMMENTS

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

What do you think are the applicant's motives in applying for the school?

- | | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Adventure/Travel | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Desire for spiritual growth | <input type="checkbox"/> Escape |
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Desire to spread the Gospel |
| <input type="checkbox"/> Receive help/counseling | |

What could YWAM do to aid in the applicant's personal development?

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them):

Would you recommend this person for acceptance to Discipleship Training School (DTS) at YWAM Chiang Mai (a 5-month school)? Yes With Some Reservation (please explain) No (please explain)

I have known: _____ for _____ years.
I believe that he/she possesses the qualities indicated above.
Name (please print): _____
Address: _____

City: _____ State/Province: _____
Postal/Zip Code: _____ Country: _____
Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Chiang Mai Yes No

Please return to:
YWAM-Chiang Mai • PO Box 113 CMU Chiang Mai 50202, Thailand.

CONFIDENTIAL REFERENCE FORM C: PASTOR / MINISTRY LEADER

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____
 Current Address: _____ City: _____ State/Province: _____
 Postal/Zip Code: _____ Country: _____
 Course: _____ Date Applying For: _____
 Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Chiang Mai. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

Please check the following and comment where necessary:

How long have you known the applicant? _____

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Below Inferior
Initiative	<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"/>
Concern for Others	<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"/>
Leadership	<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"/>

Emotional Stability	<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"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please respond to the following questions by placing a check mark (✓) according to what you have observe fit in the applicant.

Mental Ability	<input type="checkbox"/>	Quick to comprehend	<input type="checkbox"/>	Average	<input type="checkbox"/>	Slow
Industry	<input type="checkbox"/>	Hard worker	<input type="checkbox"/>	Average	<input type="checkbox"/>	Lacks persistence
Reliability	<input type="checkbox"/>	Meets obligations	<input type="checkbox"/>	Average	<input type="checkbox"/>	Neglects obligations
Cooperativeness	<input type="checkbox"/>	Works well with others	<input type="checkbox"/>	Average	<input type="checkbox"/>	Avoids group activity
Flexibility	<input type="checkbox"/>	Open to change	<input type="checkbox"/>	Average	<input type="checkbox"/>	Unyielding
Christian Character	<input type="checkbox"/>	Well balanced	<input type="checkbox"/>	Average	<input type="checkbox"/>	Unstable
Disposition	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Average	<input type="checkbox"/>	Passive
Punctuality	<input type="checkbox"/>	Punctual	<input type="checkbox"/>	Average	<input type="checkbox"/>	Often late
Financial Responsibility	<input type="checkbox"/>	Honors obligations	<input type="checkbox"/>	Average	<input type="checkbox"/>	Neglectful

COMMENTS

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? Yes No

COMMENTS

Is he/she prejudiced against groups, races, or nationalities? Yes No

Please explain:

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

Dedicated Average Casual

Please explain:

In your consideration, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

COMMENTS

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

What do you think are the applicant's motives in applying for the school?

- | | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Adventure/Travel | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Desire for spiritual growth | <input type="checkbox"/> Escape |
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Desire to spread the Gospel |
| <input type="checkbox"/> Receive help/counseling | |

What could YWAM do to aid in the applicant's personal development?

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them):

Would you recommend this person for acceptance to Discipleship Training School (DTS) at YWAM Chiang Mai (a 5-month school)? Yes With Some Reservation (please explain) No (please explain)

I have known: _____ for _____ years.
I believe that he/she possesses the qualities indicated above.
Name (please print): _____
Position: _____
Church/Ministry address: _____

City: _____ State/Province: _____
Postal/Zip Code: _____ Country: _____
Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Chiang Mai Yes No
Please return to:
YWAM-Chiang Mai • PO Box 113 CMU Chiang Mai 50202, Thailand.