

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 60 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

- a. World A: US\$3,500 World B: US\$2,700 : World C: US\$2000 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\$1,500 is due before or upon arrival. DTS costs are not tax-deductible. Full payment of all DTS cost is due by week 6 of the training phase or by approved arrangement.
- b. Airfare is an additional cost for the overseas outreach (estimated to be US\$1,000 to US\$2,000 but depends on destinations and fares available). DTS Outreach contributions are also not tax-deductible.
- c. 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!!***

"To Know God and to make Him known"

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 (day/mo/yr): _____ 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: _____ Wedding Anniversary (day/mo/yr): _____

If accompanied by children, list names and ages:

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (dd/mm/yy): _____ Age: _____ Sex: ___ M ___ F

EMERGENCY CONTACT

1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

2) 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: _____

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: _____

_____ 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: _____

Skill Experience Levels (leave blank if no experience):

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

- | | | | |
|---------------------|--------------------------|------------------------|----------------------------------|
| _____ Cooking | _____ Baking | _____ Auto Repair | _____ Computer Programming |
| _____ Clerical Work | _____ Cleaning | _____ Carpentry | _____ Leading worship |
| _____ Accounting | _____ Child Care | _____ Electrical | _____ Landscaping |
| _____ Receptionist | _____ Sound Equipment | _____ Painting | _____ Heavy Equipment Operator |
| _____ IT Skills | _____ Graphic design | _____ Plumbing | _____ Bus/Truck Driver |
| _____ Medical | _____ Journalism/Writing | _____ Fitness Training | _____ Architecture _____ Farming |

Other skills & abilities not listed above _____

What musical instruments do you play and at what level? _____

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!!! 4. Full Professional Proficiency
2. Limited Word Proficiency!! 5. Native Speaking Proficiency
3. Minimum Professional 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: _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payments of the required DTS tuition fees must be made in USD. and or Thai Baht currency.
 11-week Training Phase and 10-week Outreach Phase (US\$3,500 ,airfare not is included): US\$1,500 is due upon arrival, with the balance of US\$2,000 due on by week 6 of the Training Phase or by approved arrangement.
 Airfare cost (estimated US\$1,000 – US\$2,000): Due by week 6 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.

Printed Name: _____
 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 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: _____
 Applicant's Signature: _____ Date: _____

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.

Signature: _____ Date: _____

Print Name (First Middle Last): _____

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 immunizations). Those born before 1957 are considered immune from measles.

Diphtheria (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Hepatitis A (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Hepatitis B (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Measles (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Mumps (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Polio (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Rubella (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Tetanus (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Typhoid (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____

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

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

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

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	___	___	Insomnia	___	___	Back problems	___	___
Fainting Spells	___	___	Tumor/Cancer	___	___	Dislocation of joints	___	___
Shortness of Breath	___	___	Skin Condition	___	___	Broken Bones	___	___
Weakness	___	___	Eye Trouble	___	___	Surgeries	___	___
Heart Trouble	___	___	Ear Trouble	___	___	Allergy: Sulfonamides	___	___
Hepatitis	___	___	Jaundice	___	___	Allergy: Serum	___	___
Allergy to Food (specify)	___	___	Diabetes	___	___	Allergy: Penicillin	___	___
Recurrent Diarrhea	___	___	Intestinal Troubles	___	___	Chicken Pox	___	___
Kidney Disease	___	___	Measles (Rubella)	___	___	Venereal Disease	___	___
Allergy: Bee Stings	___	___	Asthma	___	___	Hay Fever	___	___
Stomach/Duodenal Ulcer	___	___	Head Injury	___	___	Mumps	___	___
High Blood Pressure	___	___	Scarlet Fever	___	___	Pertussis	___	___
Low Blood Pressure	___	___	Tuberculosis	___	___	Mental/ Nervous Disorders	___	___
Rheumatism/Arthritis	___	___	Anemia	___	___	Gall Bladder Problems	___	___

Dislocation of Joints 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 Orifces

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) _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____

DATE _____

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: _____ 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	___	___	Insomnia	___	___	Back problems	___	___
Fainting Spells	___	___	Tumor/Cancer	___	___	Dislocation of joints	___	___
Shortness of Breath	___	___	Skin Condition	___	___	Broken Bones	___	___
Weakness	___	___	Eye Trouble	___	___	Surgeries	___	___
Heart Trouble	___	___	Ear Trouble	___	___	Allergy: Sulfonamides	___	___
Hepatitis	___	___	Jaundice	___	___	Allergy: Serum	___	___
Allergy to Food (specify)	___	___	Diabetes	___	___	Allergy: Penicillin	___	___
Recurrent Diarrhea	___	___	Intestinal Troubles	___	___	Chicken Pox	___	___
Kidney Disease	___	___	Measles (Rubella)	___	___	Venereal Disease	___	___
Allergy: Bee Stings	___	___	Asthma	___	___	Hay Fever	___	___
Stomach/Duodenal Ulcer	___	___	Head Injury	___	___	Mumps	___	___
High Blood Pressure	___	___	Scarlet Fever	___	___	Pertussis	___	___
Low Blood Pressure	___	___	Tuberculosis	___	___	Mental/ Nervous Disorders	___	___
Rheumatism/Arthritis	___	___	Anemia	___	___	Gall Bladder Problems	___	___
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: _____

The above applicant has applied to join the staff of YWAM-Chiang Mai. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

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	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Health	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

COMMENTS _____

Please Circle or underline according to what you have observe fit in the applicant.

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

COMMENTS _____

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

Does he/she display high moral standards? ___ Yes ___ No Comment: _____

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: _____

Overall, what do you consider to be the applicant's strong points, including special abilities: _____

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

In your opinion, what are the applicant's reasons for applying to the U of N? _____

What could the U of N 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 6-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 60 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: _____

The above applicant has applied to join the Discipleship Training School with YWAM-Chiangmai Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

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	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Health	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

COMMENTS _____

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

COMMENTS _____

To what extent is the applicant active in church work?

Does he/she display high moral standards? ____ Yes ____ No Comment: _____

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: _____

Overall, what do you consider to be the applicant's strong points, including special abilities: _____

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

In your opinion, what are the applicant's reasons for applying to the U of N? _____

What could the U of N 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 6-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 60 CMU 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: _____

The above applicant has applied to join the Discipleship Training School at YWAM Chiang Mai. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

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	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____
Ability to Follow	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Health	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

COMMENTS _____

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

COMMENTS _____

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

Does he/she display high moral standards? Yes No Comment: _____

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: _____

Overall, what do you consider to be the applicant's strong points, including special abilities: _____

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

In your opinion, what are the applicant's reasons for applying to the U of N? _____

What could the U of N 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 and a half -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 60 CMU Chiang Mai 50202, Thailand