

**Student Application Form**  
Confidential

Course name and starting date: \_\_\_\_\_ OPERATION YEAR DTS 2015 \_\_\_\_\_

Name \_\_\_\_\_  
Last/Family name first middle

Mailing address \_\_\_\_\_

Permanent address \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Please include the country & city code in your phone numbers!!!

Birth Date \_\_\_\_\_ Sex: Male  Female   
Day month year

Nationality: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Day month year Day Month Year

Marital Status: single  engaged  married  widowed   
 separated  divorced  remarried

*(On a separate piece of paper, please give brief history of the circumstances, including dates, if you have been divorced, separated or remarried.)*

Name of spouse or fiancé (e) \_\_\_\_\_

Date of marriage (or if engaged, prospective date) \_\_\_\_\_  
Day Month Year

Is your fiancé (e) applying for this DTS? Yes  No

Names of children	Birthdates (day/month/year)	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your children be coming with you? Yes  No

## REFERENCES

Please give the info of your **church** and of the person to whom you gave your **Spiritual Reference form**.

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

Pastor's Name & Title/Position: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Does your Pastor know you are applying for this School? Yes  No

Is your Pastor in agreement with your plans? Yes  No

How would you describe your relationship with your pastor/elder? \_\_\_\_\_

Please list the names, addresses and telephone numbers of the two people to whom you gave Friend / Co-Worker Reference forms.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## HEALTH AND EMERGENCY INFORMATION

(Dutch people only) Health Insurance company \_\_\_\_\_ Client nr. \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you allergic to any medicines? No  Yes  (specify) \_\_\_\_\_

Please list other allergies:

Are you presently taking any medication or are you under a doctor's treatment? If so, please explain

Are you on any kind of a special diet? If so, please describe

Do you have any health problems or physical limitations (eg. epilepsy, diabetes, recent major operation)? If so, please explain.

## EXPERIENCE AND EDUCATION

Please list the languages you speak and in what proficiency using the following scale:

1-Elementary Speaking

2-Limited Word Proficiency

3-Minimum professional proficiency

4-Full Professional Proficiency

5-Mother Tongue/Native-speaking Proficiency

---

What schooling have you received? (eg. high school, university, etc.)

*Dates attended*

*Name*

*Certificate/Degree*

---

---

Please describe your work experience for the last three years.

*Dates/Location*

*Organization*

*Position*

---

---

What is your present occupation? \_\_\_\_\_

What are some of your talents and hobbies? \_\_\_\_\_

---

Please list the churches you have attended for any considerable length of time from childhood to the present. Indicate those at which you were a member with an "X".

*Years attended*

*Church*

*Location*

*Member*

---

How did you hear about YWAM, Dordrecht? \_\_\_\_\_

---

Have you had previous involvement with YWAM? No

Yes  if yes, please describe: \_\_\_\_\_

---

Have you worked with other missions organizations?

If so, which ones and when?

Are there any pressing or urgent reasons as to why you might need to participate in the DTS at the time you specified?

No  Yes  if yes, please describe:

## Supplementary Questions

Please answer the following questions on a separate sheet of paper. Answer as completely as possible. Use as many pages as necessary.

### Spiritual growth

- a. Make a statement of your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life which led to new levels of understanding and/or commitment.
- c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and/or children. Are you meeting your expectations for personal spiritual growth?

### Relationships and Experience

- d. Please describe your relationship with your local church. Comment on such topics as areas of ministry, service, leadership experience, gifts and abilities.
- e. Briefly describe your relationship to your family. How does your family feel about your intention to attend a DTS?

### Goals and Expectations

- f. Comment briefly on the circumstances which led up to your decision to apply for this school. Include any specific guidance you feel you have received. Why did you choose Amsterdam as a location?
- g. What are some of your reasons for wanting to attend this school? Please include spiritual and/or ministry goals, including missionary service goals, which you hope the school will help you fulfill.
- h. Briefly, what are your plans following the DTS?

### *All answers are confidential.*

- i. Have you used any of the following substances? If so, please explain how recently and in what quantities: alcoholic beverages, tobacco, "soft" drugs (eg. marijuana), "hard" drugs (eg cocaine, heroin)
- j. Have you ever had any psychiatric treatment? If so, please give describe the treatment received, dates and/or present difficulty.
- k. If you have been involved in any of the following, please explain the circumstances briefly, the time and length of involvement and what you have done to deal with this part of your history.
  1. The occult
  2. Cult or sect (eg: New Age, eastern mysticism, naturalistic philosophies)
  3. Patterns of heterosexual sin, including pornography and promiscuity
  4. Homosexual activity
  5. Child Abuse

## Finances

Please note that all students are expected to be prepared to pay a minimum of half the fees at the commencement of the school and to pay the entire amount by a given date somewhere in the lecture phase.

Give the names of any dependents which you have and to what extent you are obliged to them.

List all financial obligations which you have at the present time, and how you expect to fulfil them.

Do you have the entire tuition fee in hand for the school? Yes  No  if no, please explain how you intend to raise the money for the school.

I hereby declare I have filled out this form truthfully,

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Release of Liability

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

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Consent of Treatment

I do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary on:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Youth With A Mission, Dordrecht is primarily involved in the urban world. Our outreach and training programs focus on the complex needs of cities. Because of this, our staff and students do have contact with people with AIDS. While taking necessary health and sanitation precautions, our commitment is to serve all the people of the city, including those who test HIV-positive. If you have questions or objections to this policy, it is important to contact us prior to your arrival.

I, the undersigned, have read and understood the above statement.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_