

YWAM Truro

Discipleship Training School application for YWAM Truro, a ministry of YWAM international

WHAT'S INCLUDED

Cover letter
DTS FAQ
Statement of Faith
Student Application
Medical Assessment Form
Pastoral Reference
Friend Reference
Employer/Teacher/YWAM Leader Reference

HOW TO APPLY

1. Get the reference forms to individuals providing references
2. Fill out the Student Application
3. Read and sign the financial statement
4. Have the medical assessment filled out by your doctor
5. Make sure the application fee of \$40 CDN is included
6. Include police record check.
8. Mail the application package to:
YWAM Truro
PO Box 111
Truro NS B2N 5B6 Canada
www.ywamtruro.ca

Your application can only be processed when we have received all of the n following:

- * Completed Student Application
- * Completed Medical Reference
- * Completed Personal Reference x2
- * Completed Pastoral Reference
- * \$40 Canadian Application Fee

Important: International applications may require four months or longer to process a visa for entrance into Canada.

Dear Applicant,

“Life is a journey you must travel with a deep consciousness of God.” 1 Peter 1:18 .

Filling out this application form is a bold, faith-filled step and we at YWAM Truro trust that God will lead you as you move forward to the next season of your life. You are showing that you are serious about pursuing growth, discipleship, and a journey that will draw you deeper in Jesus. Thank you for your willingness to “step out” into the adventure of life with God in missions. In the novel *The Hobbit* Bilbo Baggins, a hobbit who steps into an adventure, says, “It’s a dangerous business, going out your door. You step onto the road, and...there’s no knowing where you might be swept of to.”

For 51 years YWAMers around the world have been saying “yes” to a life of risk and service with Christ and his followers. The Discipleship Training School provides an opportunity to discover more about who God is and who he created you to be. The DTS environment is one with a deep value on relationship, authenticity, and growth. Over the years individuals and families have been transformed through their DTS experience – including the leaders and teachers you will meet in your DTS. From the place of connecting with God you will learn more about Him, his creation and his dreams for the world. You will learn about opportunities to give of yourself to see the world blessed and transformed in Jesus’ name.

As you complete the application form we pray that you will have a sense of excitement and expectation for the adventure that God is calling you to be a part of. We pray that God will continue to lead you and make each step of the way clear. Living for Him is the best thing you can ever do with your life!

Sincerely,

Joel and Anne-Elizabeth Calabrese

Co-Leaders – YWAM Truro
A Ministry of YWAM Canada
www.ywamtruro.ca

YWAM Truro Discipleship Training School FAQ (Frequently Asked Questions)

Who can come to a DTS?

YWAM's Discipleship Training School is a program designed for those 18 years and older (or who have completed High School) and who want to grow in understanding who God is and what it means to live with Him. The DTS takes place in a community setting, inviting people to leave behind work, school, and other responsibilities for the six months of the program.

What is unique about the Truro DTS?

YWAM Truro began 2002 with a vision to come along side, and mobilize the local church in Atlantic Canada, to go into the nations. Since then YWAM Truro has been working with local church/ministry leaders to see that vision fulfilled. YWAM Truro focuses on the least reached, mission mobilization and pioneering initiatives. Our staff have a heart to see teams launched into all the spheres of society throughout Canada and to the ends of the earth. Our team wants to see new initiatives started in Canada and in the neediest parts of the world. We want to respond to global injustice. We want to partner with other believers and to see young people equipped and sent to the world. Come, join us!

Where will I live?

Students in the Truro DTS will live in apartments or houses in Truro, NS. Truro is a small town in Nova Scotia, close to the Bay of Fundy, the major city of Halifax, and the Stanfeld International Airport. Housing will be dormitory style. Meal preparation, cleaning and other chores will be shared among the students.

What will I do every day?

The first 12 weeks of the DTS is the lecture phase. Monday through Friday's schedule will include lectures, small group discussion, worship and prayer, Bible study, and interactive processing and application times. A different guest speaker will present material each week based on their life and ministry experience. Book reports and other assignments, journaling, community outreach, meal preparation and practical work are also a part of the weekly schedule. Weekends are generally free with the exception of meal preparation duties, homework, church attendance, and occasional ministry events or social activities.

What if I don't have all the money I need?

For over 40 years God has been calling individuals and families to attend the DTS and has provided in a variety of ways. Many times God confirms his direction to attend DTS through provision of the needed funds. Friends who have done a DTS, youth leaders and pastors are often willing to talk and pray with you as you raise the money for the school. Working, selling some belongings, hosting fund raising events and asking for sponsors are some of the ways God may provide for you. For fund raising resources go to www.ywamnexia.org/resources/ and click on "Support Raising".

How will I know if I'm accepted?

Once your completed application form (including all three references and the application fee) has been received the school leaders will prayerfully review and make a decision about acceptance. You will be contacted by phone or email about the decision. You will also receive information about what to bring, the visa process (for non-Canadian residents), and a questionnaire to help us get to know you better. A \$775 CDN tuition deposit is required to hold your place in the school. This deposit must be received before the Canadian visa application process can begin.

What happens after I graduate from DTS?

Once you graduate from the DTS many doors in YWAM are open to you. In over 1,000 locations worldwide YWAMers are using their talents and gifts to serve Christ and fulfil the Great Commission. Many DTS graduates pursue further education and training through YWAM's University of the Nations (www.uofn.edu), others join the staff team at the location where they did DTS, and some serve at another YWAM location around the world. We would ask you to prayerfully consider continued service with YWAM here in Truro after completing your DTS. There are a number of ways to be involved, such as our staff internship program and our mobile teams.

YWAM Statement of Faith

Youth With A Mission (YWAM) is an international movement of Christians from many denominations dedicated to presenting Jesus personally to this generation, to mobilizing as many as possible to help in this task, and to the training and equipping of believers for their part in fulfilling the Great Commission. As citizens of God's kingdom, we are called to love, worship, and obey our Lord, to love and serve His Body, the Church, and to present the whole gospel for the whole person throughout the whole world.

We of Youth With A Mission believe:

- that the Bible is God's inspired and authoritative word, revealing that Jesus Christ is God's son; that people are created in God's image;
- that He created us to have eternal life through Jesus Christ;
- that although all people have sinned and come short of God's glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ;
- that repentance, faith, love and obedience are fitting responses to God's initiative of grace towards us;
- that God desires all people to be saved and to come to the knowledge of the truth;
- and that the Holy Spirit's power is demonstrated in and through us for the accomplishment of Christ's last commandment, "...Go ye into all the world and preach the gospel to every creature" (Mark 16:15).

More information can be found at: www.ywam.org

YWAM Truro

Discipleship Training School application for YWAM Truro, a ministry of YWAM international

Student Application

Contact Information

First Name: _____ Family/Last Name: _____

Current Mailing Address: _____

Email: _____ Phone: _____

Date of Birth (dd/mm/yy): _____ Age: _____ Gender: _____

Marital Status: _____ Name of spouse: _____

Has your spouse completed DTS? If so, please list location and date of DTS

Is your spouse planning to attend the DTS? _____ If yes, please have him/her complete a separate application form.

Please list names/ages of all children that would be coming to DTS with you:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Citizenship / Passport Information

Country of Citizenship: _____ Country of Residence: _____

Passport number*: _____ Passport Expiry Date: _____

*If you don't have a passport yet please continue with the DTS application process. You may submit passport details at a later date.

Have you ever been refused a visa? Yes No

If yes, give nation and describe the circumstance under which you were refused: _____

Is there any reason you are aware of that Canadian Immigration may not grant you admission to Canada (outstanding arrest warrants, court dates etc.)? Yes No If so, please give details below:

Are there any mental health or learning challenges that would limit you from fully participating in this DTS? If so, please give details:

Are there any allergies, physical or dietary limitations that you have that would limit you from fully participating in the DTS? (non competitive sports, walks, etc) or accommodations we would need to consider in this regard? If so, please give details:

Language Proficiency Information

This course is an English-speaking course, therefore, you will be expected to be able to speak, converse, comprehend, read and write in English.

Is English your mother tongue? Yes No

If English is not your mother tongue, please answer the following questions*:

How long have you studied English? Years _____ Months _____

Have you ever studied in an English-speaking country? Yes No

If yes, where? _____ For how long? _____

Have you ever lived or worked in an English-speaking country? Yes No

If yes, where? _____ For how long? _____

Please describe your English proficiency:

basic level intermediate level professional level native/fluent

Please list other languages spoken in decreasing order of fluency:

1) _____

2) _____

3) _____

*Non-native English speaking students must submit the results of the Test of

English as a Foreign Language (TOEFL); International English Language Testing

System (IELTS); or Test of English for International Communication (TOEIC) to demonstrate English proficiency.

TOEIC / TOEFL Score (if applicable): _____

Educational and Occupational Information

Have you completed high school/secondary school or equivalent? Yes No

Please list any courses you have attended (i.e. Bachelor of Music, master of computer science, certificate of counselling, etc.)

Name of School	City/Country	Dates Attended (mm/yy to mm/yy)	Degree/Major

What employment have you held? (List what you would consider the most significant)

Occupation	Location	Length of Employment

* Please indicate your areas of skill/training below:

Work Skills Ministry Experience List Other Skills

- | | |
|---|--|
| <input type="checkbox"/> Carpentry/Construction | <input type="checkbox"/> Children's Programs |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Dish Duty | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Musical (Vocal) |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Musical (list instruments): _____ |
| <input type="checkbox"/> Maintenance (Building) | |

List Other Skills: _____

Part Two: Personal History and Information

Please complete the following questions on a separate piece of paper:

1. How would you describe your relationship with God at the present time?
2. Describe how you came to know God.
3. What life experiences have been most significant in shaping you as a person?
4. Please list your ministry and service experience (including YWAM schools, outreach teams, etc.).
5. How do you think you would cope with challenging situations ie: different food and culture, dormitory housing or small quarters for families? Please evaluate your adaptability.
6. Describe your present relationship with your local church.
7. Please explain how you found out about YWAM in Truro and your decision to apply for the Truro DTS.
8. What are your hopes and expectations for this DTS?
9. Can you foresee any events that would require your absence during this course?

Part Three: FinancesDo you have the total amount for school fees? Yes No

If No, from what source will they come from?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

The DTS is a self-financing program; therefore, it is expected that you will have the course fees before your arrival at the school.

I understand that payment of the required school tuition fees must be made in Canadian currency prior to or upon arrival, unless otherwise approved in writing by the School Director. I understand that these special arrangements must be made before my arrival at the YWAM Truro DTS. Further, I agree to have personal medical coverage for the duration of my stay in Canada as well as for the duration of the field assignment. I also agree to cover all personal expenses incurred during my involvement with Youth With a Mission, prior to the completion of the school.

Signed: _____ Date: _____

Signature of parent or guardian required, if applicant is under 18 years of age.

Signature: _____ Date: _____

Relationship to applicant: _____

Application Declaration

I certify that all information in this application is complete and accurate. If I am accepted by Youth With A Mission Truro, I will abide by the spirit, guidelines and schedules of the program.

Applicant's Signature _____ Date: _____

Confidential Health Form

Applicant's Name: _____
Last Name First Name Middle

Course Applying For: _____ Starting Date: _____
 Permanent

Address: _____
Street City Prov./State

Postal (Zip) Code Country

Telephone: _____ Email: _____

Youth With A Mission Truro requires students to have medical insurance coverage during your time with us.

Name of Insurer: _____ Policy Number: _____

Medical Insurance Coverage (briefly)

Personal History

Please answer all questions. Comment on all positive answers on a separate paper

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Skin condition	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder issue
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Depression (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhoea			
<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (specify)			
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Surgery (specify)			
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders (specify)			
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Cancer (specify)			
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer (specify)			

Other illness or conditions:

Are you at present under the doctor's care for any condition? Yes No
 (specify)

Are you taking any medication at this time? Yes No (please specify)

Are you allergic to any drugs? Yes No (please specify)

Do you have any food allergies? Yes No (please specify)

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

Yes No (please specify)

Do you have any physical impairments, handicaps or health conditions which require special attention? (Your response to this question will not affect admission consideration.)

Yes No (specify)

COMMUNICABLE DISEASES: have you ever had any of the following?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Measles (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other:			

To The Physician

Name of Applicant : _____

The above named person has applied for service with Youth With A Mission in Truro (Canada). The program will be six (6) months in length, consisting of three (3) months of lecture and training, followed by three (3) months overseas travel and service.

Here is an overview of the physical demands of the course:

- Physical duties including cleaning and lifting
- Walking - up to five kilometres per day
- Carrying a backpack with 3 month's of travel supplies
- Non-competitive sports
- Travel to the developing world, potentially tropical/sub tropical locations
- A community living environment; shared rooms, common meals
- Long haul plane travel
- Lecture format classes.
- Periods of sitting for up to two hours.
- Climbing stairs

Here are some other facts to consider:

- We have no trained medical personal, and as such, are not qualified to manage medications.
- The program occurs in a close living environment and as such existing communicable diseases will be a problem.
- There is limited scope for providing for dietary limitations.

Please review the applicant's "Personal History" information, fill out the portion below, and make any additional comments. Thank you.

Blood Pressure: _____

Pulse _____

Height _____

Weight _____

Are there any abnormalities of the following?

Yes	No	Please Describe	
<input type="checkbox"/>	<input type="checkbox"/>	Ears, nose, throat	
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	

Would the applicant be capable of walking 5 – 6 kilometres per day? Yes No (comment)

How would you describe the applicant's health?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Are the following immunizations current?

Yes	No	DTP (Diphtheria, Tetanus, Pertussis)
<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	RRM (Rubella, Rubeola, Mumps)
<input type="checkbox"/>	<input type="checkbox"/>	Cholera
<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A and B

PHYSICIAN'S RECOMMENDATION

- Acceptable without limitations
- Should remain in areas where adequate medical care is provided
- Not acceptable
- Acceptable with limitations (specify) _____

Physician's Signature: _____ Physician's Name (printed): _____

Address: _____

Street

City

Prov./State

Postal(Zip)

Code Country

Date: _____

Part Five: References

Applicants for the YWAM Truro DTS must submit three references:

- Pastor/Youth leader,
- Teacher, Employer, or YWAM Leader, and
- Friend

We suggest that you include a stamped envelope that is addressed to YWAM Truro along with the reference form to be filled out. Reference may also be emailed to YWAM Truro (dts@ywamtruro.ca). Student applications cannot be processed until all reference forms are received.

Friend Reference Form

To the applicant: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Truro DTS.

Applicant's Name: _____

Last Name

First Name

Middle

Dates of Course Applying For: _____

Permanent Address: _____

Street

City

Prov./State

Postal (Zip) Code

Country

Phone: _____ Email Address: _____

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____ Date: _____

The above applicant has applied to Youth With A Mission's (YWAM) Discipleship Training School (DTS). YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing, and to the training and equipping of believers or their part in fulfilling the Great Commission. YWAM was founded in 1960 and currently has over 1,000 centres in 150 countries. In order to evaluate the applicant for admission we would appreciate your prompt completion of this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into the DTS. An honest, realistic appraisal of the challenges he/she will face will help rather than hinder the applicant. If you would prefer to give your opinion by telephone, please feel free to do so. Thank you for your assistance.

How well do you know the applicant?

Very Well Well Casually

How long have you known the applicant? _____ Years and _____ Months

Comments:

Initiative	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Social Adaptability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Concern for Others	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Ability to follow directions	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Leadership	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Judgement/decision Making	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Emotional Stability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Physical Health	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Financial Responsibility	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	

Comments:

Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Comprehend	
Work Ethic	<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	
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"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful	

Evaluation of Emotional Ability: Due to the cultural & environmental context of the school, adjustments have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please provide some short commentary on the applicant's ability to:

a) Cope with stress: _____

b) Handle conflict: _____

c) Respond to authority:

1. Describe the applicant's strengths:

2. In your association of the applicant, what has been the level of commitment exemplified?

Faithful Inconsistent Other (please comment)

3. Please comment on the applicant's family background:

4. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

5. Overall, how comfortable are you with recommending this applicant for our school?

Very comfortable With some reservations (please explain) Uncomfortable
(please explain)

Church Name: _____

1. Were you aware of the applicant's intentions to participate in this program?

Yes No

2. Would you consider financially supporting the applicant? Yes No

3. Do you stand behind the applicant with enthusiasm and prayer?

Yes No

4. What other relevant recommendations can you offer regarding the applicant?

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date: _____

Day/Month/Year

Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone: _____ Email: _____

Would you like to receive further information about Youth With a Mission?

Yes No

Please mail or email the completed form to YWAM Truro DTS (address listed below)

Employer / Teacher / Coach Reference

To the applicant: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Truro DTS.

Applicant's Name: _____

Last Name

First Name

Middle

Dates of Course Applying For: _____

Permanent Address: _____

Street

City

Prov./State

Postal (Zip) Code

Country

Phone: _____ Email Address: _____

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____ Date: _____

The above applicant has applied to Youth With A Mission's (YWAM) Discipleship Training School (DTS). YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing, and to the training and equipping of believers or their part in fulfilling the Great Commission. YWAM was founded in 1960 and currently has over 1,000 centres in 150 countries. In order to evaluate the applicant for admission we would appreciate your prompt completion of this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into the DTS. An honest, realistic appraisal of the challenges he/she will face will help rather than hinder the applicant. If you would prefer to give your opinion by telephone, please feel free to do so. Thank you for your assistance.

How well do you know the applicant?

Very Well Well Casually

How long have you known the applicant? _____ Years and _____ Months

Comments:

Initiative	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Social Adaptability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Concern for Others	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Ability to follow directions	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Leadership	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Judgement/decision Making	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Emotional Stability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Physical Health	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Financial Responsibility	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	

Comments:

Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Comprehend	
Work Ethic	<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	
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Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding	
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"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful	

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1. Describe the applicant's strengths:

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Faithful Inconsistent Other (please comment)

3. Please comment on the applicant's family background:

4. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

5. Overall, how comfortable are you with recommending this applicant for our school?

Very comfortable With some reservations (please explain) Uncomfortable
(please explain)

Church Name: _____

1. Were you aware of the applicant's intentions to participate in this program?

Yes No

2. Would you consider financially supporting the applicant? Yes No

3. Do you stand behind the applicant with enthusiasm and prayer?

Yes No

4. What other relevant recommendations can you offer regarding the applicant?

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date: _____

Day/Month/Year

Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone: _____ Email: _____

Would you like to receive further information about Youth With a Mission?

Yes No

Please mail or email the completed form to YWAM Truro DTS (address listed below)

Pastor Reference

To the applicant: Please complete the information below and provide a stamped envelope addressed to Youth With a Mission Truro DTS.

Applicant's Name: _____

Last Name

First Name

Middle

Dates of Course Applying For: _____

Permanent Address: _____

Street

City

Prov./State

Postal (Zip) Code

Country

Phone: _____ Email Address: _____

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____ Date: _____

The above applicant has applied to Youth With A Mission's (YWAM) Discipleship Training School (DTS). YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing, and to the training and equipping of believers or their part in fulfilling the Great Commission. YWAM was founded in 1960 and currently has over 1,000 centres in 150 countries. In order to evaluate the applicant for admission we would appreciate your prompt completion of this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into the DTS. An honest, realistic appraisal of the challenges he/she will face will help rather than hinder the applicant. If you would prefer to give your opinion by telephone, please feel free to do so. Thank you for your assistance.

How well do you know the applicant?

Very Well Well Casually

How long have you known the applicant? _____ Years and _____ Months

Comments:

Initiative	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Social Adaptability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Concern for Others	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Ability to follow directions	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Leadership	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Judgement/decision Making	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Emotional Stability	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Physical Health	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	
Financial Responsibility	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	

Comments:

Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Comprehend	
Work Ethic	<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	
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"/> Honours obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful	

Evaluation of Emotional Ability: Due to the cultural & environmental context of the school, adjustments have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please provide some short commentary on the applicant's ability to:

a) Cope with stress: _____

b) Handle conflict: _____

c) Respond to authority:

1. Describe the applicant's strengths:

2. In your association of the applicant, what has been the level of commitment exemplified?

Faithful Inconsistent Other (please comment)

3. Please comment on the applicant's family background:

4. Please add any other relevant remarks that you feel we should know more about to be of better service to them:

5. Overall, how comfortable are you with recommending this applicant for our school?

Very comfortable With some reservations (please explain) Uncomfortable
(please explain)

Church Name: _____

1. Were you aware of the applicant's intentions to participate in this program?

Yes No

2. Would you consider financially supporting the applicant? Yes No

3. Do you stand behind the applicant with enthusiasm and prayer?

Yes No

4. What other relevant recommendations can you offer regarding the applicant?

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date: _____

Day/Month/Year

Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone: _____ Email: _____

Would you like to receive further information about Youth With a Mission?

Yes No

Please mail or email the completed form to YWAM Truro DTS (address listed below)