



Youth With A Mission Ozarks

Discipleship
Training School (DTS)
Application



Youth With A Mission Ozarks

Discipleship Training School Application

PLEASE READ THIS SUMMARY/ INFORMATION PAGE FIRST

Greetings from YWAM Ozarks!

Thank you for your interest in our DTS. We are excited that you are considering this location for your DTS, and will be happy to answer any questions you have.

YWAM's University of The Nations (U of N) is comprised of seven Colleges that offer courses designed to equip the student to serve God more effectively in fulfilling the Great Commission. YWAM Ozarks' DTS is a registered course with the U of N; a DTS is the prerequisite for all other U of N courses.

Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms.

We need each item to complete your application:

- | | |
|---|--|
| <input type="checkbox"/> Application Submitted (first 2 pages) | <input type="checkbox"/> Employer/Teacher Reference |
| <input type="checkbox"/> \$25 Registration Fee (Checks are payable to YWAM Ozarks) | <input type="checkbox"/> Medical Forms (including your TB test result) |
| <input type="checkbox"/> Application Questions | <input type="checkbox"/> Release Form |
| <input type="checkbox"/> Friend Reference | <input type="checkbox"/> English Language Forms (International Applicants Only*) |
| <input type="checkbox"/> Pastor Reference | |

Application: Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

Registration Fee: Each applicant must pay a non-refundable \$25 USD registration fee (\$35 per married couple). Your application cannot be processed without it. Please make checks/money orders (U.S. Dollars only) payable to 'YWAM' including a note saying who it is for.

Application Questions: Please prayerfully answer the Application Questions. Make your answers as detailed as you like.

Confidential References: Three confidential references are enclosed. One reference should be given to each of the following: Friend, Pastor, Employer/Teacher. Please request that they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with our address on it.

Medical Requirements: The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of all those living here in community together. *Documentation must clearly indicate the TB test performed and the results.* Fill out the childhood immunization records as completely as possible. *Any boosters should be received within the last five years. These details are very important—your application cannot be processed without them.*

Passport: If you do not have a passport you must apply for one *immediately*. Each accompanying family member must have their own.

***English Language Forms:** If your first language is *not* English, we require these forms to complete your application. One is for you, and one is for your evaluator. You must return both before your application can be processed. These are available from the Registrar.

If you require another copy of any of the forms please email the Registrar .

Youth With A Mission (YWAM) admits students of any race, color, national and ethnic origins to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national and ethnic origin in administration of its educational policies, admission policies and school-administered program.



Youth With A Mission Ozarks

Discipleship Training School Application

Please return this form to:

YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

Important!
Attach Recent
Photo Here

(or email one to the Registrar)

Date of Application MM ____ DD ____ Y YYYY _____

Registration Fee enclosed: Yes No

I wish to attend the DTS beginning: MM ____ DD ____ YYYY _____

\$25 per adult or \$35 per married couple

Name: _____

Mr./Mrs./Miss _____ last name _____ first name _____ middle name _____ prefer to be called _____

Age: _____ Date of Birth: MM ____ DD ____ YYYY _____ Country of Citizenship: _____

Present Address

PO Box/Street _____

Town _____

City _____

State/Province _____

Postal Code _____ Country _____

Home Phone (include country code) _____

Cell /Mobile (include country code) _____

Email _____

Permanent Address Same as present Different:

PO Box/Street _____

Town _____

City _____

State/Province _____

Postal Code _____ Country _____

Home Phone (include country code) _____

Cell /Mobile (include country code) _____

Email _____

Emergency Contact

Name _____

Relationship _____

PO Box/Street _____

Town _____

City _____ State/Province _____

Postal Code _____ Country _____

Emergency Number (include country code) _____

Email _____

Home Church

Name _____

Pastor's Name _____

Church Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____

Church Email _____

Length of Attendance _____

Marital/Family Status *Please circle one:* Single Engaged Married Separated Divorced Widowed

Maiden Name _____

Spouse's Name _____

Anniversary MM ____ DD ____ YYYY _____

Number of children accompanying you* _____

Name of 1st child _____ M ____ F ____

Name of 2nd child _____ M ____ F ____

Birth date :MM ____ DD ____ YYYY _____ School grade _____

Birth date :MM ____ DD ____ YYYY _____ School grade _____

Passport? Yes No In Process

Passport? Yes No In Process

If your spouse and/or minor children do not live with you, please explain. At YWAM Ozarks we require that spouses come and do the DTS together. If one spouse has done DTS already, shel/he is expected to be full-time staff unless the preference is to do DTS again.

**A nanny must accompany children under 5*

Passport/Visa Information

Age _____ City of Birth _____ Country of Birth _____
Country of Citizenship _____
Do you have a passport? Yes No In process If yes, when does it expire? MM _____ DD _____ YYYY _____
Full name as it appears on your passport: _____
Birth date as it appears on your passport: _____
Visa issuing Country (non US citizens only) _____ Visa type (non US citizens only) _____

Educational History

Secondary/High School or equivalent, from which you graduated/will graduate:

Name _____ Location _____
Date of Graduation: MM _____ DD _____ YYYY _____ GED Certificate: MM _____ DD _____ YYYY _____
 I did not complete high school.

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ From _____ to _____ Degree _____
Name _____ Location _____ From _____ to _____ Degree _____

Occupational Skills _____ Years Experience _____
_____ Years Experience _____

Musical Ability or other Talents _____ Years Experience _____
_____ Years Experience _____

Criminal Record (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony? Yes No If so, when and where? _____
Have you ever been convicted of a sexual crime? Yes No If so, when and where? _____
Do you consent to a background check? Yes No

Financial Support:

Do you have your complete school fees? Yes No working on it.
If no, how much do you have at this time? \$ _____ in U.S. Dollars Amount Still Needed \$ _____
If no, how do you plan to pay for your schooling? _____
Do you have any outstanding debt? (please explain) _____

Note: International Students must arrive with a round-trip ticket.

****Please keep in mind that complete school fees for the lecture phase are due the first day of class or a payment plan must be pre-approved by YWAM Ozarks before arrival.**

Please read, then sign and date:

Acknowledgement of Financial Responsibility

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless a Payment Plan has been approved by the School Director before my departure to Ozark, AR. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, guidelines and schedule of the school.

Signature _____ Date _____



Youth With A Mission
Ozarks

www.ywamozarks.com

DTS Application Questions

Please return this form to:

YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

Discipleship Training School Application Questions

Instructions: In order for us to get to you know better; please prayerfully answer the following questions in as much detail as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on paper with the rest of your documents.

PERSONAL HISTORY

1. Please describe your conversion experience. Explain how and when God became real and personal to you.
2. What is your purpose for attending the DTS? What areas of your character are you presently seeking God to further develop and improve?
3. In applying for Outdoor Adventures DTS, on a separate sheet please describe your outdoor experience and fitness level.
4. Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your involvement in mission work?
5. Do you have any physical disabilities that we should be aware of? Have you had any mental illness? If yes, please describe. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (i.e. vegetarian, food allergies). Please explain.
6. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
7. If you are married and/or have minor children, do they have any disabilities that we should be aware of?
8. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco)
9. How would you describe your relationship with your family? Do your parents approve of you attending a YWAM school?

MISSIONS

11. How did you hear about the Ozarks campus?
12. What reasons most influenced your decision to apply to DTS at YWAM Ozarks?
13. Do you feel you have a call to missions? What is your specific commitment to missions – short or long-term? Do you feel that you have a calling to another nation or other cultures?
14. Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small rooms for families?
15. What experience do you have in sharing your faith?
16. Do you plan to pursue a University of the Nations degree at this time?
17. Do you have any difficult situations to deal with in regard to attending the DTS? How can we pray for you?
18. What are your hopes and expectations for yourself during this school?

FINANCES

16. Do you have the full Lecture Phase tuition, Outreach fees^{°*}, living expenses plus money for your travel to YWAM Ozarks?
17. Upon acceptance you will need to pay a US\$550 deposit to secure your place in the school. Do you have this amount available?
18. International students may not arrive with a one-way ticket. Therefore, do you have the funds to cover your round-trip air fare?

^{°*} Subject to available airfares



Youth With A Mission Ozarks

www.ywamozarks.com

Confidential Reference: Friend

Please return this form to: YWAM Ozarks 7119 Mountain View Dr. Ozark, AR 72949 USA

Phone: 1-479-667-1152 Email: dts@ywamozarks.com

To the applicant:

Please sign this and give with a stamped envelope to your friend to complete.

Name _____

School/Date you are applying for _____

Address _____

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

Signature _____

To the Friend filling out this form:

Name _____

Address _____

Phone _____

Email _____

Please send me information on YWAM Ozarks

The above named applicant has applied for admission to a University of the Nations registered school at the Youth With A Mission (YWAM) Ozarks campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Ozarks is a training center from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) close friend peer mentor acquaintance

2. How long have you known the applicant? _____

3. On a scale of 1-10 (10 = very well), how well do you know the applicant? (circle one) 1 2 3 4 5 6 7 8 9 10

4. Does the applicant know Jesus as their personal Lord & Savior and display Christ in everyday living? How? _____

5. Is the applicant a reliable friend? _____

6. Comment briefly on how the applicant responds to conflict in relationships. _____

7. In the applicant's relationships, does he/she tend to lead or follow? _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

| Personal Character | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|--------------------------|-----------|------|---------------|---------|---------------|-----------|
| Self-discipline | | | | | | |
| Teachability | | | | | | |
| Flexibility | | | | | | |
| Perseverance | | | | | | |
| Reliability | | | | | | |
| Punctuality | | | | | | |
| Common sense | | | | | | |
| Integrity | | | | | | |
| Academic | | | | | | |
| Financial responsibility | | | | | | |
| Stewardship | | | | | | |
| Industriousness | | | | | | |
| Response to authority | | | | | | |
| Health | | | | | | |

Emotional Maturity

| | | | | | | |
|--|--|--|--|--|--|--|
| Self-confidence | | | | | | |
| Self-esteem | | | | | | |
| Ability to deal with stress | | | | | | |
| Accurate view of personal strengths/weaknesses | | | | | | |
| Ability to deal w/ interpersonal problems | | | | | | |
| Overall emotional maturity | | | | | | |

Spiritual Maturity

| | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Knowledge of the Bible | | | | | | |
| Consistency of Christian walk | | | | | | |
| Able to share Christ with others | | | | | | |
| Concern for others | | | | | | |
| Assurance of God's calling | | | | | | |
| Respects convictions of others | | | | | | |
| Overall spiritual maturity | | | | | | |

Leadership Potential

| | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Initiative | | | | | | |
| Willingness to serve | | | | | | |
| Decision making ability | | | | | | |
| Organizational skills | | | | | | |
| Ability to follow | | | | | | |
| Ability to motivate others | | | | | | |

Social Adaptability

| | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|-----------------------------|-----------|------|---------------|---------|---------------|-----------|
| Cooperation | | | | | | |
| Tactfulness | | | | | | |
| Communication skills | | | | | | |
| Personal neatness | | | | | | |
| Respected by peers | | | | | | |
| Positive, contagious spirit | | | | | | |

Have you noticed these tendencies?

| | Not Known | Very Apparent | Frequently | Sometimes | Rarely | Never Apparent |
|-------------------------------------|-----------|---------------|------------|-----------|--------|----------------|
| Critical | | | | | | |
| Argumentative | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Impracticality | | | | | | |
| Irritability | | | | | | |
| Anxiety/Worry | | | | | | |
| Moody | | | | | | |
| Dependent relationships | | | | | | |
| Homosexual relationships | | | | | | |
| Eating disorders | | | | | | |
| Behavioral disorders | | | | | | |
| Drug abuse | | | | | | |
| Close-minded | | | | | | |
| Emotional instability | | | | | | |
| Flirting | | | | | | |
| Sexual immorality | | | | | | |
| Easily embarrassed | | | | | | |
| Easily discouraged | | | | | | |
| Prejudice | | | | | | |
| Impatience | | | | | | |
| Gives in to peer pressure | | | | | | |
| Arrogant | | | | | | |
| Frequent exaggeration | | | | | | |
| Lack of humor | | | | | | |
| Infatuations | | | | | | |
| Dishonest or questionable character | | | | | | |
| Involvement with the occult | | | | | | |

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

| | Not Known | Poor | Below Average | Average | Above Average | Excellent | | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|------------------------------|-----------|------|---------------|---------|---------------|-----------|-----------------------|-----------|------|---------------|---------|---------------|-----------|
| Administration | | | | | | | Prayer | | | | | | |
| Counseling | | | | | | | Speaking/Teaching | | | | | | |
| Hospitality | | | | | | | Working with adults | | | | | | |
| Motivating & training others | | | | | | | Working with teens | | | | | | |
| Music | | | | | | | Working with children | | | | | | |
| One-on-one discipleship | | | | | | | Worship | | | | | | |
| Personal evangelism | | | | | | | Other _____ | | | | | | |

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."

- How does the applicant respond to designated authority and standards? _____

- Can the applicant take responsibility and demonstrate leadership? Give examples. _____

- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

- Please comment on the applicant's ability to establish close, healthy relationships with others. _____

- How does the applicant deal with relationships with the opposite sex? _____

- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

- Have you noticed alcohol or tobacco use? _____

- Has the applicant ever been arrested? _____

- Please comment on the applicant's family background. _____



Youth With A Mission
Ozarks

www.ywamozarks.com

**Confidential Reference:
Pastor**

Please return this form to:
YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

| | |
|--|---|
| <p>To the applicant: <i>Please sign this and give with a stamped envelope to your pastor to complete.</i></p> <p>Name _____</p> <p>School/Date you are applying for _____</p> <p>Address _____</p> <p>_____</p> <p><i>I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.</i></p> <p>Signature _____</p> | <p>To the Pastor filling out this form:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> Please send me information on YWAM Ozarks.</p> |
|--|---|

The above named applicant has applied for admission to a University of the Nations registered school at the Youth With A Mission (YWAM) Ozarks campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ’s command: “Go therefore, and make disciples of all nations.” YWAM Ozarks is a training center from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have an accurate appraisal of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form within 7 days is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Sr. pastor Youth pastor Small-group leader Mentor
2. How long has the applicant attended your church? _____
3. In your association with the applicant, what has been the level of commitment you have seen exemplified?
(Please circle one) Faithful Inconsistent Other _____
4. Did you know prior to receiving this form of the applicant’s intention to attend this program? Yes No
5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

6. Do you believe that the applicant has a call to missions at this time? _____
7. Is your congregation standing behind the applicant’s decision to apply for this school? If no, please explain.

8. In what areas of ministry has the applicant participated in your church? _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

| Personal Character | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|--------------------------|-----------|------|---------------|---------|---------------|-----------|
| Self-discipline | | | | | | |
| Teachability | | | | | | |
| Flexibility | | | | | | |
| Perseverance | | | | | | |
| Reliability | | | | | | |
| Punctuality | | | | | | |
| Common sense | | | | | | |
| Integrity | | | | | | |
| Academic | | | | | | |
| Financial responsibility | | | | | | |
| Stewardship | | | | | | |
| Industriousness | | | | | | |
| Response to authority | | | | | | |
| Health | | | | | | |

| Emotional Maturity | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|--|-----------|------|---------------|---------|---------------|-----------|
| Self-confidence | | | | | | |
| Self-esteem | | | | | | |
| Ability to deal with stress | | | | | | |
| Accurate view of personal strengths/weaknesses | | | | | | |
| Ability to deal w/ interpersonal problems | | | | | | |
| Overall emotional maturity | | | | | | |

| Spiritual Maturity | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|----------------------------------|-----------|------|---------------|---------|---------------|-----------|
| Knowledge of the Bible | | | | | | |
| Consistency of Christian walk | | | | | | |
| Able to share Christ with others | | | | | | |
| Concern for others | | | | | | |
| Assurance of God's calling | | | | | | |
| Respects convictions of others | | | | | | |
| Overall spiritual maturity | | | | | | |

| Leadership Potential | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|----------------------------|-----------|------|---------------|---------|---------------|-----------|
| Initiative | | | | | | |
| Willingness to serve | | | | | | |
| Decision making ability | | | | | | |
| Organizational skills | | | | | | |
| Ability to follow | | | | | | |
| Ability to motivate others | | | | | | |

| Social Adaptability | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|-----------------------------|-----------|------|---------------|---------|---------------|-----------|
| Cooperation | | | | | | |
| Tactfulness | | | | | | |
| Communication skills | | | | | | |
| Personal neatness | | | | | | |
| Respected by peers | | | | | | |
| Positive, contagious spirit | | | | | | |

| Have you noticed these tendencies? | Not Known | Very Apparent | Frequently | Sometimes | Rarely | Never Apparent |
|-------------------------------------|-----------|---------------|------------|-----------|--------|----------------|
| Critical | | | | | | |
| Argumentative | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Impracticality | | | | | | |
| Irritability | | | | | | |
| Anxiety/Worry | | | | | | |
| Moody | | | | | | |
| Dependent relationships | | | | | | |
| Homosexual relationships | | | | | | |
| Eating disorders | | | | | | |
| Behavioral disorders | | | | | | |
| Drug abuse | | | | | | |
| Close-minded | | | | | | |
| Emotional instability | | | | | | |
| Flirting | | | | | | |
| Sexual immorality | | | | | | |
| Easily embarrassed | | | | | | |
| Easily discouraged | | | | | | |
| Prejudice | | | | | | |
| Impatience | | | | | | |
| Gives in to peer pressure | | | | | | |
| Arrogant | | | | | | |
| Frequent exaggeration | | | | | | |
| Lack of humor | | | | | | |
| Infatuations | | | | | | |
| Dishonest or questionable character | | | | | | |
| Involvement with the occult | | | | | | |

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

| | Not Known | Poor | Below Average | Average | Above Average | Excellent | | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|------------------------------|-----------|------|---------------|---------|---------------|-----------|-----------------------|-----------|------|---------------|---------|---------------|-----------|
| Administration | | | | | | | Prayer | | | | | | |
| Counseling | | | | | | | Speaking/Teaching | | | | | | |
| Hospitality | | | | | | | Working with adults | | | | | | |
| Motivating & training others | | | | | | | Working with teens | | | | | | |
| Music | | | | | | | Working with children | | | | | | |
| One-on-one discipleship | | | | | | | Worship | | | | | | |
| Personal evangelism | | | | | | | Other _____ | | | | | | |

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."

1. How does the applicant respond to designated authority and standards? _____

2. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

4. Please comment on the applicant's ability to establish close, healthy relationships with others. _____

5. How does the applicant deal with relationships with the opposite sex? _____

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use? _____

9. Has the applicant ever been arrested? _____

10. Please comment on the applicant's family background. _____



Youth With A Mission
Ozarks

www.ywamozarks.com

Confidential Reference: Employer/Teacher

Please return this form to:

YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

To the applicant:

Please sign this and give with a stamped envelope to your employer/ teacher to complete.

Name _____

School/Date you are applying for _____

Address _____

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

Signature _____

To the Employer/Teacher filling out this form:

Name _____

Address _____

Phone _____

Email _____

Please send me information on YWAM Ozarks.

The above named applicant has applied for admission to a University of the Nations registered school at the Youth With A Mission (YWAM) Ozarks campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 1000 locations in over 149 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Ozarks is a training center from which workers are sent out into all the world.

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Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Employer Supervisor Teacher Mentor

2. How long has the applicant been your employee/student? _____

3. List any responsibilities the applicant had in your workplace/classroom _____

4. Has the applicant been an asset to your business/class? (If no, please explain) _____

5. Is the applicant diligent in completing tasks given to him/her? (If no, please explain) _____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider "average" to indicate a reasonably well-adjusted individual who is qualified for full-time Christian work.

| Personal Character | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|--------------------------|-----------|------|---------------|---------|---------------|-----------|
| Self-discipline | | | | | | |
| Teachability | | | | | | |
| Flexibility | | | | | | |
| Perseverance | | | | | | |
| Reliability | | | | | | |
| Punctuality | | | | | | |
| Common sense | | | | | | |
| Integrity | | | | | | |
| Academic | | | | | | |
| Financial responsibility | | | | | | |
| Stewardship | | | | | | |
| Industriousness | | | | | | |
| Response to authority | | | | | | |
| Health | | | | | | |

Emotional Maturity

| | | | | | | |
|--|--|--|--|--|--|--|
| Self-confidence | | | | | | |
| Self-esteem | | | | | | |
| Ability to deal with stress | | | | | | |
| Accurate view of personal strengths/weaknesses | | | | | | |
| Ability to deal w/ interpersonal problems | | | | | | |
| Overall emotional maturity | | | | | | |

Spiritual Maturity

| | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Knowledge of the Bible | | | | | | |
| Consistency of Christian walk | | | | | | |
| Able to share Christ with others | | | | | | |
| Concern for others | | | | | | |
| Assurance of God's calling | | | | | | |
| Respects convictions of others | | | | | | |
| Overall spiritual maturity | | | | | | |

Leadership Potential

| | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Initiative | | | | | | |
| Willingness to serve | | | | | | |
| Decision making ability | | | | | | |
| Organizational skills | | | | | | |
| Ability to follow | | | | | | |
| Ability to motivate others | | | | | | |

Social Adaptability

| Social Adaptability | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|-----------------------------|-----------|------|---------------|---------|---------------|-----------|
| Cooperation | | | | | | |
| Tactfulness | | | | | | |
| Communication skills | | | | | | |
| Personal neatness | | | | | | |
| Respected by peers | | | | | | |
| Positive, contagious spirit | | | | | | |

Have you noticed these tendencies?

| Have you noticed these tendencies? | Not Known | Very Apparent | Frequently | Sometimes | Rarely | Never Apparent |
|-------------------------------------|-----------|---------------|------------|-----------|--------|----------------|
| Critical | | | | | | |
| Argumentative | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Impracticality | | | | | | |
| Irritability | | | | | | |
| Anxiety/Worry | | | | | | |
| Moody | | | | | | |
| Dependent relationships | | | | | | |
| Identity issues | | | | | | |
| Eating disorders | | | | | | |
| Behavioral disorders | | | | | | |
| Drug abuse | | | | | | |
| Close-minded | | | | | | |
| Emotional instability | | | | | | |
| Flirting | | | | | | |
| Sexual immorality | | | | | | |
| Easily embarrassed | | | | | | |
| Easily discouraged | | | | | | |
| Prejudice | | | | | | |
| Impatience | | | | | | |
| Gives in to peer pressure | | | | | | |
| Arrogant | | | | | | |
| Frequent exaggeration | | | | | | |
| Lack of humor | | | | | | |
| Infatuations | | | | | | |
| Dishonest or questionable character | | | | | | |
| Involvement with the occult | | | | | | |

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known."

| | Not Known | Poor | Below Average | Average | Above Average | Excellent | | Not Known | Poor | Below Average | Average | Above Average | Excellent |
|------------------------------|-----------|------|---------------|---------|---------------|-----------|-----------------------|-----------|------|---------------|---------|---------------|-----------|
| Administration | | | | | | | Prayer | | | | | | |
| Counseling | | | | | | | Speaking/Teaching | | | | | | |
| Hospitality | | | | | | | Working with adults | | | | | | |
| Motivating & training others | | | | | | | Working with teens | | | | | | |
| Music | | | | | | | Working with children | | | | | | |
| One-on-one discipleship | | | | | | | Worship | | | | | | |
| Personal evangelism | | | | | | | Other _____ | | | | | | |

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed."

1. How does the applicant respond to designated authority and standards? _____

2. Can the applicant take responsibility and demonstrate leadership? Give examples. _____

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. _____

4. Please comment on the applicant's ability to establish close, healthy relationships with others. _____

5. How does the applicant deal with relationships with the opposite sex? _____

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use? _____

9. Has the applicant ever been arrested? _____

10. Please comment on the applicant's family background. _____



Youth With A Mission
Ozarks

www.ywamozarks.com

Confidential Health Form

Please return this form to:
YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

To the Applicant: This information is treated as confidential.

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

School you are applying for: _____ Starting Month : MM ____ DD ____ YYYY _____

Name _____ Date of Birth: MM ____ DD ____ YYYY _____
(last) (first) (m.i.)

Health Insurance Info

Insurance Company _____
Policy Number _____
Policy in whose name _____
Restrictions or regulations _____
Contact Information _____

Part A: Personal History

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or 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, or do you now have, any of the following:

Have you ever had any of the following communicable diseases?

Females Only:

| | NO | YES | | NO | YES |
|--------------------------|----|-----|--------------------------|----|-----|
| Skin condition | | | Allergy: Bee stings* | | |
| Eye trouble | | | Allergy: Penicillin | | |
| Ear trouble | | | Allergy: Sulfonamides | | |
| Head injury | | | Allergy: Serum | | |
| Recurrent headaches | | | Allergy: Other (specify) | | |
| Epilepsy | | | Allergy: Food (specify) | | |
| Fainting spells | | | Tumor/Cancer | | |
| Mental/Nervous disorders | | | Heart trouble | | |
| Weakness | | | Rheumatism/Arthritis | | |
| Paralysis | | | Back problems | | |
| Insomnia | | | Dislocation of joints | | |
| Shortness of breath | | | Broken bones | | |
| Hay fever | | | Stomach/Duodenal ulcer | | |
| Asthma | | | Gall Bladder problems | | |
| Hepatitis | | | Jaundice | | |
| Recurrent diarrhea | | | Intestinal troubles | | |
| Kidney disease | | | Diabetes | | |
| Venereal disease | | | Anemia | | |
| High blood pressure | | | Clinical Depression | | |
| Low blood pressure | | | Anorexia/bulemia | | |

| | NO | YES |
|-------------------|----|-----|
| Chicken Pox | | |
| Measles (Rubella) | | |
| Measles (Rubeola) | | |
| Mumps | | |
| Pertussis | | |
| Scarlet Fever | | |
| Tuberculosis | | |
| Anorexia/bulimia | | |
| Other (specify) | | |

| | NO | YES |
|----------------------|----|-----|
| Irregular periods | | |
| Severe cramps | | |
| Excessive flow | | |
| Are you pregnant? | | |
| Previous pregnancies | | |

If you answered YES to any of the questions, please explain:

*If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s): _____

Have you been tested for HIV? Yes No If yes, what was the result? Negative Positive

Surgeries Performed:

| Date (month/yr) | Type of surgery | Outcome & long-term effects |
|-----------------|-----------------|-----------------------------|
| | | |
| | | |
| | | |

X-Rays Performed:

| Date (month/yr) | Type of X-ray | Result |
|-----------------|---------------|--------|
| | | |
| | | |
| | | |

Are you presently under a doctor's care for any condition? Yes No If yes, please specify _____

Are you taking any medication at this time? Yes No If yes, please specify _____

Please arrange to bring all necessary long-term medications with you.

Do you now have, or have you ever received, any compensation for disability from any sources? Yes No

If yes, please specify _____

Do you have any physical impairments, handicaps or health issues which require special attention? Yes No

If yes, please specify _____

Family History

Have any of your relatives ever had any of the following:

| | NO | YES | Relationship |
|-----------------------|----|-----|--------------|
| Tuberculosis | | | |
| Diabetes | | | |
| Kidney disease | | | |
| Heart disease | | | |
| Arthritis | | | |
| Asthma, Hay fever | | | |
| Stomach disease | | | |
| Epilepsy, convulsions | | | |
| Cancer | | | |
| Hypertension | | | |

Part B: Physician's Evaluation

Applicant's Name: _____ Date: _____
 (last) (first) (middle initial)

To the physician:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by a health service. As certain conditions such as Diabetes, Epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

To the applicant:

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to YWAM Ozarks): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. 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. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

| | |
|---|---|
| <input type="checkbox"/> I have been vaccinated for the following: <input type="checkbox"/> Cholera <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> I am choosing NOT to receive the recommended immunizations/injections. |
|---|---|

Childhood Record of Immunizations: Basic

Adult Immunizations: Booster

| | MM/DD/YY | MM/DD/YY | MM/DD/YY | | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|------------|----------|----------|----------|--|----------|----------|----------|
| Diphtheria | | | | | | | |
| Tetanus | | | | | | | |
| Pertussis | | | | | | | |
| Polio | | | | | | | |
| Rubella | | | | | | | |
| Measles | | | | | | | |
| Mumps | | | | | | | |

Tuberculosis Control

Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.

| | Date | Result | Examination Facility |
|-------------|------|--------|----------------------|
| Skin Test* | | | |
| Chest X-ray | | | |

**If your skin test is positive, you MUST have a chest X-ray.*

Date of last DT (Diphtheria/Tetanus) booster: Month _____ Day _____ Year _____

(Must be within the last 5 years.)

| | | |
|-----------------------|---------------|-------------------|
| Height: _____ | Weight: _____ | Overweight: _____ |
| Blood Pressure: _____ | Pulse: _____ | Blood Type: _____ |

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

Urinalysis: _____ Last Pap Smear (not compulsory): _____

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 _____

Recommendations for follow-up tests/treatment: _____

Additional Comments: _____

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

Physician's Recommendation
 (check one)

Acceptable without limitations.

Acceptable with limitations (specify) _____

Should remain in areas where adequate medical care is provided (specify) _____

Not acceptable.

Physician's Name (print): _____

Address: _____

Phone: _____ Date: _____

Physician's Signature: _____



Youth With A Mission
Ozarks

www.ywamozarks.com

Please return this form to:
YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email: dts@ywamozarks.com

Release Form

Release of Liability

I/we do hereby release Youth With A Mission, 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 Youth With A Mission.

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Signature of Parent/Guardian if the applicant is under 18 years of age

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Consent for Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____

Signature of Parent/Guardian if the applicant is under 18 years of age

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

I declare that the contents of this application form are correct to the best of my knowledge.

Applicant's Signature _____ Date _____