



Youth With A Mission Grenada

DTS Packet

About the DTS

The DTS is a 5 month school designed to encourage students in personal character development, cultivating a living relationship with God and identifying their unique individual gifts and callings in God. The first 3 months is classroom where the students will learn topics such as; Nature and Character of God, Worship, and many others. The last 2 months is outreach phase where we go out into other nations of the world. Cross-cultural exposure and global awareness are special emphases throughout the course, preparing students to reach current and future generations and answer the call “to go into all the world and disciple all nations.”

Matthew 28:19

Purpose and Outcomes of DTS

- To **GATHER** and **CHALLENGE** people to worship, listen to and obey God, releasing them (in the context of the DTS) to serve through evangelism, intercession, acts of compassion and other expressions of God's heart for the world, possibly even pioneering new ministries.
- To **INSPIRE** and **CULTIVATE** growth in one's relationship with God resulting in Christ like character, which is based on a solid Biblical foundation, the work of the Holy Spirit and the personal application of Biblical truth, especially concerning God's Character, the Cross and empowering Grace.
- To **SHARPEN** one's ability to relate to, learn from and work with people, including those of different cultures, personalities and perspectives.
- To further **EQUIP** each one to serve God's purposes either in or outside of YWAM Family of Ministries, strengthening a commitment to reach the lost, especially the unreached, to care for the poor, and to influence all areas of society.
- To **IMPART** the vision and foundational values of Youth With A Mission International as well as that of the host operating location and to provide information regarding a variety of opportunities for service.

The DTS Aims to Graduate Students:

- with a growing understanding of the breadth and depth of God's character and ways.
- who are becoming more like Jesus in the way they relate to God and people who increasingly cooperate with the empowering presence of the indwelling Holy Spirit.
- who listen to and obey God as a result of God's enabling Grace.
- who search the Scripture in such a way that transforms beliefs, values and behaviors.
- with strengthened lifestyles of worship, intercession and spiritual warfare.
- with a greater ability to work with others, especially those different to themselves.
- who can share the Gospel with the lost and have a life long commitment to do so with a commitment to continue to be involved in some way with God's work among the nations, including unreached people, the poor and needy in the spheres of society.
- who understand the calling and values of YWAM and are aware of a variety of opportunities available to them throughout YWAM.
- with a clearer understanding of God's purpose and direction for their life. Who either:
 1. go on to serve God in a context familiar or foreign to them.
 2. or pursue further training (in or outside of YWAM) to equip them for further service.



Tuition – Lecture Phase

Category A: **\$4,000usd** (Australia, Canada, USA, Denmark, Germany, Netherlands, UK, Sweden, and others)

Category B: **\$3,000usd** (Brazil, Poland Russia, Grenada, St. Lucia, St. Vincent, Belize and others)

Category C: **\$2,000usd** (Guyana Haiti, Ukraine, Albania and others)

If you are from Trinidad and Tobago, Barbados or Antigua your lecture phase cost is **\$3,000usd**. If you are unsure where you fit in, feel free to contact us for further details

This covers your housing, electricity and food for the lecture phase. Note that school fees do not include transportation to and from Grenada

For Families:

There is an additional monthly fee for housing for each of your children from ages 2-17 of **\$50usd**.

Lecture Phase fees are due the first week of DTS. If this is not possible, do not worry, just contact us in advance and we will work with you.

Tuition – Outreach Phase

For **ALL** students, the Outreach Phase cost is **\$4,000usd** but may change depending on location. If the outreach is local and in surrounding islands then the cost will be on the lower end, and if the outreach is going to a far nation it is going to be more expensive.



DTS Application Guidelines

Address: Youth With A Mission
Sauteur's Post Office
St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadadts@gmail.com

Thank you for applying to join Youth With A Mission (YWAM) Grenada's training program. To enable us to process your application, we must receive all of the following items:

1. **Application form:** Please answer every question. If one does not apply to you, write N/A in the space. Husbands and wives should complete separate applications.
2. **Registration Fee:** Please send a non-refundable registration fee of **100EC (\$40US)** for singles or **160EC (\$60US)** for a married couple with your application.
3. **Confidential Health Form:** This form must be filled out and signed by a physician.
4. **Consent for Treatment/Liability Release Form:** Each applicant must sign this form. If the applicant is less than 18 years of age, a parent or legal guardian must also sign the form.
5. **Three (3) Reference Forms:** Please complete the top portion of each reference form and give one to your pastor, one to an employer or teacher, and one to a mature Christian friend. Please give each referee a envelope and have them seal it and return it to you. You shouldn't see the completed referrals. OR those filling out the reference forms can e-mail them directly to us via the e-mail on top of this page.
6. **Four (4) Recent Photos (passport-sized) of you.**
7. **Statement of Burial in the Field**
8. **Supplementary Questions**

Note: All applications has a verbal interview by; Skype, Phone, in person, and other means is the final step after the application has been completed and handed in. This will be initiated by the YWAM Grenada DTS staff.

Youth With A Mission
Sauteur's P.O.

Return all of the requested information in one packet to: St. Patrick's, Grenada, W.I.



Youth With A Mission Grenada

DTS Application

Address: Youth With A Mission
Sauteur's Post Office
St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadads@gmail.com

Each applicant must complete both sides of this form including all the additional information requested in "The Guide for Completing DTS Application" on the previous page.

Personal Information

Name:

Last/Family: _____ **First:** _____ **Middle:** _____

Contact:

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mailing Address: _____

Present Address (if different from above): _____

Sex: ___ **Birthday:** _____ (Day/Month/Year)

Birth Place: _____
City State/Province Country

Citizenship (Please state if dual citizen): _____

Passport Number: _____ **Passport Expiry Date:** _____

Marital Status: Single ___ Engaged (date) _____ Married (date) _____
Divorced (date) _____ Widowed (date) _____
Separated (date) _____ Remarried (date) _____

Children Accompanying You:

Name (First/Middle/Last)	Birthday (Day/Month/Year)	Sex	Grade/Year in School

Name and Address of Home Church: _____

Phone: _____ **Fax:** _____

Pastor's Name: _____ **How Long Have You Attended This Church?** _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

Education, Employment and Skills

Highest level of education completed: _____

School(s) attended after secondary/high school: _____

What languages do you speak? (list the ones you can speak the best first): _____

Present Employer: _____ Occupation: _____

Occupational Skills: _____ How many years of experience? _____

Musical abilities: _____

Are you an ordained or licensed minister? Yes No

Previous YWAM Experience

Have you ever been involved in a YWAM short-term mission's trip or training program? Yes: ___ No: ___

If yes, please specify location: _____ YWAM leader's name: _____

Any other YWAM function? _____

Why do you want to attend the Discipleship Training School here in Grenada?

Financial Information

Do you have all the school fees for the DTS? Yes No

If no, what percentage do you have? _____

From what sources do you expect to receive the remainder? _____

Do you have any outstanding debts or owe anyone money? Yes No

If yes, please explain: _____

Please answer the following questions on a separate sheet of paper:

1. Describe your conversion experience and present relationship with the Lord.
2. Describe other significant spiritual experiences you have had in your walk with the Lord.
3. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.
4. Describe your relationship with your local church — include areas of service and leadership.
5. Are you currently employed or at school? Please specify.
6. Describe your long-term goals. Has God spoken to you about your life's calling? If so, please specify.
7. Have you had any mission's experience? If so, where and what type of ministry were you involved in?
8. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occult activities, or homosexual practices? Please explain. (Note: This will not affect your acceptance.)
9. What areas of your character are you presently seeking God to further develop and improve?
10. How did you hear about YWAM?
11. List any special circumstances or situations we should know about
12. Please list the names and addresses of your three reference forms

I certify that all the information in this application is complete and accurate. If I am accepted by Youth With A Mission Grenada, I will abide by the Holy Spirit, rules, and scheduling of the program. I confirm that I understand my financial obligations both to the Lord and to the staff of YWAM Grenada. I understand that the total amount of Lecture Phase finances are due the first week of DTS. Therefore I commit myself to paying all personal expenses required during my involvement with Youth With A Mission Grenada.

Signature of applicant: _____ Date: _____



Confidential Evaluation from Teacher/Employer

Address: Youth With A Mission
 Sauteur's Post Office
 St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadads@gmail.com

Applicant, please fill out your name and phone number bellow before given to your teacher or employer.

Name of Applicant: _____ **Phone:** _____

Teacher or Employer, the above applicant has applied to join our Youth With A Mission (YWAM), Discipleship Training School program in Grenada, W.I. YWAM, founded in 1960 is an international interdenominational Christian missionary organization. You can find more information on our website, top right of this paper. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. This evaluation will be kept in strict confidence, and will not be shown to the applicant.

What is your relationship to the applicant? Teacher: _____ Employer: _____

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

How many years have you known the applicant? _____

Please mark the following and comment as necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Team work	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Often causes friction
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

Comments: _____

Please give your evaluation of the applicant in the following: (Please use another sheet of paper if necessary.)

1. With reference to the applicant's Christian service is he or she: Dedicated Average Casual
2. Does he or she display high moral standards? Yes No

Explain: _____

3. What do you feel are the applicant's motives in applying to join this program?
 Adventure Desire to help others Desire to spread gospel Travel
 Christian service Escape an unpleasant home situation Receive help/ministry

4. Please comment on the applicant's family background: _____

5. What do you consider to be the applicant's strong points? (include special abilities): _____

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

7. Degree of commitment to the Lord: _____

8. Leadership ability: _____

9. Willingness to serve/responsiveness to the needs of others: _____

10. Emotional response to stress situations: _____

11. Ability to formulate and carry out plans: _____

12. Degree of supervision required to complete assigned tasks: _____

13. What role does the applicant generally take in a cooperative team effort? _____

14. Please indicate the applicant's leadership qualities:
W=weak, D=developing, A=average, M=mature, S=strong

- | | |
|---|---------------------------|
| _____ Positive, contagious spirit | _____ Teachable attitude |
| _____ Ability to motivate others | _____ Social poise |
| _____ Able to receive criticism | _____ Self confidence |
| _____ Assurance of God's calling | _____ Clear communication |
| _____ Respect for other's convictions | _____ Emotional stability |
| _____ Ability to deal with interpersonal problems | _____ Dependable |
| _____ Ability to make decisions | _____ Takes initiative |

15. Has the applicant proven on any occasion to be unreliable or of questionable character? _____

16. Is the applicant financially responsible? Yes No Not Sure

17. To your knowledge, has the applicant ever been arrested for a criminal offence? Yes No Not Sure

18. Listed below are tendencies which may, if present, reduce the effectiveness of a Christian worker. Please mark any descriptions which apply to the applicant:

- | | | |
|---|---|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Given to infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Anxious, nervous | <input type="checkbox"/> Lacking in humor |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Not willing to adapt | <input type="checkbox"/> Lacking in ability to take a joke |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Picky |
| <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Racist | <input type="checkbox"/> Not willing to try something new |
| <input type="checkbox"/> Easily offended | <input type="checkbox"/> Gossips | <input type="checkbox"/> Causes friction |

19. To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult? _____

20. What is your overall evaluation of the applicant's promise as a Bible School student/missionary? _____

21. Is there anything else which would be helpful for us to know? _____

22. Would you recommend the applicant for acceptance to this YWAM program? Yes No

Please explain why: _____

Signature: _____ Date: _____

Name (please print): _____ Phone: _____ E-mail: _____

Please return this evaluation to the applicant in a signed and sealed envelope OR e-mail to ywamgrenadats@gmail.com

Teacher/Employer Evaluation



Confidential Evaluation from Friend

Address: Youth With A Mission
Sauteur's Post Office
St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadads@gmail.com

Applicant, please fill out your name and phone number bellow before given to your teacher or employer.

Name of Applicant: _____ **Phone:** _____

Dear Friend, the above applicant has applied to join our Youth With A Mission (YWAM), Discipleship Training School program in Grenada, W.I. YWAM, founded in 1960 is an international interdenominational Christian missionary organization. You can find more information on our website, top right of this paper. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. This evaluation will be kept in strict confidence, and will not be shown to the applicant.

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

How many years have you known the applicant?_____

Please mark the following and comment as necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Team work	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Often causes friction
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

Comments: _____

Please give your evaluation of the applicant in the following: (Please use another sheet of paper if necessary.)

1. With reference to the applicant's Christian service is he or she: Dedicated Average Casual
2. Does he or she display high moral standards? Yes No

Explain: _____

3. What do you feel are the applicant's motives in applying to join this program?
 Adventure Desire to help others Desire to spread gospel Travel
 Christian service Escape an unpleasant home situation Receive help/ministry

4. Please comment on the applicant's family background: _____

5. What do you consider to be the applicant's strong points? (include special abilities): _____

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

7. Degree of commitment to the Lord: _____

8. Leadership ability: _____

9. Willingness to serve/responsiveness to the needs of others: _____

10. Emotional response to stress situations: _____

11. Ability to formulate and carry out plans: _____

12. Degree of supervision required to complete assigned tasks: _____

13. What role does the applicant generally take in a cooperative team effort? _____

14. Please indicate the applicant's leadership qualities:
W=weak, D=developing, A=average, M=mature, S=strong

- | | |
|---|---------------------------|
| _____ Positive, contagious spirit | _____ Teachable attitude |
| _____ Ability to motivate others | _____ Social poise |
| _____ Able to receive criticism | _____ Self confidence |
| _____ Assurance of God's calling | _____ Clear communication |
| _____ Respect for other's convictions | _____ Emotional stability |
| _____ Ability to deal with interpersonal problems | _____ Dependable |
| _____ Ability to make decisions | _____ Takes initiative |

15. Has the applicant proven on any occasion to be unreliable or of questionable character? _____

16. Is the applicant financially responsible? Yes No Not Sure

17. To your knowledge, has the applicant ever been arrested for a criminal offence? Yes No Not Sure

18. Listed below are tendencies which may, if present, reduce the effectiveness of a Christian worker. Please mark any descriptions which apply to the applicant:

- | | | |
|---|---|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Given to infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Anxious, nervous | <input type="checkbox"/> Lacking in humor |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Not willing to adapt | <input type="checkbox"/> Lacking in ability to take a joke |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Picky |
| <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Racist | <input type="checkbox"/> Not willing to try something new |
| <input type="checkbox"/> Easily offended | <input type="checkbox"/> Gossips | <input type="checkbox"/> Causes friction |

19. To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult? _____

20. What is your overall evaluation of the applicant's promise as a Bible School student/missionary? _____

21. Is there anything else which would be helpful for us to know? _____

22. Would you recommend the applicant for acceptance to this YWAM program? Yes No

Please explain why: _____

Signature: _____ **Date:** _____

Name (please print): _____ Phone: _____ E-mail: _____

Please return this evaluation to the applicant in a signed and sealed envelope OR e-mail to ywamgrenadats@gmail.com



Confidential Evaluation from Pastor

Address: Youth With A Mission
 Sauteur's Post Office
 St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadats@gmail.com

Applicant, please fill out your name and phone number bellow before given to your teacher or employer.

Name of Applicant: _____

Dear Pastor, the above applicant has applied to join our Youth With A Mission (YWAM), Discipleship Training School program in Grenada, W.I. YWAM, founded in 1960 is an international interdenominational Christian missionary organization. You can find more information on our website, top right of this paper. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. This evaluation will be kept in strict confidence, and will not be shown to the applicant.

Is your congregation standing behind the applicant with enthusiasm and prayer? Yes No

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

How many years have you known the applicant?_____

Please mark the following and comment as necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

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Comments: _____

Please give your evaluation of the applicant in the following: (Please use another sheet of paper if necessary.)

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Explain: _____

3. What do you feel are the applicant's motives in applying to join this program?
 Adventure Desire to help others Desire to spread gospel Travel
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4. Please comment on the applicant's family background: _____

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8. Leadership ability: _____

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14. Please indicate the applicant's leadership qualities:
W=weak, D=developing, A=average, M=mature, S=strong

- | | |
|---|---------------------------|
| _____ Positive, contagious spirit | _____ Teachable attitude |
| _____ Ability to motivate others | _____ Social poise |
| _____ Able to receive criticism | _____ Self confidence |
| _____ Assurance of God's calling | _____ Clear communication |
| _____ Respect for other's convictions | _____ Emotional stability |
| _____ Ability to deal with interpersonal problems | _____ Dependable |
| _____ Ability to make decisions | _____ Takes initiative |

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- | | | |
|---|---|--|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Given to infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Anxious, nervous | <input type="checkbox"/> Lacking in humor |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Not willing to adapt | <input type="checkbox"/> Lacking in ability to take a joke |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily angered |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Picky |
| <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Racist | <input type="checkbox"/> Not willing to try something new |
| <input type="checkbox"/> Easily offended | <input type="checkbox"/> Gossips | <input type="checkbox"/> Causes friction |

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20. What is your overall evaluation of the applicant's promise as a Bible School student/missionary? _____

21. Is there anything else which would be helpful for us to know? _____

22. Would you recommend the applicant for acceptance to this YWAM program? Yes No

Please explain why: _____

Signature: _____ Date: _____

Name (please print): _____ Phone: _____

Full address: _____ E-mail: _____

Please return this evaluation to the applicant in a signed and sealed envelope OR e-mail to ywamgrenadads@gmail.com



Health Form

Address: Youth With A Mission
 Sautour's Post Office
 St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadats@gmail.com

Name of applicant: _____

Medical Insurance Company: _____ **Insurance Number:** _____

In emergency, contact: _____ **Phone:** _____

Personal History

Please mark any of the following conditions that have had or currently have:

<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Eye Trouble	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Intestinal Trouble
<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Asthma
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Recurrent Headache	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Anemia	<input type="checkbox"/> Mental/Nervous Disorders	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Weakness	<input type="checkbox"/> Rheumatism/Arthritis
<input type="checkbox"/> HIV Virus	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Dislocated/Broken Bones
<input type="checkbox"/> Tumor/Cancer	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Stomach/Duodenal Ulcer	<input type="checkbox"/> Gall Bladder Problems
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Measles (Rubella)
<input type="checkbox"/> Tuberculosis		<input type="checkbox"/> Scarlet Fever

Allergies

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfonamides	<input type="checkbox"/> Serum
<input type="checkbox"/> Other Drugs – Specify Below	<input type="checkbox"/> Foods – Specify Below	<input type="checkbox"/> Other – Specify Below

Women Only

<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> Severe Cramps	<input type="checkbox"/> Excessive Flow	<input type="checkbox"/> Pregnant – Specify Below
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Details to any of the above: _____

Are you now under a doctor's care for any condition? Yes No If yes, please explain: _____

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

Any physical handicaps or conditions which require special attention? Yes No If yes, please explain: _____

Do you have a history of emotional instability or psychiatric treatment? Yes No If yes, please explain: _____

Are you overweight? Underweight? Pounds Over/Under: _____

What is your Blood Type? _____

Would you rate your health condition as: Excellent Good Fair Poor

Family History

Please mark any medical conditions that are part of your family history:

<input type="checkbox"/> Tuberculosis	Relationship _____	<input type="checkbox"/> Diabetes	Relationship _____
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> Convulsions/Epilepsy	_____	<input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Asthma/Hay Fever	_____
<input type="checkbox"/> Cancer	_____	<input type="checkbox"/> Stomach Disease	_____

Is there anything else concerning your health in which we should know about? Please Explain: _____

I _____ have filled out this Confidential Health Form to the best of my abilities.
(Your name)

Signature: _____

Date: _____

(Bring the 3 pages that are in the Confidential Health Evaluation to your physician.)

To the Physician

Name of Applicant: _____

The above applicant has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the applicant's health information contained in the previous pages, complete the section below, and make any additional comments. Thank you.

Blood pressure: _____ **Pulse:** _____ **Height:** _____ **Weight:** _____

Are there any abnormalities of the following system? If yes, please describe.

Ear, nose, throat: _____

Eyes: _____

Neurological: _____

Cardiovascular: _____

Respiratory: _____

Musculoskeletal: _____

Would the applicant be able to walk three to four miles a day? Yes No If no, please explain: _____

Physician's Recommendation

The applicant is: Acceptable Without Limits Not Acceptable
 Should Remain in Areas Where Adequate Medical Care is Available
 Acceptable With Limitations, Please specify below

Doctor's Signature: _____ Date: _____

Doctor's Name (please print): _____

Full Address (please print): _____



**Youth With A Mission
Grenada**

Liability Release Form

Address: Youth With A Mission
Sauteur's Post Office
St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadadts@gmail.com

Youth With A Mission is an international, interdenominational missions origination, some of its work includes manual labor as well as going into countries where medical car and legal procedures may be different from the standards which you are accustomed to. With this in mind, we ask you to be sure in your heart the calling that God has called you and to understand the sacrifices that are required. By signing this form, you are giving your acknowledgement to possible risks.

I/we herby release Youth With A Mission, its agents, employees, and volunteer assistants from any liability whatsoever during the time of my Discipleship Training School wherever it may take me.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian signature (if under 18): _____ **Date:** _____

Consent for Treatment

I/we herby agree to such treatment that may involve; anesthesia and operations as deemed necessary by the attending physician on _____.
(Applicant's full name)

Applicant's Signature: _____ **Date:** _____

Parent/Guardian signature (if under 18): _____ **Date:** _____

Legal Consent for Minors (under 18)

I hereby give consent for (applicant's full name if under 18) _____ to participate in Youth With A Mission's, Discipleship Training School in Grenada W.I., and any other related activities and traveling within and out of Grenada.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian signature (if under 18): _____ **Date:** _____



Statement of Burial in the Field

Address: Youth With A Mission
Sauteur's Post Office
St. Patrick's Grenada, W.I.
Tele/Fax: 1-473-442-1226
Website: ywamgrenada.org
E-mail: ywamgrenadads@gmail.com

Although it is most unlikely that any YWAMer will pass way during their time of service, it is necessary to consider the possibility prior to travelling abroad. The DTS may involve traveling to countries where, in the event of death, custody of the body must take place within 24 hours. In some cases it is difficult to make arrangements to return the body to the home country. In this unlikely event, burial must take place on the field. However in situations where arrangements for the body to return home can be made, many countries require that a living person accompanying the deceased.

In the event of my death, I give permission to be buried in my country of service:

Signature: _____ **Date:** _____

1. **Signature of Witness:** _____ **Date:** _____

Name (Please Print): _____ **Occupation:** _____

Address: _____

2. **Signature of Witness:** _____ **Date:** _____

Name (Please Print): _____ **Occupation:** _____

Address: _____