YOUTH WITH A MISSION

BAGUIO TRAINING CENTER

Please Mail To:

YWAM - DTS
P.O. Box 229
1 Maryhills,
Loakan Proper
2600 Baguio City
Philippines

Application Form - Discipleship Training School (DTS)

This application will be considered only when all of the items listed below are received by the Registrar of Youth With A Mission's Baguio Training Center:

- ☐ Completed Application Form
- ☐ Completed Medical Form (filled in and signed by your doctor)
- ☐ Signed Consent Form
- ☐ Confidential Reference Form from your pastor
- ☐ Confidential Reference Form from your current employer (or YWAM school or base leader if you have previous YWAM involvement)
- ☐ Confidential Reference Form from a Christian friend who has known you longer than two years
- ☐ Photograph - a recent picture of yourself (passport photo)
- ☐ Non-refundable fee of US$30.00 (Filipino citizens P300)

ATTACH PHOTOGRAPH HERE

Sincerely,

Karen Jensen

Registrar for YWAM Baguio Training Center
P.O. Box 229, 1 Maryhills, Loakan Proper
Baguio City 2600 PHILIPPINES
E-mail: registrar@ywambaguio.org

PERSONAL INFORMATION

Name:			
Family/Last	Given/First	Middle	Nickname

Email Address:
Address:
Street/Barangay City State/Provence Postal Code Country

Telephone Number:	**Cell/Mobile Number:**
Gender: Male ☐ Female ☐	
Date of Birth:	**Place of Birth:**
MM/DD/YYYY	State/Province Country

Citizenship:	
Passport No.:	**Date of Expiry:**
	MM/DD/YYYY

FAMILY INFORMATION

Marital Status: Single ☐ Married ☐ Engaged ☐ Widowed ☐ Divorced ☐ Separated ☐			
Spouse's/Fiancé(e)s' Name:			
List Names of Children Accompanying You:		**Date of Birth:**	**Relationship:**

Will you be accompanied by other dependents? Yes ☐ No ☐
Please specify:
Do you need information about schooling for your children? Yes ☐ No ☐
Please specify:

PASTOR'S INFORMATION

Pastor's Full Name:	**Denomination:**
Church Name:	
Email Address:	**Contact Phone Number:**
Address:	

Street/Barangay City State/Province Postal Code Country

How long have you been a member of this church?

EMERGENCY CONTACT INFORMATION

Full Name:	
Address:	

Street/Barangay City State/Province Postal Code Country

Telephone No.	**Fax No.**
Email Address:	**Relationship to Applicant:**

APPLICANT INFORMATION

How long have you been a Christian?
Any previous YWAM/Missions Experience? (If so, when and where?)
Highest Level of Education Completed:
Post-Secondary School(s) Attended:
What Language(s) Do You Speak? (in decreasing order of fluency)

Any Military Service? Yes ☐ No ☐	
	Please specify:
Occupation:	
Other Occupational Skills:	
Present Employer:	
Address:	

Street/Barangay City State/Province Postal Code Country

Email Address:	
Telephone No.:	**Cell/Mobile No.:**
Do you have any musical abilities or other talents? Yes ☐ No ☐	
	Specify:
Are you an ordained or licensed minister? Yes ☐ No ☐	

What are your plans after you complete this training?

FINANCIAL INFORMATION

Do you already have the finances for the full payment of your tuition fees? Yes ☐ No ☐	
	If no, what percentage do you have?
From what source(s) will you receive the remaining amount needed?	
Do you have any outstanding debts that will affect your financial situation while you study or serve with YWAM Baguio Training Center? Yes ☐ No ☐	

ADDITIONAL INFORMATION SECTION

(use this section if you ran out of room answering any of the previous questions):

SUPPLEMENTAL QUESTIONS

(This portion must be completed before any processing can begin.) On a separate sheet of paper TYPE or PRINT the following information:

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. Please relate pertinent details of any past marriages or present marital separation.**
4. **What church involvement have you had?**
5. **What experience in Christian leadership have you had?**
6. **Why are you applying to take part in this program? (i.e. Are you called to Asia World Missions, etc.)**
7. **Describe your long-term goals. Has God spoken to you about your life's calling? Specify.**
8. **Have you ever been involved in: a felonious crime, drug or alcohol abuse, cultic activities, or homosexual practices? Please explain.**
9. **What areas of your character are you presently seeking God to further develop and improve?**
10. **How did you hear about YWAM Baguio Training Center? Why do you desire to attend this school?**
11. **Please list any special circumstances or situations we should know about.**
12. **Please list the names and email address for:**
    - **A. Your pastor;**
    - **B. Your current employer (or YWAM school or base leader if you have previous YWAM experience);**
    - **C. A Christian friend who has known you longer than two years.**

Acknowledgment of financial responsibility:

I understand that payment of the required school tuition must be made prior to or upon my arrival. Further, I agree to meet in a timely manner, prior to the completion of the school, all expenses incurred during my involvement with Youth With A Mission Baguio Training Center (YWAM BTC). If I am accepted by YWAM BTC, I will abide by the spirit, rules, and schedule of the school.

Applicant's signature: _____Date: _____
Applicant's name (typed or printed): _____
Signature of parent/guardian: (Required if applicant is under 18 years of age)
Signature: _____ Date: _____ Relationship: _____

Certification:

I certify that all the information in this application is complete and accurate.

Applicant's signature: _____Date: _____
Applicant's name (typed or printed): _____
Signature of parent/guardian: (Required if applicant is under 18 years of age)
Signature: _____ Date: _____ Relationship: _____

YOUTH WITH A MISSION

BAGUIO

TRAINING CENTER

Medical Report - Student

To the Applicant: This form is treated confidentially. Please answer all questions in ink *and* TYPE IN ENGLISH (PART C is to be completed by your physician)

NAME: _____
Last First Middle

School you are applying for: _____

A. PERSONAL HISTORY

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet. Have you ever had, or do you have, any of the following?

	Y	N
Eye trouble		
Ear trouble		
Head injury		
Recurrent headache		
Epilepsy		
Fainting spells		
Weakness		
Paralysis		
Insomnia		
Allergies		
Mental/nervous disorder		
Skin condition		
Shortness of breath		
Hay fever/Asthma		

	Y	N
Heart trouble		
High blood pressure		
Low blood pressure		
Rheumatism		
Arthritis		
Back problems		
Dislocation of joints		
Broken bones		
Surgery		
Appendectomy		
Tonsillectomy		
Hernia repair		
Ulcer		
Gallstones		

	Y	N
Jaundice		
Hepatitis		
Intestinal troubles		
Recurrent diarrhea		
Diabetes		
Kidney disease		
Anemia		
Venereal disease		
Tumor/Cancer		

FEMALES ONLY	Y	N
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant		

Comments: _____
_____

Are you, at present, under a doctor's care for any condition? ☐ No ☐ Yes (Specify) _____

_____

Are you taking any medication at this time? ☐ No ☐ Yes (Specify) _____

_____

Have you ever had any of the following COMMUNICABLE DISEASES?

	Y	N
Chicken pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Hepatitis A, B, or C		

	Y	N
Pertussis		
Scarlet Fever		
Tuberculosis		
HIV/AIDS		
Other (Specify)		

Have you ever been tested for Tuberculosis?

☐ No

☐ Skin Test

☐ Chest X-ray

What vaccinations have you had? _____

Have you ever sought medical help or been treated for any of the following?

	Y	N
Mental disorder		
Depression		

	Y	N
Stress		
Extreme anger		

B. FAMILY HISTORY

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

	Y	N	RELATIONSHIP
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			

	Y	N	RELATIONSHIP
Arthritis			
Ulcer			
Hay fever /Asthma			
Epilepsy/Convulsions			

After your physician has completed Part C of this form, please return the form to the Registrar for Youth With A Mission Baguio Training Center at either the post office address or the email address provided below.

Thank you.

C. PHYSICIAN'S EVALUATION

Our applicant, _____ has applied for a course with YWAM Baguio Training Center. This is a short-term of missionary service in which there will be some physical exertion in a group situation with possible overseas travel.

PLEASE review the information in Parts A and B. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow up by the Health Service.

HEIGHT _____ (Inches) WEIGHT _____ (lbs) ☐ Overweight ☐ Underweight

BLOOD PRESSURE _____ BLOOD TYPE _____
(A, B, AB, O) (R+/-)

Is the applicant under medical supervision at this time or taking medication? (If so, what kind?)

_____

_____

Are there any abnormalities of the following systems? (If yes, please describe)

	Y	N		Y	N		Y	N
Head, ears, nose, throat			Cardiovascular			Musculoskeletal		
Respiratory			Eyes			Endocrine		
Trunk and back			Teeth			Lymphatic		
Neuropsychiatric			Hernia			Skin		

Comments: _____

_____

_____

PHYSICIAN'S RECOMMENDATION:

☐ Acceptable
☐ Limitation (Specify)
☐ Not Acceptable
☐ SHOULD REMAIN in area where adequate medical care is provided

Doctor's Name: _____
Address: _____

_____

_____

Medical License Number: _____
Licensing Agency/Jurisdiction: _____
Doctor's Signature: _____ **Date:** _____