



YOUTH WITH A MISSION

BAGUIO TRAINING CENTER

Please Mail To:

YWAM - DTS  
P.O. Box 229  
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, Baguio City 2600 PHILIPPINES  
E-mail: [registrar@ywambaguio.org](mailto:registrar@ywambaguio.org)

**PERSONAL INFORMATION**

<b>Name:</b>				
Family/Last	Given/First	Middle	Nickname	
<b>Email Address:</b>				
<b>Address:</b>				
Street/Barangay	City	State/Province	Postal Code	Country
<b>Telephone Number:</b>		<b>Cell/Mobile Number:</b>		
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>				
<b>Date of Birth:</b>		<b>Place of Birth:</b>		
MM/DD/YYYY		State/Province		Country
<b>Citizenship:</b>				
<b>Passport No.:</b>		<b>Date of Expiry:</b>		
		MM/DD/YYYY		

**FAMILY INFORMATION**

<b>Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>			
<b>Spouse's/Fiancé(e)s' Name:</b>			
<b>List Names of Children Accompanying You:</b>		<b>Date of Birth:</b>	<b>Relationship:</b>
<b>Will you be accompanied by other dependents?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please specify:			
<b>Do you need information about schooling for your children?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please specify:			

**PASTOR'S INFORMATION**

<b>Pastor's Full Name:</b>	<b>Denomination:</b>			
<b>Church Name:</b>				
<b>Email Address:</b>	<b>Contact Phone Number:</b>			
<b>Address:</b>				
Street/Barangay	City	State/Province	Postal Code	Country
<b>How long have you been a member of this church?</b>				

**EMERGENCY CONTACT INFORMATION**

<b>Full Name:</b>				
<b>Address:</b>				
Street/Barangay	City	State/Province	Postal Code	Country
<b>Telephone No.</b>			<b>Fax No.</b>	
<b>Email Address:</b>			<b>Relationship to Applicant:</b>	

**APPLICANT INFORMATION**

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

**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: \_\_\_\_\_