**Welcome! Thank you for filling out this application form!**

**Discipleship Training School (DTS)**

DTS is a full-time, residential course, consisting of 11-12 weeks of classroom training, an 8-12 weeks’ outreach, and 1-2 weeks of debrief. It’s an exciting season of discovery, as students receive fresh revelation of God’s love and an understanding of their unique calling within the Great Commission. Students then live their calling by going into all the world and making disciples of all nations (Matthew 28:19)!

Outreach is where the lessons you learned in the classroom become heart reality. Your faith will be challenged to be expressed in action. It’s an opportunity to serve others and share your faith with people who may never hear the Good News otherwise. It’s a journey with Jesus – and a huge step of faith to let Him guide you… even to the ends of the earth.

**THE DTS & COVID-19**

This is an unusual and life-altering time for the entire world, and we can’t deny that DTS will look a little different this year because of COVID19. Nevertheless, we’re still excited to be able to offer a quality program, while following national regulations and recommendations.

We’ll keep our class size small to observe limits on gathering sizes, we’ll adapt our DTS to respect social distancing from others enjoying the great outdoors, and when our guest speakers meet with travel restrictions that prevent them from teaching at our campus in person, we’ll bring them in through live streaming.

It’ll look a bit different, but we are excited to offer an amazing DTS experience in a season when so many of us are looking for meaning, connection, and growth in our lives. We are expecting God to do great things this year, pandemic or no pandemic!

Outreach will also look different in this time. Typically, our campus sends outreach teams to other nations, but in this season we will likely be serving closer to home, in our own incredible nation of Belize. We will still get involved with kids’ ministry, Bible teaching, practical work projects, and serving in any way we can, just closer to home.

Personal Information

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:

* Male
* Female

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook and Instagram Profile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other languages do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a passport? Yes\_\_\_\_ No\_\_\_\_\_

Note: If you do not currently have a passport, please apply for one immediately. It is required and it takes some time to process.

How did you Hear about YWAM Belize? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: Single \_\_\_\_ in a Relationship­­\_\_\_ Engaged\_\_\_\_ Married\_\_\_\_

If you are married could you please full out your spouse information?

First Name:

Last Name:

Completed a DTS: Yes\_\_ No\_\_\_

Briefly tell us your hobbies, talent and skills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in the following?

Drugs/smoking

Alcohol

Prostitution

Gangs

Occultism/sects

Abortion

Other

Check as many as apply, honestly. Your acceptance into our DTS program is not affected by your history.

Do you have a personal (or family) history of?

Prostitution

Sexual immorality

Mental illness

Witchcraft/occultism/sects

Eating disorder

Depression

Other

Check as many as apply, honestly. Your acceptance into our DTS program is not affected by your history.

Please express a little of the journey you indicated above. Describe on a separate sheet of paper where you are at now, in relation to those things selected from above

Please use the following table to evaluate some key relationships in your life:

|  | intimate, close-knit | distant but casual | distant and hostile | no relationship at all |
| --- | --- | --- | --- | --- |
| **mother** |  |  |  |  |
| **father** |  |  |  |  |
| **siblings** |  |  |  |  |
| **guardian** |  |  |  |  |
| **my child/children** |  |  |  |  |
| **the church** |  |  |  |  |
| **pastor** |  |  |  |  |
| **authority figures in general** |  |  |  |  |

Education:

Indicate your highest level of education completed below

Primary/ Preparatory School

High school

University/ College

Trade School/ Certification

Secondary College Degree

Describe your professional background/work experience, if any

Church Involvement:

Describe your present relationship with your local church leaders and your involvement there.

Are your leaders supportive of your involvement in mission work?

If yes, please explain how.

If no, explain why.

Have you ever worked with YWAM or been on a mission’s trips?

Yes\_\_\_ No\_\_\_\_

If your answer above was yes, could you please tell about your experience with missions?

* Liabilities and Permissions

Please carefully read before agreeing or declining, as these terms will be considered binding.

* Liability Waiver - A signed copy of this waiver must be sent to the base, with authentic signatures for each participant in each field listed below.

Having completed and signed the following sections (physician’s evaluation to be completed by a doctor), I understand that this is necessary to protect YOUTH WITH A MISSION from possible legal actions.

A. LIABILITY RELEASE

I/we hereby release YOUTH WITH A MISSION, its agents, employees and volunteer assistants, from any liability whatsoever arising out of injury, theft, damage, or loss of health, property, emotional stability, or life, which may be sustained by said person during the course of involvement with YOUTH WITH A MISSION.

I agree completely

I refuse

* Consent for Treatment - I/We hereby agree to the performance of such treatment, anaesthetics and operations as is deemed necessary in the opinion of the attending physician.

I agree completely

I refuse

* Declaration - I commit myself to paying all expenses incurred during my involvement with YOUTH WITH A MISSION.
I have completed all portions of the application for YOUTH WITH A MISSION (including the reference section), and if accepted by YOUTH WITH A MISSION, I will abide by the spirit, policy and schedule of the school program.

I agree completely

I refuse

Health

Do you consider your health to be?

* Poor
* Good
* Excellent

Health insurance details and medical insurance company/number (optional):

Are you on any special diet?

Please indicate other handicaps, health problems or sicknesses that we need to know about or which would require special care:

Are you on any medication or treatment at present?

Are you allergic to any medication, food or anything we need to be aware of?

Are you currently or have you ever received psychiatric treatment or consultation?

Do you currently or have you ever struggled with alcohol or drug abuse?

Do you smoke/use tobacco?

* Yes
* No

Do you or have you ever had any kind of addiction? (pornography, video games, cell phone, tobacco, etc.):

Meals

Please be mindful that special dietary needs must be presented here in order for adequate preparations to be made for your stay with us. We will do our best to accommodate special needs, but we cannot guarantee that we will be able to provide all the items you are used to having. Please feel free to bring your own special food items/snacks with you.

Emergency contact:

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you­­­­­­­­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Items required PRIOR to arrival once accepted as a student. All students need current (within 3-6months of arrival) passport photos. \*\*If not applicant is choosing to not be up-to-date on their vaccinations, they must send in a letter with their doctor's signature stating that they have communicated this decision with a medical professional.

|  | Will get | Already have | Not Applicable |
| --- | --- | --- | --- |
| A recent passport sized photo for each family member (Coming with you) |  |  |  |
| Current passport for self |  |  |  |
| Current passport for all family members (Coming with you) |  |  |  |
| Up-to-date vaccinations (Hep A, Hep B, & Tetanus) |  |  |  |
| COVID-19 Vaccination |  |  |  |

Mention any other area or aspect of your life you believe would be important for us to know about. (ie. special circumstances, work limitations, etc.)

Additional comments, concerns and or questions:

Kindly email digitally completed forms directly to the school email address: ywambbdts@gmail.com