

# Youth With A Mission St. Croix, U.S. Virgin Islands

## Guide to Completing the Discipleship Training School Application

*The following items must be submitted before your application can be processed. 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. Children each have their own application.***

**Application Form:** Please fill this out completely, and sign the application form.

**Photo:** Please attach a recent photo of yourself (it can be bigger than the space provided).

**Registration Fee:** Your \$40.00 (\$60.00 per married couple) must be forwarded with the application. This fee is non-refundable, and your application cannot be processed without it.

**Confidential References:** Three confidential references are enclosed. One reference should be given to each of the following: pastor, employer or teacher and a friend. Request they fill it out and mail it directly to the Registrar at Youth With A Mission, 4030 Diamond Ruby Christiansted, VI 00820. You may want to give them a stamped envelope with the YWAM St. Croix address on it.

**Medical Requirements:** The confidential health form must be completed by your physician and sent directly to the registrar. If you have school age children, they must also fill one out. Be sure to have the physician who performed the physical sign your form. ***Be sure to have the TB test. Documentation must clearly indicate the test performed and the results.*** Be sure to fill out your childhood immunization records as completely as possible. ***You should have updated adult boosters (within the last five years). These details are very important – your application cannot be processed without it.***

**Acknowledgement of Financial Responsibility, Release of Liability and Consent for Treatment:** These sections must be signed. If you are under 18, be sure to have a parent/guardian sign the form.

**Passport:** Those who do not have a passport should apply for one immediately.

**Attention International Students: Visas** – When accepted you will receive a special letter with which a formal application for a visitors visa can be made in the US Consulate or Embassy. Full details will be given upon acceptance. Please do not make any visa application without the acceptance letter.

## Questions

*Please prayerfully answer the following questions on a separate sheet of paper.*

1. Please describe your conversion experience and present relationship with God. How long have you been a Christian?
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. Do you have any physical disabilities? Have you had any mental illness? If so, please describe. Are you presently taking any medication, under a doctor's treatment, or on any special diet (vegetarian, food allergies, etc.)?
4. If you have children, please give their name, age, school level and sex. Do they have any disabilities?
5. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products (cigarettes/chewing tobacco)?
6. Please describe your relationship with your local church, i.e. areas of ministry, service, leadership experience. Does your pastor approve of your attending a YWAM school?
7. How would you describe your relationship with your family? Do your parents approve of you attending a YWAM school?
8. Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If so, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If so, when?
9. Do you feel you have a call to missions? What is your specific commitment to missions – short and long term? Do you have a call to the frontiers or other cultures?
10. Do you believe you could live under pioneer conditions: different food and culture, dormitory or cabin type housing, or small quarters for families?

## Important

***Applications for US citizens should be received no later than 2 weeks prior to the start of the school. For non-US citizens, applications should be received 4 weeks prior to the start of the school. It is very important that at least the first page of the application and the registration fee be sent in as soon as possible, as this enables us to know how many are interested in attending. The passport information may be mailed at a later date, or given when you arrive. You must obtain or apply for your passport BEFORE ARRIVING!***

# Discipleship Training School Application

**IMPORTANT!**

**Attach  
Recent  
Photo  
Here**



**Youth With A Mission  
St. Croix, USVI**

## CONTACT INFORMATION

I wish to attend the DTS beginning \_\_\_\_\_ Month \_\_\_\_\_ Year Registration Fee Enclosed \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Prefer to be called

Present Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## HOME CHURCH

Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Length of Attendance: \_\_\_\_\_

## GENERAL INFORMATION

Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Do you have a passport? ☐ Yes ☐ No If Yes, when does it expire? \_\_\_\_\_  
Month Day Year

Name and birth date as it appears on your passport: \_\_\_\_\_

## MARITAL STATUS (please check one)

☐ Single ☐ In a relationship ☐ Engaged ☐ Married ☐ Separated ☐ Divorced

Spouses' Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_  
Month Day Year

Number of children accompanying you: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Passport? \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Passport? \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Passport? \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Passport? \_\_\_\_\_

## EDUCATIONAL HISTORY

High/Secondary School or equivalent from which you graduated (or will be):

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ ☐ I have not completed high school.

Month

Day

Year

College/University/Vocational School/Seminary Attended:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Occupational Skills: \_\_\_\_\_

Musical Ability or Other Talents: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

How did you hear about YWAM St. Croix? \_\_\_\_\_

What reasons most influenced your decision to apply for the DTS in St. Croix? \_\_\_\_\_

Do you plan to pursue a University of the Nations degree? \_\_\_\_\_

## ABOUT YOU

*Please rate yourself in the following areas:*

PHYSICAL & EMOTIONAL	Poor	Below Av.	Average	Above Av.	Excellent
Health					
Ability to deal with stress					
Patience					
Emotional Stability					
Self-Confidence					
<b>SPIRITUAL</b>					
Assurance of God's Calling					
Humility					
Consistency of Christian Walk					
Knowledge of the Bible					
Teachability					

SOCIAL	Poor	Below Av.	Average	Above Av.	Excellent
Consideration of Others					
Social Adaptability					
Marital Harmony					
Relationship with Children					
Team Player					
Friendliness					
Sensitivity to Other Cultures					
Ability to Confront					
Receiving Correction					

PERSONAL	Poor	Below Av.	Average	Above Av.	Excellent
Servant Attitude					
Flexibility					
Punctuality					
Dependability					
Moral Standards					
Integrity					
Ability to Lead					
Ability to Follow					
Respect for Authority					

## MISCELLANEOUS INFORMATION (continued)

### FINANCIAL SUPPORT

Do you have your complete school fees?\*\* ☐ Yes ☐ No If yes, from where? \_\_\_\_\_

If no, how much do you have at this time? \$ \_\_\_\_\_

Do you have any outstanding debt? (please explain) \_\_\_\_\_

***\*\*Please keep in mind that complete school fees for lecture phase are due the first day of class.***

**Additional Comments:** \_\_\_\_\_

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*I certify that all of 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 otherwise approved by the School Director before my departure to St. Croix, VI. 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, rules and schedule of the school.*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***Release of Liability***

*I/we do hereby release Youth With A Mission, Inc. it's 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 Signature:** \_\_\_\_\_

*Signature of Parent or Guardian if the applicant is under 18 years of age.*

**Parent/Guardian:** \_\_\_\_\_ **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:** \_\_\_\_\_

*Signature of Parent or Guardian if the applicant is under 18 years of age.*

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Please return all completed forms to:**

YWAM Registrar 4030 Diamond Ruby, Christiansted, VI 00820 Phone & Fax: (340)778-7373 E-mail: dts@ywamstcroix.org

# Confidential Health Form



**Youth With A Mission  
St. Croix, USVI**

Please return form to:

**YWAM Registrar**  
4030 Diamond Ruby  
Christiansted, VI 00820

Fax & Phone: (340) 778-7373  
Email: dts@ywamstcroix.org

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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact

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

Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

## 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:**

	Yes	No
Skin Conditions		
Eye Trouble		
Ear Trouble		
Head Injury		
Recurrent Headaches		
Epilepsy		
Fainting Spells		
Mental or Nervous Disorders		
Weakness		
Paralysis		
Insomnia		
Shortness of Breath		
Hay Fever		
Asthma		
Hepatitis (type _____)		
Recurrent Diarrhea		
Kidney Disease		

	Yes	No
Venereal Disease		
High Blood Pressure		
Low Blood Pressure		
Allergy: Bee Stings*		
Allergy: Penicillin		
Allergy: Sulfonamides		
Allergy: Serum		
Allergy: Food (specify)		
Tumor/Cancer		
Heart Trouble		
Rheumatism/Arthritis		
Back Problems		
Dislocation of Joints		
Broken Bones		
Stomach/Duodenal Ulcer		
Gall Bladder Problems		
Jaundice		
Intestinal Troubles		
Diabetes		
Anemia		

**Have you ever had any of the following communicable diseases?**

	Yes	No
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Chicken Pox		
Other (specify)		

### Females Only:

	Yes	No
Irregular Periods		
Severe Cramps		
Excessive Flow		
Are you Pregnant?		
Previous Pregnancies?		

## PART A: Personal History (continued)

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

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

I have a specific need for counseling in the following area(s): \_\_\_\_\_

Have you been tested for HIV? ☐No ☐Yes If yes, were the results: ☐Negative ☐Positive

### Surgeries Performed

Date (mo/yr)	Type	Outcome & Long-term effects

### X-Rays Performed

Date (mo/yr)	Type	Result

Are you presently under a doctor's care for any condition? ☐No ☐Yes If Yes, please specify: \_\_\_\_\_

Are you taking any medication at this time? ☐No ☐Yes If Yes, please specify: \_\_\_\_\_

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

Do you now, or have you ever, received any compensation for disability from any sources? ☐No ☐Yes  
If Yes, please specify: \_\_\_\_\_

### Family History

Have you or 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			

## PART B: Physician's Evaluation

*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.*

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 the health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may influence acceptance, please ensure that any pertinent information in these areas has been included.

**To the Applicant:** All required immunizations **MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED** at YWAM St. Croix. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be required and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please 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.

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
Hepatitis A							
Hepatitis B							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							
Diphtheria							

Date of last DT(Diphtheria/Tetanus) booster: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within the last 5 years)

### Tuberculosis Control

*Must be within 6 months of the school.*

	Date	Result	Examination Facility
Skin Test*			
Chest X-Ray			

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

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): \_\_\_\_\_

## PART B: Physician's Evaluation (continued)

*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? Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_ Wks. \_\_\_\_\_

### Physician's Recommendation

- ☐ 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: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Discipleship Training School Confidential Reference: Pastor



**Youth With A Mission  
St. Croix, USVI**

Please send form to:

YWAM Registrar  
4030 Diamond Ruby  
Christiansted, VI 00820

Fax & Phone: (340) 778-7373  
Email: dts@ywamstcroix.org

## To the applicant:

Name: \_\_\_\_\_  
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 person filling out this form:

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

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

☐ Please send me information on YWAM St. Croix

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) St. Croix campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in more than 1,000 locations in over 149 countries, with a staff of over 16,000. Its purposes include training, challenging and championing Christians to fulfill Christ's command to: "Go therefore, and make disciples of all nations."

***It is important to us, as we evaluate our applicant's 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 is appreciated. Thank you!***

## RELATIONSHIP TO THE APPLICANT

1. My relationship to the applicant is (check 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 check one) ☐ Faithful    ☐ Inconsistent    ☐ Other \_\_\_\_\_
4. Did you know prior to receiving this form of the applicant's intention to attend this program? \_\_\_\_\_
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 the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability/Trustworthy						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Work Ethic						
Response to Authority						
Health/Personal Grooming						

Spiritual Maturity	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Knowledge of the Bible						
Consistency of Christian Walk						
Able to share Christ with others						
Concern for Others						
Assurance of Gods Calling						
Respects Convictions of Others						
Overall Spiritual Maturity						

Leadership Potential	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate Others						

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

Social Adaptability	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Cooperation						
Tactfulness						
Communication Skills						
Respected by Peers						
Positive, Contagious Spirit						
Neatness of Person						

## CHARACTER EVALUATION (continued)

Have you noticed these tendencies?	Not Known	Very Apparent Frequently	Sometimes	Rarely	Never Apparent
Critical ( <i>toward self or others</i> )					
Argumentative					
Domineering Manner					
Procrastination					
Impracticality					
Irritability					
Anxiety/Worry					
Moodiness					
Dependant Relationships					
Homosexual Relationships					
Eating Disorders					
Behavioral Disorders					
Substance Abuse ( <i>drugs, alcohol</i> )					
Self-harm ( <i>cutting, etc.</i> )					
Close-mindedness					
Emotional Instability					
Flirting					
Sexual Immorality					
Easily Embarrassed					
Easily Discouraged/Depressed					
Prejudice					
Impatience					
Gives in to peer pressure					
Arrogance					
Manipulative					
Lack of Humor					
Easily Offended					
Frequent Exaggeration					
Infatuations					
Impracticality					
Dishonest / questionable character					
Involvement w/the occult					

## QUESTIONNAIRE

*In answering the following questions, please comment based upon what you know of the applicant. For any question which you have no knowledge, please write "not observed". Extra space is available on the last page for further comments.*

9. How does the applicant respond to designated authority and standards? \_\_\_\_\_

10. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

11. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

12. Please comment on the applicant's ability to establish close, healthy relationships with others: \_\_\_\_\_

13. How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_

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

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

16. Have you noticed alcohol or tobacco use? \_\_\_\_\_

17. Has the applicant ever been arrested? \_\_\_\_\_

18. Please comment on the applicant's family background: \_\_\_\_\_

## 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 Av.	Average	Above Av.	Excellent
Administration						
Counseling						
Hospitality						
Motivating & training others						
Music						
One-on-one discipleship						
Personal Evangelism						

	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Prayer						
Speaking/Teaching						
Working with Adults						
Working with Teens						
Working with Children						
Worship						
Other _____						

19. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

20. Would you recommend the applicant for the YWAM school he/she is applying for? (please check one and comment if needed)

- ☐ Unsuitied     
 ☐ At this time, he/she is unsuited     
 ☐ Good prospect, but I have reservations  
☐ Average prospect     
 ☐ Great prospect

☐ Feel free to contact me if you have additional questions

☐ Please call me, I would like to discuss the applicant over the phone

## ADDITIONAL COMMENTS

Question #

Comments


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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Discipleship Training School Confidential Reference: Employer/Teacher



**Youth With A Mission  
St. Croix, USVI**

Please send form to:

YWAM Registrar  
4030 Diamond Ruby  
Christiansted, VI 00820

Fax & Phone: (340) 778-7373  
Email: dts@ywamstcroix.org

## To the applicant:

Name: \_\_\_\_\_  
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 person filling out this form:

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

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

☐ Please send me information on YWAM St. Croix

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission(YWAM) St. Croix campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in more than 1,000 locations in over 149 countries, with a staff of over 16,000. It's purposes include training, challenging and championing Christians to fulfill Christ's command to: "Go therefore, and make disciples of all nations."

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## RELATIONSHIP TO THE APPLICANT

1. My relationship to the applicant is(check 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 the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability/Trustworthy						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Work Ethic						
Response to Authority						
Health/Personal Grooming						

Spiritual Maturity	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Knowledge of the Bible						
Consistency of Christian Walk						
Able to share Christ with others						
Concern for Others						
Assurance of Gods Calling						
Respects Convictions of Others						
Overall Spiritual Maturity						

Leadership Potential	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate Others						

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

Social Adaptability	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Cooperation						
Tactfulness						
Communication Skills						
Respected by Peers						
Positive, Contagious Spirit						
Neatness of Person						

## CHARACTER EVALUATION (continued)

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical ( <i>toward self or others</i> )						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moodiness						
Dependant Relationships						
Homosexual Relationships						
Eating Disorders						
Behavioral Disorders						
Substance Abuse ( <i>drugs, alcohol</i> )						
Self-harm ( <i>cutting, etc.</i> )						
Close-mindedness						
Emotional Instability						
Flirting						
Sexual Immorality						
Easily Embarrassed						
Easily Discouraged/Depressed						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogance						
Manipulative						
Lack of Humor						
Easily Offended						
Frequent Exaggeration						
Infatuations						
Impracticality						
Dishonest / questionable character						
Involvement w/the occult						

## QUESTIONNAIRE

In answering the following questions, please comment based upon what you know of the applicant. For any question which you have no knowledge, please write "not observed". Extra space is available on the last page for further comments.

6. How does the applicant respond to designated authority and standards? \_\_\_\_\_

7. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

8. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

9. Please comment on the applicant's ability to establish close, healthy relationships with others: \_\_\_\_\_

10. How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_

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

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

13. Have you noticed alcohol or tobacco use? \_\_\_\_\_

14. Has the applicant ever been arrested? \_\_\_\_\_

15. Please comment on the applicant's family background: \_\_\_\_\_

## 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 Av.	Average	Above Av.	Excellent
Administration						
Counseling						
Hospitality						
Motivating & training others						
Music						
One-on-one discipleship						
Personal Evangelism						

	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Prayer						
Speaking/Teaching						
Working with Adults						
Working with Teens						
Working with Children						
Worship						
Other _____						

16. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

17. Would you recommend the applicant for the YWAM school he/she is applying for? (please check one and comment if needed)

☐ Unsuitable

☐ At this time, he/she is unsuitable

☐ Good prospect, but I have reservations

☐ Average prospect

☐ Great prospect

☐ Feel free to contact me if you have additional questions

☐ Please call me, I would like to discuss the applicant over the phone

## ADDITIONAL COMMENTS

Question #

Comments


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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Discipleship Training School Confidential Reference: Friend



**Youth With A Mission  
St. Croix, USVI**

Please send form to:

YWAM Registrar  
4030 Diamond Ruby  
Christiansted, VI 00820

Fax & Phone: (340) 778-7373  
Email: dts@ywamstcroix.org

## To the applicant:

Name: \_\_\_\_\_  
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 person filling out this form:

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

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

☐ Please send me information on YWAM St. Croix

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission(YWAM) St. Croix campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in more than 1,000 locations in over 149 countries, with a staff of over 16,000. Its purposes include training, challenging and championing Christians to fulfill Christ's command to: "Go therefore, and make disciples of all nations."

***It is important to us, as we evaluate our applicant's 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 is appreciated. Thank you!***

## RELATIONSHIP TO THE APPLICANT

1. My relationship to the applicant is(check all that apply):

☐ Acquaintance

☐ Close Friend

☐ Peer

☐ Mentor

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? 1 2 3 4 5 6 7 8 9 10

4. Does the applicant know Jesus as personal Lord and 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, do they 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 the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability/Trustworthiness						
Punctuality						
Common Sense						
Integrity						
Academic						
Financial Responsibility						
Stewardship						
Work Ethic						
Response to Authority						
Health/Personal Grooming						

Spiritual Maturity	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Knowledge of the Bible						
Consistency of Christian Walk						
Able to share Christ with others						
Concern for Others						
Assurance of Gods Calling						
Respects Convictions of Others						
Overall Spiritual Maturity						

Leadership Potential	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Initiative						
Willingness to Serve						
Decision Making Ability						
Organizational Skills						
Ability to Follow						
Ability to Motivate Others						

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

Social Adaptability	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Cooperation						
Tactfulness						
Communication Skills						
Respected by Peers						
Positive, Contagious Spirit						
Neatness of Person						

## CHARACTER EVALUATION (continued)

Have you noticed these tendencies?	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical ( <i>toward self or others</i> )						
Argumentative						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moodiness						
Dependant Relationships						
Homosexual Relationships						
Eating Disorders						
Behavioral Disorders						
Substance Abuse ( <i>drugs, alcohol</i> )						
Self-harm ( <i>cutting, etc.</i> )						
Close-mindedness						
Emotional Instability						
Flirting						
Sexual Immorality						
Easily Embarrassed						
Easily Discouraged/Depressed						
Prejudice						
Impatience						
Gives in to peer pressure						
Arrogance						
Manipulative						
Lack of Humor						
Easily Offended						
Frequent Exaggeration						
Infatuations						
Impracticality						
Dishonest / questionable character						
Involvement w/the occult						

## QUESTIONNAIRE

*In answering the following questions, please comment based upon what you know of the applicant. For any question which you have no knowledge, please write "not observed". Extra space is available on the last page for further comments.*

8. How does the applicant respond to designated authority and standards? \_\_\_\_\_

9. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

10. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

11. Please comment on the applicant's ability to establish close, healthy relationships with others: \_\_\_\_\_

12. How does the applicant deal with relationships with the opposite sex? \_\_\_\_\_

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

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

15. Have you noticed alcohol or tobacco use? \_\_\_\_\_

16. Has the applicant ever been arrested? \_\_\_\_\_

17. Please comment on the applicant's family background: \_\_\_\_\_

## 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 Av.	Average	Above Av.	Excellent
Administration						
Counseling						
Hospitality						
Motivating & training others						
Music						
One-on-one discipleship						
Personal Evangelism						

	Not Known	Poor	Below Av.	Average	Above Av.	Excellent
Prayer						
Speaking/Teaching						
Working with Adults						
Working with Teens						
Working with Children						
Worship						
Other _____						

18. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

19. Would you recommend the applicant for the YWAM school he/she is applying for? (please check one and comment if needed)

☐ Unsuitied

☐ At this time, he/she is unsuited

☐ Good prospect, but I have reservations

☐ Average prospect

☐ Great prospect

☐ Feel free to contact me if you have additional questions

☐ Please call me, I would like to discuss the applicant over the phone

## ADDITIONAL COMMENTS

Question #

Comments


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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Youth With A Mission St. Croix Release Form

## IMMUNIZATION RELEASE FORM

I have discussed the immunization information found on Part B of the Health Form with my physician and/or local Health Care Service. I take full responsibility for the required and suggested immunizations for the Discipleship Training School and understand that obtaining these is my responsibility and decision. I hereby release YWAM St. Croix of any responsibility involving the immunizations I choose or don't choose to receive.

**Applicant's Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature of parent or guardian if the applicant is under 18 years of age*

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## POLICIES RELEASE FORM

Because of values we strive to maintain here in St. Croix, we have laid down certain guidelines, not out of a heart of legalism, but recognizing the importance of being above reproach, both to each other and to the community.

All staff, students and volunteers are to refrain from drinking alcoholic beverages, smoking and using tobacco products while involved with YWAM in the U.S. Virgin Islands. This includes outreach and de-briefing week.

We ask everyone to dress modestly while part of YWAM St. Croix. You may need to leave a few things home or buy new things in order to accommodate this request. Upon acceptance you will receive a detailed description of what is or is not considered modest while you are here with us. Though we dress casually, we want to avoid being offensive to one another.

We do not allow students to leave base property by themselves. We ask them to go out in pairs or groups of three for safety and accountability.

Other policies and guidelines will be discussed during your orientation time. You will be expected to abide by these in order to remain a part of YWAM St. Croix.

***I agree to abide by the policies, rules and guidelines of YWAM St. Croix and it's leadership.***

**Applicant's Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return all completed forms to:**

YWAM Registrar 4030 Diamond Ruby, Christiansted, VI 00820 Phone & Fax: (340)778-7373 E-mail: [dts@ywamstcroix.org](mailto:dts@ywamstcroix.org)

# Statement of Burial/Mediation



**Youth With A Mission  
St. Croix, USVI**

Please send signed form along with the application to:

**YWAM Registrar**  
4030 Diamond Ruby  
Christiansted, VI 00820

Fax & Phone: (340) 778-7373  
Email: dts@ywamstcroix.org

## Burial Statement

We at Youth With A Mission of St. Croix, encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With A Mission of St. Croix does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for the living.

In case of death, Youth With A Mission St. Croix cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike). If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not Youth With A Mission of St. Croix.

I agree that in case of my death while on outreach in conjunction with Youth With A Mission of St. Croix, that they may carry out the burial in the location of my demise. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With A Mission of St. Croix, it's staff and associates, from any responsibility for burial costs.

**Applicant's Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If applicant is under 18 years of age, the signature of a parent or responsible party is required.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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