



# Guide To Completing DTS Application

Thank you for applying to be a part of Youth With A Mission! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive each of the six items listed below. If a question does not apply to you, write N/A in the space. Husbands and wives enrolling as students must complete separate applications.

- Entry Application Form**
- Registration Fee** A nonrefundable registration fee of \$50 USD for single applicants, or a fee of \$100 for a couple is to be forwarded with your application. Your application cannot be processed without this fee. All registration and tuition fees must be paid in USD. A bank draft can be obtained at any foreign bank.
- Personal History** Please prayerfully and concisely answer the following questions on a separate sheet of paper printed or typed. Attach it to your Entry Application Form:
  - A. Briefly describe your conversion experience and your present relationship with the Lord.
  - B. What areas of your character are you presently seeking God to develop and/or improve?
  - C. How would you describe your relationship with your family?
  - D. Please describe your relationship with your church.
  - E. What is your purpose for applying for this program?
  - F. Please describe your spiritual and/or ministry goals.
  - G. How do your parents feel about your plan to enroll in DTS?
  - H. Have you ever been involved in the occult? If so, please explain.
  - I. Have you ever used tobacco, alcohol, or drugs? If so, how long did you use them for and how long ago was that?
  - J. Have you ever had (or do you currently have) an eating disorder? If so, please explain.
- Reference Form** Give reference forms to two mature Christians, other than your pastor or family members. Please give the Pastor's reference form to your pastor or spiritual leader. Have them mail these forms directly to us.
- Confidential Health Form** Please complete this form, have it signed by a physician, and return it directly to us.
- Release Form** Please read and sign each portion and return to us.

Please direct all forms to:

**Gleanings For The Hungry**  
**P.O. Box 309**  
**Sultana, CA 93666**  
[registrar@gleanings.org](mailto:registrar@gleanings.org)

# Entry Application Form

## Personal Information:

Date of Application: \_\_\_\_\_

*Application for DTS*

School Start Date: \_\_\_\_\_

Mr./Mrs./Miss: \_\_\_\_\_  
Full Name

Current Address: \_\_\_\_\_  
Street/P.O.Box

City State/Prov. Zip Code Country Phone

Permanent Address: \_\_\_\_\_  
Street/P.O.Box

City State/Prov. Zip Code Country Phone

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Day/Spell Month/Year Blood Type: \_\_\_\_\_ (O/A/B/AB/+ or -)  
(if known)

Marital Status:  Single  Engaged  Married  Separated  Divorced  Remarried  Widowed

Spouse's Name: \_\_\_\_\_ Anniversary date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (If Applicable) Day/Spell  
Month/Year

Citizenship: \_\_\_\_\_ Social Security # \_\_\_\_\_

Passport # \_\_\_\_\_ Expire Date: \_\_\_\_\_ Country: \_\_\_\_\_

Passport In Process:  Yes  No  N/A If yes, Date Applied: \_\_\_\_\_

## Background Information:

How long have you been a Christian?  
\_\_\_\_\_

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

Church name and address: \_\_\_\_\_

Please attach recent  
photograph

\_\_\_\_\_  
Name Street/P.O.Box  
\_\_\_\_\_  
\_\_\_\_\_  
City State/Prov. Zip Code Country Telephone

How long have you attended the above church?  
\_\_\_\_\_

Does your pastor know you are sending this application?  Yes  No

Is he or she in agreement with your plans?  Yes  No (If No, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on back...*

**Background Information (Continued):**

YWAM exposure or experience (Please list: when, where, program and your leader): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read the book "Is That Really You God?" by Loren Cunningham?  Yes  No

Occupational skills:  
\_\_\_\_\_

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

Highest Educational Level Completed:  
\_\_\_\_\_

Languages: Please list in order of proficiency:  
\_\_\_\_\_

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**Financial Information:**

Do you have your complete school fees?  Yes  No

If not, what percentage of your school fees do you have now?  0%  25%  50%  75%  90%

If not, from what source will they come?  
\_\_\_\_\_

Do you have any outstanding debts?  No  Yes (please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Who should we contact in case of emergency?

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Name

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Address

Phone Number

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Registration fee enclosed \$50  
USD \_\_\_\_\_

Please direct all forms to:

**Gleanings For The Hungry**  
**P. O. Box 309**  
**Sultana, CA 93666**  
**registrar@gleanings.org**

## Pastor's Reference Form

(Or Youth Pastor, Spiritual Mentor, etc.)

**To The Applicant:** Please complete the information below and provide a stamped envelope addressed to Gleanings, for the person filing the reference.

Name of Applicant:

\_\_\_\_\_

Course Applying for: \_\_\_\_\_ Dates:

**I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.**

Applicant's Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

**The above applicant has applied for participation in Youth With A Mission (YWAM) an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1100 locations in 171 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."**

Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. Thank you for your assistance. Please check the following and comment where necessary:

1. How well do you know the applicant?  Very well  Well  Casually

2. In what situations have you observed the applicant?  At home  At work  In social activities  
 In church relationships  Other

3. How long has the applicant attended your church?

\_\_\_\_\_

**Personal Profile** – Please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					

Reliability					
Respect of others convictions					
Self discipline					
Sound judgment					

Comments:

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### Pastor's Reference Form (Continued)

4. In what activities has the applicant participated since attending your church?

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5. In your association with the applicant what has been the level of commitment you have seen exemplified?

Faithful     Inconsistent     Other:

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6. Were you aware of the applicant's intention to participate in this YWAM program?     Yes     No

7. Does he/she display high moral standards?     Yes     No (please explain)

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8. Is he/she prejudiced against any groups, races or nationalities?     Yes     No (please explain)

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9. Overall, what do you consider to be the applicant's strong points? (include special abilities)

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10. Please comment on the applicant's family background (if known)

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11. In your opinion, what are the applicant's motives for applying to YWAM?

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

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13. Is the applicant financially responsible?

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14. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them.

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15. Would you recommend the applicant for acceptance by Youth With A Mission?

Yes    With some reservation    No (please explain)

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16. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes    No (please explain)

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17. Would your church be willing to consider supporting this applicant:    Financially    Prayerfully  
Comments:

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I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that he/she possesses the qualities indicated above.

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

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

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

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Phone: \_\_\_\_\_ Would you like to receive further information about YWAM?    Yes  
 No

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Course Applying for: \_\_\_\_\_

Dates: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

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

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3. In what situations have you observed the applicant?  At home  At work  
 At school  In social activities  In church relationships  Other \_\_\_\_\_

Personal Profile – Please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
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Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self discipline					
Sound judgment					

Comments: \_\_\_\_\_

\_\_\_\_\_

### Reference Form (Continued)

4. To what extent is the applicant involved in church work?

\_\_\_\_\_

\_\_\_\_\_

5. Does he/she display high moral standards?  Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is he/she prejudiced against any groups, races or nationalities?  Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

7. Overall, what do you consider to be the applicant's strong points? (include special abilities)

\_\_\_\_\_

\_\_\_\_\_

8. Please comment on the applicant's family background (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. In your opinion, what are the applicant's motives for applying to YWAM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_

\_\_\_\_\_

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11. Is the applicant financially responsible? \_\_\_\_\_

12. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Would you recommend the applicant for acceptance by Youth With A Mission?  
 Yes  With some reservation  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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

Position:

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Would you like further information about YWAM?  Yes  No

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Name of

Applicant: \_\_\_\_\_

Course Applying for: \_\_\_\_\_

Dates: \_\_\_\_\_

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature: \_\_\_\_\_

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1. What is your relationship to the applicant?  Employer  Teacher  Friend  Other
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 At school  In social activities  In church relationships  Other \_\_\_\_\_

Personal Profile – Please check the appropriate box.

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Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self discipline					
Sound judgment					

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reference Form (Continued)

4. To what extent is the applicant involved in church work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does he/she display high moral standards?  Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is he/she prejudiced against any groups, races or nationalities?  Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Overall, what do you consider to be the applicant's strong points? (include special abilities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please comment on the applicant's family background (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. In your opinion, what are the applicant's motives for applying to YWAM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_

\_\_\_\_\_

11. Is the applicant financially responsible? \_\_\_\_\_

12. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them \_\_\_\_\_

\_\_\_\_\_

13. Would you recommend the applicant for acceptance by Youth With A Mission?  
 Yes  With some reservation  No (please explain)

\_\_\_\_\_

14. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 Yes  No (please explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I have known \_\_\_\_\_ for \_\_\_\_\_ years and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Would you like further information about YWAM?  Yes  No

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**Sultana, CA 93666**

# CONFIDENTIAL HEALTH FORM

Name:

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	Last/Family Name	First	Middle
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Address:

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	City	State	Zip Code
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School:

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	Location	Dates
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## 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?**

	Yes	No		Yes	No		Yes	No
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides <input type="checkbox"/> <input type="checkbox"/>			Tonsillectomy <input type="checkbox"/> <input type="checkbox"/>			Kidney Disease <input type="checkbox"/> <input type="checkbox"/>		
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder issues	<input type="checkbox"/>	<input type="checkbox"/>
Other-specify <input type="checkbox"/> <input type="checkbox"/>			Other-specify <input type="checkbox"/> <input type="checkbox"/>			Intestinal troubles <input type="checkbox"/> <input type="checkbox"/>		
Food-specify <input type="checkbox"/> <input type="checkbox"/>			Broken bones <input type="checkbox"/> <input type="checkbox"/>			Recurrent diarrhea <input type="checkbox"/> <input type="checkbox"/>		
Skin conditions <input type="checkbox"/> <input type="checkbox"/>			Dislocation of joints <input type="checkbox"/> <input type="checkbox"/>			Shortness of breath <input type="checkbox"/> <input type="checkbox"/>		
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or		
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous		
Fainting spells <input type="checkbox"/> <input type="checkbox"/>			Head injury	<input type="checkbox"/>	<input type="checkbox"/>	disorders	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tumor: Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps <input type="checkbox"/> <input type="checkbox"/>		
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy <input type="checkbox"/> <input type="checkbox"/>		
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Contagious Disease	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant? <input type="checkbox"/> <input type="checkbox"/>		

Other:

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Do you have any special dietary needs?

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Are you now under doctor's care for any condition?  Yes  No (specify) \_\_\_\_\_

Are you taking medication at this time?  Yes  No (specify) \_\_\_\_\_

Do you have any handicaps?  Yes  No (please describe)

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Are you underweight? \_\_\_\_\_ Overweight? \_\_\_\_\_ If so, by how much? \_\_\_\_\_

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## To The Physician:

The above-named person has applied for service with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health:

1. Would he/she be able to walk 3-4 miles per day?  Yes  No
2. Would you consider the applicant to be in generally good health?  Yes  No
3. Do you certify the applicant to be non-contagious?  Yes  No

*Continued on back. . .*

## Vaccination Record

In order to help the planning process for your outreach phase, we would like to know if you have had the following vaccinations and if they're up to date.

Vaccination	Date of last shot
Tetanus/Diphtheria	
MMR (Measles, Mumps, Rubella)	
Polio	

The following vaccinations are not essential, but beneficial for certain outreaches and it is helpful for us to have the information.

Vaccination	Date of last shot	Check here if series was completed
Hepatitis A (Series of 2 shots)		
Hepatitis B (Series of 3 shots)		
Typhoid		
Yellow Fever		

If you have been given any additional shots, please list below.

Vaccination	Date of last shot

NOTE: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Doctor's signature or stamp

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Doctor's full name printed \_\_\_\_\_ Date: \_\_\_\_\_

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Full Address:

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

**Gleanings For The Hungry  
P.O. Box 309  
Sultana, CA 93666  
registrar@gleanings.org**

**Release of Liability:**

I/We do hereby release Gleanings For The Hungry, Inc., its agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which

may be sustained by said person during the course of involvement with Youth With A Mission, Inc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Month Day Year

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**Acknowledgement of Financial Responsibility:**

I have read the financial policy. I understand that payment of the required fees must be made in U.S. currency prior to, or upon my arrival, or according to schedule, unless otherwise approved by the Program Director before the program's commencement. Furthermore, I agree to meet in a timely manner, prior to the completion of the program, all personal expenses incurred during my involvement with Gleanings For The Hungry, Inc., including financial responsibility for negligent loss or damage of property. I also understand the penalties for early termination or withdrawal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/ Year

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Month Day Year

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**Consent For Treatment:**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I/we also accept full responsibility for expenses related to medical care.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Month Day Year

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I have completed all portions of this application accurately for admission to the program for which I am applying. I have also read the policies, and if I am accepted by Gleanings For The Hungry, Inc., I will abide by the spirit, rules and schedules of the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
This form is valid for the duration of my involvement with Gleanings. Month Day Year

"Lord, who may dwell in your sanctuary? Who may live in your holy hill?  
He . . . who keeps his oath even when it hurts . . ." (Psalm 15:4b)

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