

## Guide To Completing DTS Application

Thank you for applying with YWAM Arctic Mercy in Homer, Alaska. May you know the Lord's grace as you seek His direction. In order to process your application, we must receive each of the items listed below in completed form. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications.

- ☐ **Entry Application Form.** This form must be filled out for any initial course you wish to apply for at YWAM Arctic Mercy.
- ☐ **Registration Fee.** A nonrefundable registration fee of \$45 USD for singles or \$65 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 separate paper, printed or computer-generated. 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. Describe how your family feels about your desire to enroll in a DTS program?
  - E. Please describe your relationship at church.
  - F. Please describe your spiritual and/or ministry goals, including your missionary service goals.
  - G. What is your purpose for applying for this program?

(The following questions will not automatically exclude you from the DTS program. We are more interested in how you have grown through these experiences while prayerfully considering your application.)

- H. Have you ever been involved with the occult or homosexuality? If yes, please explain.
  - I. Have you ever used tobacco, alcohol or drugs? If yes, please explain.
  - J. Have you ever been legally cautioned, charged or convicted of a criminal offense or sexual misconduct in this country or abroad, or have any cases pending? If so, please explain.
  - K. Please describe anything else we should know about your situation.
- ☐ **Reference Forms.** 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 to YWAM Arctic Mercy. (We recommend providing them an addressed and stamped envelope to speed the process.)
  - ☐ **Confidential Health Form.** Please complete this form, have it signed by a physician and return it to us. This form may be returned to us after the remainder of the application is received. Health form may be sent in separately from application.
  - ☐ **Release Forms.** Please read and sign each portion and return to YWAM Arctic Mercy.

Please direct all forms to:  
**YWAM Arctic Mercy**  
**PO Box 959**  
**Homer AK 99603**  
**Phone/FAX: (907) 235-9339**



**Background Information (Continued):**

YWAM exposure or experience (write N/A if this is your DTS):

Program	Date	Leader's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you read the book "Is That Really You, God?"  Yes  No

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

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

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

Languages (Please list in order of proficiency) \_\_\_\_\_

**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%

What source will the remaining fees come from? \_\_\_\_\_

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

Who should we contact in case of emergency? \_\_\_\_\_

Name

Address

Phone Number

**Predominant Ethnic Background of Student** This information is used for statistical purposes only and will not be used to determine eligibility for admission. The federal government requires that we supply ethnic enrollment data.

- Asian or Pacific Islander
- N. American Indian
- Other: Please specify background \_\_\_\_\_
- White
- African
- Hispanic
- Mid-Eastern

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Registration fee enclosed \$45 USD \_\_\_\_\_

**Reference List:** Please list those to whom you give your references.

**1) Pastor/Spiritual Leader**

Mr./Mrs./Miss \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

**2) Employer/Teacher/YWAM Leader/Similar Other**

Mr./Mrs./Miss \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

**3) Friend**

Mr./Mrs./Miss \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

**Dependants** Names of children accompanying you

Last/Family Name	First	Middle	Birthday	Sex (M/F)	Age

**Passport/Visa Information**

Country of Citizenship \_\_\_\_\_

Name as listed on Passport \_\_\_\_\_

City and Country where Passport Issued \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_ Visa Type \_\_\_\_\_

(Non-U.S. Students only)

Date Visa Issued \_\_\_\_\_

City and Country where Visa Issued \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

Have you ever been refused a visa?  No  Yes (Give nation and details) \_\_\_\_\_

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# Confidential Health Form

Name \_\_\_\_\_  

Last/Family Name
First
Middle

Address \_\_\_\_\_  

Street Address
City
State
Zip Code

School \_\_\_\_\_  

School
Location
Dates

**Are you allergic to any medications?**       No     Yes    If yes, please list \_\_\_\_\_

**Personal History**

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

	Yes	No		Yes	No		Yes	No
<b>Allergy:</b>			<b>Surgery:</b>			<b>Jaundice</b>	<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 Problems	<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		
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	nervous 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"/>	HIV+ <input type="checkbox"/> <input type="checkbox"/>			Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

Do you have any special dietary needs? \_\_\_\_\_

Are you now under a doctor's care for any conditions?     No     Yes    Specify \_\_\_\_\_

Are you taking any medications at this time? \_\_\_\_\_

Do you have any handicaps?     No     Yes    Describe \_\_\_\_\_

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

**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 next page...*

## Vaccination Record

In order to help the planning process for your outreach, 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 2 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 \_\_\_\_\_

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

Office Address \_\_\_\_\_

Phone \_\_\_\_\_

**Youth With A Mission -- Arctic Mercy**  
**PO Box 959**  
**Homer AK 99603**  
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## **DTS Financial Policy**

Youth With A Mission schools are faith ventures. Your tuition covers only a percentage of the costs involved. Our staff each lives a life of faith. They receive no salary from the schools. God's provision for your tuition should be considered a seal of His approval; an indication of His will for you to attend.

Tuition fees cover costs of transportation, honorariums for speakers, meals and housing. Your tuition does not include your outreach expenses or personal expenses (toothbrushes, laundry, required books or study materials, etc.). In order to maintain a reasonable cost for the school, each student will be involved in work duties for ten hours per week. This involves jobs such as cleaning, cooking and maintenance.

### **Payment of Fees:**

**Registration Fee:** The required fee is nonrefundable and is to accompany your application.

**Tuition Fee:** One half of your tuition is due one month before the starting date of the school. The remaining balance is due upon arrival. Payment is payable in cash, check or money order. The Director of Schools prior to your arrival must approve any exceptions to this payment schedule. If an exception is made for you to pay your fees on an installment basis, and a balance is due at the end of the program, your diploma will be withheld until payment is received in full.

**Tax Deduction:** Tuition for the Discipleship Training School is not tax-deductible.

### **Registration Fees:**

Single.....\$45.00                      Married couple.....\$65.00

### **Tuition Fee:**

Each Student: \$3,150.00

### **Policy Regarding Early Termination or Withdrawal:**

It is expected that when a student enrolls, they will continue through the entire course. However, in cases of termination or withdrawal from the program due to an emergency or for disciplinary reasons, any refund of tuition will be at the discretion of the Director of Schools on the following basis:

During the first week:	80% refund	(\$2,360.00)
During the second week:	60% refund	(\$1,770.00)
During the third week:	40% refund	(\$1,180.00)
During the fourth week:	20% refund	(\$590.00)
After the fourth week, the refund is \$0.00.		

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## **Student Expectations & Policies**

The following is what we expect of you as a student during your time here in the lecture phase or while on outreach:

1. We ask that all students attend a local church on Sunday mornings.
2. We require full participation in classes, class work, work duties, worship, intercession times, and weekly outreaches. Emergency leaves of absence need to be approved by your school leader.
3. The use of tobacco, drugs and alcohol is prohibited during the Discipleship Training School.
4. A primary intention of the DTS environment is to provide an environment where you can focus on and develop your relationship with the Lord without distractions. Therefore, all male/female relationships will strictly be kept at the friendship level during the school.
5. We expect you to be responsible with your financial commitments. Please read and understand the DTS Financial Policy.
6. You will be responsible for keeping your personal living space neat and clean, including bedding, daily toiletries, clothes, and miscellaneous gear. Rooms will be checked on a regular basis.

## Release Form

### **Release of Liability:**

I/We do hereby release Youth With A Mission -- Arctic Mercy, Inc., its agents, employees, 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 -- Arctic Mercy, Inc.

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

Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month/Day/Year

### **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 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 Youth With A Mission -- Arctic Mercy, Inc., including financial responsibility for neglect, 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 eighteen years of age.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month/Day/Year

### **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 eighteen years of age.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Month/Day/Year

I have completed all the 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 Youth With A Mission -- Arctic Mercy Inc., I will abide by the spirit, rules and schedules of the program.

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

This form is valid for the duration of my involvement with Youth With A Mission Arctic Mercy Inc.

*"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)*

## DTS Confidential Reference Form

**To the Applicant:** Please complete the information below and provide a stamped envelope addressed to YWAM Arctic Mercy for the person filling out the reference form.

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Course Applying for \_\_\_\_\_ Date \_\_\_\_\_

**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 over 900 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

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     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				
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 judgement					

Please give any comments to help us understand the applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued on next page...*

**Note: Your prompt handling of this form will speed the application process.  
Please fill out and return it to YWAM Arctic Mercy within one week of receipt.**

**Reference Form (Continued)**

3. To what extent is the applicant involved in church work? \_\_\_\_\_  
\_\_\_\_\_

4. Does he/she display high moral standards?  Yes  No (Please explain) \_\_\_\_\_  
\_\_\_\_\_

5. Does he/she show prejudice against any groups, races or nationalities?  No  Yes (Please explain) \_\_\_\_\_  
\_\_\_\_\_

6. Overall, what do you consider to be the applicant's strong points? (Include special abilities) \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

12. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 No  Yes (Please explain) \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

**Youth With A Mission – Arctic Mercy**  
**PO Box 959**  
**Homer AK 99603**  
**Phone/ FAX: 907 235-9339**

## Pastor's/Spiritual Leader's Confidential Reference Form

**To The Applicant:** Please complete the information below and provide a stamped envelope addressed to YWAM Arctic Mercy for the person filling out the reference form.

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Course Applying for \_\_\_\_\_ Date \_\_\_\_\_

**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 over 900 locations on six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

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       At school  
 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 judgement					

Please give any comments to help us understand the applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Continued on next page...*

**Note: Your prompt handling of this form will speed the application process.  
 Please fill out and return it to YWAM Arctic Mercy within one week of receipt.**

**Pastor's Reference Form (Continued)**

4. In what activities has the applicant participated since attending your church? \_\_\_\_\_  
\_\_\_\_\_
5. In your association with the applicant, what has been the level of commitment you have seen exemplified?  
\_\_\_\_\_
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) \_\_\_\_\_  
\_\_\_\_\_
8. Does he/she show prejudice against any groups, races or nationalities?     No     Yes (explain) \_\_\_\_\_  
\_\_\_\_\_
9. Overall, what do you consider to be the applicant's strong points? (Include special abilities) \_\_\_\_\_  
\_\_\_\_\_
7. Please comment on the applicant's family background. (if known) \_\_\_\_\_  
\_\_\_\_\_
8. In your opinion, what are the applicant's motives for applying to YWAM? \_\_\_\_\_  
\_\_\_\_\_
9. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
10. Is the applicant financially responsible? \_\_\_\_\_
11. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to them. \_\_\_\_\_  
\_\_\_\_\_
12. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 No     Yes (please explain) \_\_\_\_\_  
\_\_\_\_\_
13. Would you recommend the applicant for acceptance by Youth With A Mission?  
 Yes     With some reservation     No (Please explain) \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Would you like more information about YWAM?

Yes     No

Would you be interested in a YWAM team visiting your church?

Yes     No

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