

Guide To Completing DTS Application

Thank you for applying with YWAM Arctic Mercy in Homer, Alaska. 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 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 submitted 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. 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.
 - G. What is your purpose for applying for this program?
- ❑ **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.
- ❑ **PASSPORT INFORMATION.** If you do not have a passport, please get one before your DTS. There is not time to apply for a passport during the DTS and also get a visa for the outreach country.

Please direct all forms to:
YWAM Arctic Mercy
PO Box 959
Homer AK 99603
Phone (907) 235-9339 FAX (907) 235-4829

Entry Application Form

Personal Information:



Course Applying for _____
(Example: AADTS/2014, Fall KCDTS 2015)

Mr./Mrs./Miss. _____
Last/ Family Name First Middle Name/ Initial

Current Address _____
Street/ PO Box

_____ City State/ Prov. Zip Code Country

Permanent Address _____

Home Phone _____

Occupation _____ Cell Phone _____ Email _____

Sex M F Age _____ Birth Date ____/____/____ Day Spell Month Year Birth Place _____ City State/Province

Height _____ Weight _____ Blood Type _____ (if known) (O/A/B/AB + or -)

Marital Status Single Engaged Married Separated Divorced Widowed

Spouse's Name _____ Anniversary Date ____/____/____ Day Spell Month Year

Citizenship _____ Social Security Number _____

Passport Number _____ Expiration Date _____ Country _____

Passport In Process Yes No If Yes, Date Applied _____

Background Information:

How long have you been a follower of Christ? _____

Church Name and Address _____
Name Street/ PO Box

_____ City State/ Prov. Zip Code Country Phone

Denomination _____ Pastor's Name _____

How long have you attended the above church? _____

Does your pastor (or spiritual leader) 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 next page...

Background Information (Continued):

YWAM exposure or experience (write N/A if this is your first 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 White Hispanic
- N. American Indian African Mid-Eastern
- Other: Please specify background _____

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 _____

Email Address _____

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

Mr./Mrs./Miss _____ Phone _____

Email Address _____

3) Friend

Mr./Mrs./Miss _____ Phone _____

Email Address _____

Dependents: Names of children accompanying you

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

Passport/Visa Information (For non-US applicants)

Country of Citizenship _____

Name as listed on Passport _____

City and Country where Passport Issued _____

Passport Number _____ Passport Expiry Date _____

Visa Type _____ 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 _____

Address _____

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
Allergy:			Surgery:			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 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"/>	FEMALES ONLY		
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/food allergies? _____

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 disabilities? No Yes Describe _____

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. Are you aware of any potential contagions? Yes No
4. Can applicant lift 30 - 50 pounds on a regular basis (luggage)? 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 / /
Day Spell Month Year

Office Address _____

Phone _____

Youth With A Mission -- Arctic Mercy
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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. Each of our staff lives a life of faith. They receive no salary from the schools.

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 every 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, money order or PayPal (via website).

Tax Deductibility of Fees: Tuition for the DTS Lecture Phase is not tax-deductible. Donations given for the outreach portion are tax-deductible.

Registration Fees:

Single.....\$45

Married couple.....\$65

Tuition Fee:

Each Student: \$3,350 except for Alaska Adventure DTS which is \$5,000

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:

		DTS	AADTS
During the first week:	80% refund	(\$2,680)	(\$4,000)
During the second week:	60% refund	(\$2,010)	(\$3,000)
During the third week:	40% refund	(\$1,340)	(\$2,000)
During the fourth week:	20% refund	(\$670)	(\$1,000)
After the fourth week there is no refund.			

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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 weekends.
2. We require full participation in classes, class work, work duties, worship, intercession times, weekly outreaches, and any other sanctioned YWAM events. 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 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 (on previous page of this application packet).
6. You will be responsible for keeping your personal living space neat and clean, including bedding, daily toiletries, clothes, and miscellaneous gear.

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 ____/____/____
Day Spell Month Year

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

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Day Spell Month 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. 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 ____/____/____
Day Spell Month Year

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

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Day Spell Month 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 ____/____/____
Day Spell Month Year

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

Parent/Guardian Signature _____ Date ____/____/____ Relationship _____
Day Spell Month 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 ____/____/____
Day Spell Month 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 _____
Applicant, put your name here Applicant's Number
 Course Applying for _____ Applicant's Email _____
Example: AADTS 2014, Fall KCDS 2015

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 _____

To the Referrer: This applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has over 1,400 locations on six continents. Its purposes include training, challenging and sending 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 judgment					

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 to YWAM Arctic Mercy within one week.**

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 _____ Email _____

Youth With A Mission – Arctic Mercy
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Fax: 907 235-4829

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 _____
Applicant, put your name here Applicant's Number

Course Applying for _____ Date _____
Example: AADTS 2014, Fall KCDTS 2015

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 _____

To the Referrer: The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational missionary organization. YWAM, founded in 1960, now has over 1,400 locations on six continents. Its purposes include training, challenging and sending 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 judgment					

Please give any comments to help us understand the applicant _____

Continued on next page...

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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 _____

Phone _____

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Applicant, put your name here Applicant's Number

Course Applying for _____
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Applicant's Signature _____ Date _____

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Reliability					
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Sound judgment					

Please give any comments to help us understand the applicant _____

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Reference Form (Continued)

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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 _____

Phone _____

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