



Student Application

Application Checklist

Thank you for applying to join YWAM Saint Lucia Training program. To enable us to process your application, follow the steps below to complete your application:

- 1- Fill the Student application form either a hard copy (Page 2 to 8) or the one online:** Please answer all questions. If one does not apply to you, write N/A (not applicable) in the space. Husbands and wives must use separate forms. Make sure you answer all the Supplementary questions.
- make sure you attach a recent photo of you
- 2- Print and sign the Consent for treatment, and the Release of Liability forms:** Each applicant must sign these forms. (page 10)
- 3- Two to three reference forms needed:** Please make copies (page 12 and 13), complete Section 1 of each reference form and give one to your current pastor and one to a mature Christian friend, teacher and/or employer. Please give each referee a stamped envelope, addressed to: **YWAM Saint Lucia, P.O. Box 4029, Bocage Castries, SAINT LUCIA (Eastern Caribbean)**. The referees can email us a scanned copy of the form but we will still need the signed originals. If you give us their email we can send them a link to complete an online form directly
- 4- Print the Confidential health form for Physician:** This form must be signed by your Physician or an authorized medical examiner. Fill in your name and have it completed and sign by a Physician the form can then be returned to us (see address below) by regular mail to speed up application process email us a copy (scan of photo) in this case original can be provided when you arrive.
- 5- Passport information page:** scan or photocopy of your passport information page (with your name photo and dates,) email it to us or attach it to your application form.
- 6- Application fees:** Please sign and send the entire application form with a non-refundable application fee of \$50 (US). If sending check Please make your check payable to: Youth With A Mission inc.

Mailing Address:

YWAM Saint Lucia
P.O. Box 4029 Bocage,
Castries Saint Lucia (Eastern Caribbean)

you can pay your application fee online via Paypal or other but you may need to add a 5% processing fees while paying. Contact us for details. Spouse must complete a separate application form

- 7- Immigration:** We will work with you on getting the necessary documents if any is required once your application is approved.

If you need further assistance or have any questions, please feel free to contact us and we will gladly help.

Telephone: (758) 450-9926 or (758) 286-2967

Skype : YWAMSAINTLUCIA

Email: dts@ywamSL.org

Web: www.ywamSL.org



Personal Details

I would like to apply for:

[] The Discipleship Training School (DTS)

[] Other Program (Specify):

Indicate below the month you will prefer to start the program because we can have the same program starting at different date in the same year depending on the availability of staff and students.

Starting Date choice # 1:

Month / Year

Starting Date choice # 2:

Month / Year

Starting Date Choice # 3:

Month / Year



Personal Information:

First Name: Middle Name: Last Name:

Mailing Address:

City: State / Province: Zip / Postal Code:

Country:

Telephone: Fax:

Email: Website:

Date of Birth: Place of Birth:

DD / MM / YYYY

Age: Sex: [] Male [] Female

Nationality: Passport Number: Expiration Date:

DD / MM / YYYY

Marital Status: (please check all appropriate boxes)

[] Single

[] Married Anniversary Date:

DD / MM / YYYY

[] Divorce Date:

[] Separated Date:

DD / MM / YYYY

[] Widow(er) Date:

[] Re-married Date:

DD / MM / YYYY

[] Engaged Wedding Date:

DD / MM / YYYY

If Married or Re-married

Spouse's Name: Will your spouse be accompanying you? [] Yes [] No

Spouse's Nationality: Passport Number: Exp. Date:

DD / MM / YYYY

Spouse's: Sex: [] Male [] Female

What is Your Emergency Contact Information:

Complete Name: Relationship to Applicant:

Mailing Address:

City: State / Province: Zip / Postal Code:

Country:

Telephone (with country code): Email:



Family Information:

Do you have children ? (Indicate Number): Will any of your children accompany you? Yes No

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date: DD / MM / YYYY

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date: DD / MM / YYYY

Child's Name: Age: Sex: M F

Nationality: Passport Number: Exp. Date: DD / MM / YYYY

Indicate additional information on a separate page and attach to form

Church Information:

Church Name: Pastor's Name:

Church Affiliation denomination:

Church mailing Address:

City: State / Province: Zip / Postal Code:

Country:

Telephone: Fax:

Email: How long have you attended this church?

Personal Finances:

Most of our training are residential programs and fees include room and board and in most cases cost are estimated to about US\$ 225 per week (unless you are subject to a special subsidized fee). Also, in case the program involves an outreach phase like the DTS, participants should add to their budget the cost of the airfare to the outreach location and back to Saint Lucia.

Do you have all the money for this school/program? Yes No

If not, what percentage do you currently have?

Please explain:

Do you have any persons or churches committed to supporting you during this program? Yes No

Please explain:

Do you have any debts at this time? Yes No How do you plan to eliminate this debt while with YWAM?

Please explain:

I certify that all the information in this application is complete and accurate. If accepted by Youth With A Mission Saint Lucia, I will abide by the spirit and rules of the program. I confirm that I understand that the payment of the required program fees/tuition must be made upon or before arrival. I also confirm that I am fully aware of my obligations, both to the Lord and to YWAM. I therefore commit myself to paying all personal expenses required during my involvement with Youth With A Mission Saint Lucia.

Name & Signature of the Applicant : Date: DD / MM / YYYY



Education and Skills

Education & Languages:

What is the highest grade level you have completed?

What languages do you speak? Please indicate your level of proficiency.

A = Basic B = Limited C = Minimum Professional D = Professional E = Native Tongue

Languages

Written

Speaking

Experience & Interests:

In which of the following do you have experience or a special interest? Experience = E Interest = I

E	I		E	I		E	I		E	I	
<input type="checkbox"/>	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	Discipleship	<input type="checkbox"/>	<input type="checkbox"/>	Writer	<input type="checkbox"/>	<input type="checkbox"/>	Church Planting
<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	Administration	<input type="checkbox"/>	<input type="checkbox"/>	Singer	<input type="checkbox"/>	<input type="checkbox"/>	Multimedia Communications
<input type="checkbox"/>	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	<input type="checkbox"/>	Nursing	<input type="checkbox"/>	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	<input type="checkbox"/>	Community Development
<input type="checkbox"/>	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	Journalism	<input type="checkbox"/>	<input type="checkbox"/>	Sports	<input type="checkbox"/>	<input type="checkbox"/>	Video Production
<input type="checkbox"/>	<input type="checkbox"/>	Computers	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Arts	<input type="checkbox"/>	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	Working with Children
<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	Translation	<input type="checkbox"/>	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	<input type="checkbox"/>	Working with Teens
<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	Working with Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	Art	<input type="checkbox"/>	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Farming	<input type="checkbox"/>	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	Theater	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Preaching	<input type="checkbox"/>	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	<input type="checkbox"/>	Sound	<input type="checkbox"/>	<input type="checkbox"/>	Beautician / Hair Stylist
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	Others:								



Personal questions

1- Please describe your conversion experience and the turning point in your walk with the Lord Jesus Christ.

Blank lines for writing the answer to question 1.

How is your relationship with the Lord at this time ?.

Blank lines for writing the answer to question 2.

2- Describe any other special experiences you have had during your walk with the Lord.

Blank lines for writing the answer to question 2.

3- How would you describe your relationship with your family? Please include how they feel about your plans to attend this YWAM Program.

Blank lines for writing the answer to question 3.

4- Describe your relationship with your local church and include any areas of leadership or service that you were involved in.

Blank lines for writing the answer to question 4.

5- Are you in school or working at this time? Please explain.

Blank lines for writing the answer to question 5.

6- Describe your long-term goals and what God has been speaking to you about His plan for your life..

Blank lines for writing the answer to question 6.

7- How did you hear about YWAM Saint Lucia?

Blank lines for writing the answer to question 7.



8- What areas of your character do you want to change with God's help?

9- Have you ever had any missions experience? Please explain when & where.

10- Have you ever been convicted of a crime or been involved in drugs, alcohol abuse, homosexuality, or the occult? Please explain.

11- Why do you desire to attend this program with YWAM Saint Lucia?

12- Please list all YWAM Programs you have ever attended, which location and what year you attended them?

13- Please write the names of the persons completing your reference forms, be sure to include their telephone number, address and Email.

- Name Referee 1: Relationship with you : address Home phone (with coutry code): Mobile Phone (with country code) Email:

- Name Referee 2: Relationship with you : address Home phone (with coutry code): Mobile Phone (with country code) Email:

- Name Referee 3: Relationship with you : address Home phone (with coutry code): Mobile Phone (with country code) Email:

14- Mention any other area of your life you believe would be important for us to know about.



Medical History Form

This section can be completed by the applicant. (Please answer all questions as clearly as possible. This information is treated confidential and is kept apart from your academic records)

Applicant's Name:

Are you currently being treated by a doctor for any medical condition? [] Yes [] No If so, please explain:

Medical insurance company

Insurance number:

Are you taking any medications at this time? [] Yes [] No If so, please explain:

Do you have any physical disability or other health issueS that requires special attention? [] Yes [] No

If so, please explain:

In emergency, contact:

Telephone:

Allergy Information:

Table with 3 columns of allergens (corn, oats, peanut, wheat, garlic, milk, soy, tetracycline, Sulfonamide, Serum, pollen, mold, cosmetic, Insect sting, perfume) and YES/NO checkboxes.

Contagious Diseases:

Have you ever had any of the following contagious diseases?

Table with 3 columns of diseases (Strep Throat, Scarlet Fever, Other, Chicken Pox, Measles, Tuberculosis, Mumps) and YES/NO checkboxes.

Have you had an HIV test done? [] Yes [] No If so, what were the results?

Women Only:

Table with 3 columns of questions (Irregular Period, Previous Pregnancies, Excessive Flow, Are you Pregnant?, Severe Cramps, What is your due date?) and YES/NO checkboxes.

DD / MM / YYYY

Explanations:



Personal Health History:

Have you had or do you currently have any of the following: (Please explain for any "YES" answers)

Table with 3 columns of YES/NO checkboxes for various health conditions like Jaundice, Hepatitis, Tumor / Cancer, etc.

Explanations:

Immunization Records:

this is just an information record and not a request to take the indicated vaccine, you can get more informations from your doctor we can also open review recommend you some specific vaccines in consideration of the type and location of ministry we could be involve in.

Table with 4 columns: YES, NO, Date, YES, NO, Date for various immunizations like DPT/Td, Typhoid, Cholera, etc.

Important note regarding immunizations:

Please respond yes or no to each type of vaccination received. It is very important that we have a correct record of all the immunizations you have or have not received, including the specific date of each vaccine or booster received.

I attest, to the best of my knowledge, that the above information is true and correct.

Applicant's Signature:

Date:

DD / MM / YEAR



Confidential Health Form

FOR THE PHYSICIAN

The applicant mentioned below is applying to be part of Youth With A Mission Saint Lucia in the Caribbean. This program requires that this person is in good health and your evaluation will be considered in the acceptance of the applicant.

Applicant's Name: _____

For how long has the applicant been your patient? Years Months Weeks First Visit

Height: _____ Weight: _____ Kg. Blood Pressure: _____

Blood Type: O A B AB + -

Do any of the following problems exist?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Dermalogical	<input type="checkbox"/>	<input type="checkbox"/>	Gastric / Intestinal	<input type="checkbox"/>	<input type="checkbox"/>	Head / Neck Problems
<input type="checkbox"/>	<input type="checkbox"/>	Urological	<input type="checkbox"/>	<input type="checkbox"/>	Ears / Nose / Throat	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive Problems
<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmological	<input type="checkbox"/>	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	<input type="checkbox"/>	Mouth / Teeth
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular

Will he / she be able to walk 3 to 4 Km. daily? YES NO

COMMENTS: _____

Doctor's Name: _____

Mailing Address: _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Country: _____

Physician's recommendation:

This applicant is: Acceptable without limitations Not acceptable

Acceptable with limitations (please specify): _____

Doctor's Signature & Seal: _____ Date: _____

DD / MM / YYYY



Liability Release and consent Form

Youth With A Mission is a volunteer missionary organization. Some of its work includes manual labour, walking to remote locations, as well as going to Countries where medical care and legal procedures may differ from the standards to which you are accustomed. Also, some specialized medical services may not be easily available and substitution is necessary.

With this in mind, we must ask you to be assured in your heart and to understand the sacrifice which that may entail. By signing this form you are giving your acknowledgement of these potential risks.

Release of Liability:

I / We will not hold Youth With A Mission (YWAM), it's agents, employees or volunteers liable for any and all accidents, damages or loses that may happen to the applicant, named below, as a result of his/her involvement or participation with YWAM.

Applicant's Name: _____

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian: _____ Date: _____
DD / MM / YYYY

Signature of Applicant: _____ Date: _____
DD / MM / YYYY

Home Phone: _____ Work Phone: _____

Consent for Treatment:

In case of a medical emergency, I hereby give YWAM permission to authorize any emergency medical treatment by a physician as he or she may deem necessary.

Applicant's Name: _____

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian: _____ Date: _____
DD / MM / YYYY

Signature of Applicant: _____ Date: _____
DD / MM / YYYY

Home Phone: _____ Work Phone: _____



Legal consent for minors

This form must be completed if the Applicant is under 18 years of age

I hereby give my consent for

(full name of minor):

To participate in a Youth With A Mission program, and any related activities, and to travel both within and outside the Caribbean with Youth With A Mission when the program indicated requires it.

Full Name of Parent or Legal Guardian:

Relationship to Applicant:

Signature

Date:

DD / MM / YYYY



Confidential Form

The Applicant must make at least two copies of this Reference Form, complete the section 1 below and submit the form to the different referees with a stamped envelope addressed to YWAM Saint Lucia P.O.Box 4029 Bocage, Castries, SAINT LUCIA (Eastern Caribbean)

Confidential Reference Form

Section 1:

Applicant's Name:

Applying for: Starting Date:

Month / Year

Duration of the Program:

Section 2: To be completed and signed only by one of the referees indicated in the application form

To the Person completing this reference form:

This applicant has applied for the above mentioned program with Youth With A Mission (YWAM) in Saint Lucia. YWAM Saint Lucia is part of Youth With A Mission International, a Christian missions organization founded in 1960, where Christians from various denominations can be trained and serve in various capacities to extend God's love and His Kingdom.

We thank you for taking the time to complete this reference form and we will seriously consider your reference in making our decision. We keep all references in complete confidence and will not share them with the applicant in any case.

Please mail this completed reference form to the following address:

YWAM Saint Lucia P.O. Box 4029, Bocage, Castries, SAINT LUCIA (Eastern Caribbean)

Or scan and send to the following email address: YWAMSAINTLUCIA@GMAIL.COM

If you prefer to fill this reference form online, please contact us by email and we will send you a link for an online form

1. What is your relationship to the applicant?

Pastor Teacher Friend Employer YWAM Leader Other:

2. How well do you know the applicant? Very Well Average Very Little

3. For how long have you known the applicant? Years Months

4. To your knowledge, which of the following best describes the applicant's Christian experience?

Mature Contagious Genuine & Growing Very Emotional Superficial

5. In regards to dedication the applicant is: Dedicated Average Casual

6. Does the applicant show strong moral standards? YES NO Please Explain below:

7. What do you believe is the applicant's motivation for applying for this program ?

Further Training To Serve God Adventure Desire to help Others Travel

To escape a difficult situation at home Other:

8. In your opinion, what are the applicant's strong points? (special skills or abilities)

9. What could YWAM do to help the applicant with his / her personal development?



10. Are you and/or your church or other supporting the applicant in his / her decision, with prayer, enthusiasm & finances?

Please Explain:

Please evaluate the following areas of the applicant's life based on your observations:

	Excellent	Above Average	Average	Below Average	Poor
Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Alertness	<input type="checkbox"/> Quick Learner	<input type="checkbox"/> Average	<input type="checkbox"/> Slow to Learn
Work Ethic	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Trustworthiness	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects Obligations
Teamwork	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Causes Friction
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Refuses Change
Christian Character	<input type="checkbox"/> Very Stable	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Happy	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Rarely on Time
Finances	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Irresponsible

Would you recommend that the applicant be accepted in this program with YWAM?

YES With Some Caution NO Please explain below:

Your Name :

Mailing Address:

City:

State / Province:

Zip / Postal Code:

Country:

Email:

Mobile Phone: _____ Office Phone: _____

The above information is required including your phone number with the area code so that we can contact you if necessary. Please indicate best time to call.

Signature:

Date:

DD / MM / YEAR