**Application Form**

*Confidential*

1. **Information about the school or course**



Starting date of the school: Location:

1. **Personal data**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | | | | | | |
| Surname(s) | | |  | | | | | | | | | | | | |
| Gender | | |  | | | | | | Age | | |  | | | |
| Place of birth  City / Province / Country | | |  | | | | | | | | | | | | |
| Date of birth | | |  | | | | | Current nationality | | | | |  | | |
| Other nationalities | | |  | | | | | ID Number / Residence permit | | | |  | | | |
| Passport number: | | | |  | | | | Expiry date: | | | |  | | | |
| Do you have a visa or residence permit for Spain? | | | | | |  | | Expiry date: | | | |  | | | |
| Land line: | | |  | | | | | Mobile phone: | | | |  | | | |
| E-mail | | |  | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | Post Code | |  | |
| Locality |  | | | | Province | |  | | | | | Country | |  | |
| Marital status |  | | | | Date of wedding | |  | | | | Spouse's name | | | |  |
| If you have children, write their names, date of birth and sex. | | | | | | | | | |  | | | | | |
| Will your spouse and / or children accompany you to the school? | | | | | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Emergency contact number** | | | | | | |
| Name |  | | | Phone |  | |
| E-mail | |  | Relationship to you | | |  |

1. **Christian background**

*(Note: If it is easier for you, you can link together the answers to questions 1, 2, 3 and 4. Use as many pages as necessary.)*

1. Describe how you came to know Jesus Christ and begin a personal relationship with him. Describe the events and steps leading up to it.

1. Describe your subsequent spiritual growth Comment on events or spiritual experiences in your life that have led to new levels of understanding and/or commitment.

1. In your opinion, why is world evangelization necessary? Use biblical references.

1. Why are you now applying for further training in missionary work? Share any events or influences that have brought you to this point. Also include any specific guidance you believe that the Lord has given you.

1. How did you hear about Youth With A Mission?
2. Have you ever had any previous involvement with YWAM? Yes  No  If so, please give locations and dates and a brief description of your involvement:

1. What were the influences that caused you to apply to YWAM? And more specifically, YWAM Spain?

1. Does your pastor / spiritual leader know you are applying to YWAM? Yes  No 

What is his/her attitude to this? enthusiastic positive  neutral negative

Pastor’s/spiritual leader’s name and phone number

1. Name and address of the church:

Email: Phone:

Denomination

1. List the churches you have attended for a considerable period of time since your childhood to the present. Indicate with an "X" those of which you were a member.

|  |  |  |
| --- | --- | --- |
| ***Church*** | ***City / Province / Country*** | ***Years of membership*** |
|  |  |  |
|  |  |  |
|  |  |  |

1. How do you think your local church might benefit from your participation in this school?

***Note: Please remember that you need to talk to your pastor before we can accept your application for the school.***

1. How much formal or informal Bible training have you had? (Please give details.)

1. Are you an ordained or licensed member of the clergy? (Please give details.)

1. What experience have you had in Christian work or leadership?

1. What are your habits regarding your devotional life?

a) Prayer.

b) Personal Bible study

c) Family devotions

1. What Christian books and magazines have influenced you most?

1. What other periodicals do you read?
2. **Education**
3. What level of education have you completed?
4. Lists the schools or centres that you have attended beyond compulsory education:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name*** | ***Location*** | ***Dates*** | ***Diploma / Degree*** |
|  |  |  |  |
|  |  |  |  |
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1. Languages: Your language learning experience. Rate your knowledge of each language with a score of 1 to 5 (5 is highest),

|  |  |  |  |
| --- | --- | --- | --- |
| ***Language*** | ***Length of time*** | ***Where*** | ***Fluency (1 to 5)*** |
|  |  |  |  |
|  |  |  |  |
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1. **Family and health**
2. Name of parents:
3. Parents’ address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.:
4. Parents’ church affiliation
5. Are your parents separated?  Divorced?  If so, when did this occur? \_\_\_\_\_\_\_\_
6. If either of your parents are deceased, please give the date of their death and your approximate age at the time:
7. Have you spoken with your parents about your desire to attend a DTS? Yes  No 
8. What is the attitude of your parents about your participation in the DTS?   
   enthusiastic  positive  neutral  negative
9. Are you engaged? Yes  No Do you plan to attend the school together?
10. If you have ever been divorced or separated, please give details of each instance, including dates of each marriage and divorce. Use as many additional sheets as you need.

1. Have you habitually used tobacco? Yes No  Alcohol? Yes  No  Drugs? Yes  No  If so, please indicate: a) How recently, b) In what quantity?

1. Have you been involved in the occult? Yes  No  If so, please indicate to what extent, for how long and how recently you have been active:

1. Have you ever been under psychiatric treatment? Yes  No  If so, please give details of the treatment received, dates and/or the current situation.

1. Do you consider your health good, average or poor?

1. Have you ever had any physical disabilities? If so, how long ago? Please give a brief description:

1. Are you on medication or medical treatment currently? If so, please give details.

1. Has your doctor prescribed a special diet? (Bring your diet with you, please.)

1. Do you have any health problems or physical limitations that might hinder you in varied climate and/or adverse living conditions? Please explain.

1. **Work Experience and Skills**
2. What kind of professional training or practical education do you have? E.G.: car mechanic, nurse, business administration, teacher:

1. What is your current occupation?

1. Do you have any musical training or talent?

1. Do you play any instruments?
2. What are your hobbies?
3. As part of their training, students will be assigned practical work duties, as well as helping in different areas associated with living in community.

Please mark the areas where you have some training:

 Teaching  Photography  Secretarial  Computer science  Carpentry

 Art  Cooking  Housekeeping  Electrical abilities  Printing  Graphic Arts  Car mechanics  Masonry skills  Video/Audio  Accounting  Dance/Mime  Painting  Sewing  Plumbing  Child evangelism

Do you hold a driver’s licence? What category:

Place of issue:

 Other:

1. **Interest in missionary service**
2. What kind of work or activity you are interested in after your training?

a)

b)

c)

1. After the DTS, you have you considered working with YWAM? Yes  No  If so, for how long?

 Long-term service.  One or two years.

 Less than one year.

1. Do you want to be a missionary? Yes  No 
2. Do you have a calling to work in foreign missions? Yes  No 
3. Do you think you could live in pioneer conditions? For example: low central heating in winter, different food or culture, dormitory housing or small quarters for families, living in a tent for several weeks on outreach, if necessary. Please comment.

1. Have you ever visited or lived in other countries? Where and when?

1. Is there any country, a part of the world, or specific people group that you think that God may be calling you to?

1. I hope to serve with YWAM Spain from \_\_\_\_\_\_\_\_\_\_\_\_\_ to
2. I understand that I may have to live in difficult situations and may need to make adjustments in lifestyle areas such as food, housing, means of transport, etc.
3. Am I willing to do so? Yes  No 
4. If I am accepted by Youth With A Mission, I accept the spirit, rules and schedule of the program.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

1. **Financial resources**

Each leader and staff member is expected to trust God for financial resources to cover their fees and personal living expenses. The same is expected from every prospective student. As you do the possible (using your savings, working and earning money, selling things you do not need, as the Lord leads), God will do the impossible as you pray in faith and follow the path He has planned for you. Where God guides, He also provides.

Give the names of any dependants which you have and to what extent you are obliged to them:

Other financial obligations or debts:

**Financial statement**

|  |  |
| --- | --- |
| **Calculation of the total cost of the DTS (please indicate currency, euros or US dollars)** | |
| 1. Cost of the DTS (+ 30 euros registration fee) |  |
| 1. Travel expenses to Madrid (round trip) |  |
| 1. Personal expenses (minimum $50/40 euros per month) |  |
| 1. Total amount required (**Sum of 1 to 3**) |  |
| 1. Amount currently available |  |
| 1. Amount still needed (**5 minus 4**) |  |

My family, church or friends will support me with (amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ euros or dollars.

**Send your application form to the email address below and send the deposit for your school by bank transfer to the bank account indicated. Remember that you need to specify your first name and last name and that the transfer is for your DTS Deposit.**

**Email:** edemadrid@jcum.com

**Transfers:**

Juventud con una Misión:

Bank: BBVA (Banco Bilbao Vizcaya)

IBAN: ES91 0182 6398280201529229

Item: Your name and surname, DTS Deposit

**Statement of Burial**

Although it is highly unlikely that any Ywammer will pass away during their service on the field, existing laws regarding burial in some countries make it necessary to consider this possibility prior to travelling abroad. In many countries where YWAM works, internment must take place 24 hours after death. If this occurs, burial must take place on the field.

Even in cases where arrangements can be made to send the remains to the home country, this is very costly, and some countries require a living person to accompany the deceased. For this reason, we cannot guarantee the return of the body to the home country. Therefore, we would like you to consider the following:

**In case of my death, I give my permission to be buried in the country where I died.**

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

**Passport Number:**

**Relationship:**

(If the person is a minor, the parent or guardian must sign)

**Liability Release**

I hereby release Youth With a Mission, its agents and volunteer assistants from any liability whatsoever arising out of any injury, damage, loss or illness that may be sustained during the course of my involvement with YWAM.

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

**Passport Number:**

**Relationship**

(If the person is a minor, the parent or guardian must sign)

**Consent to Medical Treatment**

In case of emergency I hereby agree to the medical treatment, anaesthesia and surgery where deemed necessary by the attending physician.

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

**Passport Number:**

**Relationship**

(If the person is a minor, the parent or guardian must sign)