



## Workshop Student Application

Workshop \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Personal and Contact Information

Name (as it appears on your passport)

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Marital Status: Single/ Married/ Divorced/ Widowed      Sex: Male or Female

Married couples please fill out separate applications. Give children's name, age, and gender on separate paper.

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

### Passport, Nationality and Language Information

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_  
\_\_\_\_\_

## Emergency Information

In case of an emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

In case of emergency, I agree to the performance of such treatment, including anesthesia and surgery as the attending doctor, or physician may say is necessary.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18 years)

## Confidential Health Information

Have you ever had, or do you have, any of the following ?

Epilepsy	yes/no	Heart trouble	yes/ no
Mental or nervous disorders	yes/no	High blood pressure	yes/ no
Mental illness	yes/no	Diabetes	yes/ no
Hay fever, asthma	yes/no	Back problems	yes/no
Allergies	yes/no	Hepatitis	yes/no
Surgery	yes/no		

If yes, please explain \_\_\_\_\_

Do you have any physical disabilities we should be aware of? \_\_\_\_\_

Are you taking any medication or under a doctor's treatment at this time?

Do you have any special dietary needs? (i.e. vegetarian, food allergies)

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Are you allergic to any medication? \_\_\_\_\_

Have you seen or are you seeing a professional counselor for any issues? What issues? \_\_\_\_\_

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Blood type (if known) \_\_\_\_\_ Do you smoke? \_\_\_\_\_

**Immunizations** The Minister of Health recommends the following immunizations before entering Samoa: Hepatitis A, Hepatitis B, Typhoid, Tetanus. (There is a high incidence of typhoid here.) **We strongly advise for overseas students to have Medical Insurance.**

## Financial Information

DTS Lecture Phase cost covers school fees, housing, food, transportation for school functions and books. Fees are determined by a per capita income scale depending on what country you are from. This helps students from nations with lower economies to attend. We will let you know what category you qualify for upon acceptance. Here are the costs for each category:

<b>World A</b>	<b>World B</b>	<b>World C</b>
Registration Fees: \$35 USD	Registration Fee : \$35 USD	Registration Fee : \$35 WST
Workshop Cost: \$900 USD	Workshop Cost: \$600USD	Workshop Cost:\$600 WST

Do you have your workshop fees now? Yes/ No

If no, how do you plan to raise the money needed for the fees?

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Do you currently have any outstanding debt? If yes, what kind? \_\_\_\_\_

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Do you have any outstanding debt with YWAM bases? \_\_\_\_\_

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International students may not arrive with a one-way ticket. Therefore, do you have the funds to cover your round-trip airfare? \_\_\_\_\_

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Please give a contact name and number/email of a staff person at your previous base that can be a financial reference. \_\_\_\_\_

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## **Please answer the questions on a separate piece of paper:**

### **Personal History**

1. State your reasons for applying. What is your ultimate purpose upon completion?
2. What is your commitment level to the daily activities and school work?
3. How has the Lord worked in your life during, and since your DTS? Describe what you have been doing since your DTS (education, job, mission experience, etc.).
4. At which YWAM bases have you taken schools or been staff?
5. Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your involvement in mission work?
6. At YWAM Samoa we require that spouses come together and are not left behind while one is gaining missionary training. Therefore, are you prepared for your spouse to accompany you to this school?
7. Do you drink alcohol or use tobacco products? If yes, are you willing to give this up while you are on the base at YWAM Samoa?
8. Please describe your relationship with your family. Are they supportive?

### **Missions**

1. Why do you feel you have a call to missions?
2. What is God's calling on your life?
3. What is your specific time commitment to missions – short or long-term?
4. Do you feel that you have a calling to another nation or other cultures? Explain.
5. Are you pursuing a University of the Nations degree at this time? If so what degree?
6. Do you have any difficult situations to deal with in regard to attending this school? How can we pray for you?
7. If you were not accepted as part of this school, what would you do instead?



## REFERENCE FORM – Pastor

**Applicant :** Fill in your name and sign below. Then give it to your Pastor with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Samoa. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How does the applicant respond to correction? \_\_\_\_\_

\_\_\_\_\_

In your opinion, is the applicant called to missions or Christian service?

\_\_\_\_\_

\_\_\_\_\_

How does the applicant deal with relationships with the opposite sex?

\_\_\_\_\_

\_\_\_\_\_

Have you noticed tobacco or alcohol use? \_\_\_\_\_

\_\_\_\_\_

Please comment on the applicant's family background. \_\_\_\_\_

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In your opinion, what are the applicant's strengths and weaknesses?

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Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
Flexibility							
Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							
Reliability							

Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

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**I declare that what I have written is correct to the best of my knowledge.**

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like more information on Youth With A Mission ? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa  
Phone 685 : 7200669 or 7204496 email : ywamsamoa@gmail.com**



## REFERENCE FORM – YWAM Leader

**Applicant :** Fill in your name and sign below. Then give it to your YWAM Leader past or present with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

The above applicant has applied for a School of Mission with Youth With A Mission (YWAM) Samoa. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How did the applicant function on outreach or in ministry?

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

How does the applicant deal with community living?

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

How does the applicant deal with relationships with the opposite sex?

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



Have you noticed tobacco or alcohol use? \_\_\_\_\_

Please comment on the applicant's family background.

In your opinion, what are the applicant's strengths and weaknesses?

Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
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Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							

Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

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**I declare that what I have written is correct to the best of my knowledge.**

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like more information on Youth With A Mission Samoa ? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa  
Phone 685 : 7200669 or 7204496 email : [ywamsamoa@gmail.com](mailto:ywamsamoa@gmail.com)**