



YWAM
TRINIDAD

Mailing Address

PO Box 9186 National Mail Center
Piarco, Trinidad and Tobago, West Indies

Office: 1-868-669-8870

Email: info@ywamtt.com

Web: www.ywamtt.com

APPLICATION FORM FOR DTS TRAINING SCHOOL (DTS)

Each student must complete this form including all the additional information requested in the guide to completing applications.

Please print clearly in ink

Please attach a recent passport sized photo of yourself here

Personal Information

Name _____
First Middle Last

Phone _____ Cell: _____

Email _____

Present Address _____

Permanent Address _____

Male Female Date of Birth _____
Day Month Year

Birthplace _____
City State/Prov Country

Citizenship (Country) _____

Passport Number _____ Expiration Date _____

How did you hear about this program? _____

Marital Status

Single _____ Engaged (Date) _____ Married (Date) _____

Divorced (Date) _____ Widowed (Date) _____

Children

Name	Date of Birth (Day / Month / Year)	Sex	Grade / Year in School

Church

Name and address of home church _____

Email _____

Phone _____ Cell: _____

Pastor's Name _____

How long have you attended this church? _____

In Case of an Emergency

First Contact

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Second Contact

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Education

Are you currently in school? YES NO If yes, where? _____

Highest level of education completed _____

Schools attended after high school or post-secondary education _____

What languages do you speak? (in order of fluency) _____

Occupation

Occupation _____

How long have you been at this job for? _____

Occupational skills _____

Name/ Address/Phone Number of Present Employer _____

Have you completed military service? YES NO If yes, please specify _____

Are you an ordained or licensed minister? YES NO

If yes, please specify _____

Skills

Musical Abilities/Talents/Skills _____

Previous Missions Experience

Have you ever been involved in a missional short-term outreach or training program before? YES NO

If yes, please specify:

Leader's Name _____

Date _____ Location _____

What type of ministry? _____

Purpose and Testimony

Describe your conversion experience and past relationship with the Lord (attach more paper if necessary) _____

Describe your relationship with your family. Say how they feel about your plans to attend this school _____

Have you ever been involved in a felonious crime, drug or alcohol abuse, occult activities, homosexual/lesbian practices, or have you ever been accused or convicted of crimes against children? Please explain (note this will not affect your acceptance) _____

What areas of your character are you seeking God to develop and improve? Are there any areas where you need counseling? _____

Please list any relevant information about yourself e.g. Have you had any issues e.g. anger, anxiety, depression, etc. in your life and had to have counseling? _____

Do the elders or spiritual leaders of your church know of your calling? Are they sending you out with their blessing? It is important that your church is aware of your plans so they can pray for you. We would suggest that during the school that you keep in contact with them about what God is doing in your life. _____

Do you believe you can live in a pioneering conditions, for example: different foods, culture, dormitory accommodation (for singles) or small housing (for families) _____

Why do you want to attend this school? _____

How do you see God's call on your life? Explain _____

Do you believe that God is leading you to any specific area of a ministry, age group, or part of the world? _____

One of the goals of our school is to see people released into long-term ministry. Are you willing to make a long-term commitment? _____

Financial Information

Do you have the total school fees? YES NO

If no, what percentage do you have so far? _____

From what source will you receive the remainder? _____

Do you have any outstanding debts? YES _____ NO _____

If yes, please specify _____

References

Please list the names, phone numbers, and addresses for your three references and their relationship to you:

Name _____ Cell _____

Address _____

Relationship _____

Name _____ Cell _____

Address _____

Relationship _____

Name _____ Cell _____

Address _____

Relationship _____

I certify that all information in this application is complete and accurate. If accepted by YWAM Trinidad and Tobago, I will abide by the spirit, rules and schedules of this program. I confirm that I understand that the payment of the required school tuition fees must be completed upon or before arrival. I confirm that I am fully aware of my financial obligations, both to the Lord, students and staff of the school. I therefore commit myself to paying all personal expenses during my involvement with YWAM Trinidad and Tobago.

Signature

Date

Please return this form to:

YWAM Office of Admission
P.O. Box 9186
National Mail Centre, Piarco Trinidad, West Indies

Phone: 1-868-669-8870

Email: info@ywamtt.com

Website: www.ywamtt.com

Burial / Mediation Statement

Youth With A Mission Trinidad, encourages YWAM Staff, prospective students, and volunteers to seriously consider some possible consequences of mission work and training. Although death is extremely rare in service with Youth With A Mission, the unforeseen can occur. It is important that we are prepared for the possibility of sudden death and have a clear plan of action in such an event.

In extensive travel in less developed countries, where infectious diseases are prevalent, sickness can occur. Youth With A Mission Trinidad & Tobago does everything possible to protect staff and students while on the field, but death due to sickness or accidents can occur. In these countries, burial is often a real problem. Shipping a body home could cost several thousand dollars and often a special coffin is required by law in some countries, as well as having someone accompany the coffin on the return journey. We would strongly encourage burial on the field.

We endeavor to maintain a Christian view of death, that is, death is not the end of the journey.

In case of death, Youth With A Mission Trinidad & Tobago cannot commit to cover the expenses of burial or transport home from the country of death. If family desires to see a body transported back home, the family must incur the entire cost. Families are also responsible for burial costs incurred while on outreach.

Note: It is the responsibility of every individual or family (staff of volunteer) to have Field Burial or Death Related Remains Transport Insurance if they desire.

Applicant's Name (Print) _____

Signature _____ Date _____

Please choose the appropriate agreement statement below:

- I agree that in case of my death while on outreach in conjunction with Youth With A Mission Trinidad that burial may take place on the field of service. I hereby absolve Youth With A Mission Trinidad and its staff from any responsibility.

or

- I have agreed with my family that they will make all the necessary arrangements to bring my body home if desired and cover all expenses incurred. I hereby absolve Youth With A Mission Trinidad its staff from any responsibilities and costs.

1. Name of Witness: _____ Signature: _____
Date _____ Cell _____
Address: _____ Email: _____

2. Name of Witness: _____ Signature: _____
Date _____ Cell _____
Address: _____ Email: _____