



**YWAM** PITTSBURGH  
NEIGHBORHOODS. NATIONS. NEXT GENERATION.

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1912 BROWNSVILLE RD. PITTSBURGH PA 15210 YWAMPITTSBURGH.ORG 412-996-3823

DISCIPLESHIP  
TRAINING  
SCHOOL  
*application*

CDTS >> classic tract



## GUIDELINES TO COMPLETING SCHOOL APPLICATION FORM

In order for us to process your application, we must receive each of the following items. Please complete the checklist below.

- \_\_\_ **School Application Form:** Please answer every question. If one does not apply to you, write N/A in the blank. Attach a recent wallet photo of yourself and sign the application form.
- \_\_\_ **Registration Fee:** A non-refundable registration fee of \$35 USD per singles, \$50 USD for a married couple is to be sent with the application or paid online.
- \_\_\_ **Consent For Treatment/Liability Release Form:** Each applicant must sign this form. If the applicant is under 18 years of age, a parent or legal guardian must also sign the form.
- \_\_\_ **2 Confidential Health Forms:** One confidential health form is to be filled out by you and the other is to be completed and signed by a physician.
- \_\_\_ **Official Passport Information:** We must have your passport information. Those who do not have a passport yet should **apply for one immediately**.
- \_\_\_ **3 Reference Forms:** Please fill out the top portion of each confidential reference form and give one to your pastor or spiritual leader, employer or teacher, and mature Christian friend. Please provide each reference a stamped envelope addressed back to us.
- \_\_\_ **Policy Acceptance Form:** Each applicant must read and sign this form.
- \_\_\_ **Essay Questions:** Please prayerfully print or type your answers to the supplemental essay questions found at the end of this document.

*Acceptance: Once the DTS Application has been completed, it will be prayerfully reviewed by the school leaders and you will be promptly informed of their decision.*

If you have any question regarding this application, please contact us at 412.996.3823 or email us at [dts@ywampittsburgh.org](mailto:dts@ywampittsburgh.org)

All completed forms are to be mailed to:  
**YWAM Pittsburgh DTS**  
**1912 Brownsville Rd.**  
**Pittsburgh, PA 15210**

**VISAS FOR INTERNATIONAL STUDENTS:** When accepted you will receive a special letter with which formal application for a B-1 Visa can be made in a US Consulate or Embassy. Full details will be given to you once accepted. Please **do not apply for any visas** without our acceptance letter.



# DISCIPLESHIP TRAINING SCHOOL APPLICATION FORM

**APPLICATION FORM  
PAGE 1 OF 2**

I wish to attend:  Photo & Film DTS  Basketball DTS  
 Cosmetology DTS  Classic DTS

Beginning \_\_\_\_\_ (month, year)

Registration fee:  is enclosed  was paid online

### Personal Information:

Name \_\_\_\_\_ Age \_\_\_\_\_

LAST/FAMILY FIRST MIDDLE

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

PO BOX / STREET

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Gender  M  F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth place \_\_\_\_\_

MM / DD / YY

Citizenship \_\_\_\_\_

(Country)

Marital Status:  Single  Married  Engaged  Separated

Divorced  Remarried  Widowed

### Children Accompanying You:

Name (First, Middle, Last)

Birth date (M/D/Y)

Sex

Grade in School

Name (First, Middle, Last)	Birth date (M/D/Y)	Sex	Grade in School

**In Case of an Emergency, Contact:** Full Name \_\_\_\_\_

Relationship \_\_\_\_\_ PO Box/Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Office \_\_\_\_\_

**Home Church:** Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Length of Attendance \_\_\_\_\_

PO Box/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Church Phone \_\_\_\_\_ Fax \_\_\_\_\_



**APPLICATION FORM  
PAGE 2 OF 2**

**Educational Information:**

High School/ Secondary School or equivalent from which you graduated/will graduate.

Name \_\_\_\_\_

Location \_\_\_\_\_

Date of Graduation \_\_\_\_\_  I have not yet completed High School  
College / University / Vocation School / Seminary Attended

Name \_\_\_\_\_ Where \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Where \_\_\_\_\_ Dates \_\_\_\_\_

Occupational Skills: \_\_\_\_\_

Musical Skills and/or Drama: \_\_\_\_\_

Other Skills and Talents: \_\_\_\_\_

How did you hear about our base? \_\_\_\_\_

What influenced your decision to apply for the DTS in Pittsburgh? \_\_\_\_\_

Do you plan to pursue a University of the Nations degree? \_\_\_\_\_

Have you ever been involved in another YWAM outreach or training program?

yes  no Please specify \_\_\_\_\_

**Financial Support and Responsibility:**

Do you have your complete school fees? \_\_\_\_\_ If yes, from? \_\_\_\_\_  
(Complete fees for lecture phase are due the first day of class)

If no, how much do you have at this time? \$ \_\_\_\_\_

If no, how do you plan to pay for your schooling? \_\_\_\_\_

Do you have any outstanding debt? (please explain) \_\_\_\_\_

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School director before my departure to Pittsburgh, PA. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the YWAM training program. If I am accepted in to the YWAM training program, I will abide by the spirit, rules and schedule of the school.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian sign if applicant is under 18)



# DISCIPLESHIP TRAINING SCHOOL CONSENT FORMS

**CONSENT FORM  
PAGE 1 OF 1**

**Release of Liability:** I/We do hereby release Youth With A Mission, it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian if applicant is under 18 years of age

Parent/Guardian Signature \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Consent for Treatment:** In case of an emergency, I/we hereby agree to the performance of such treatment, including anesthesia, and surgery, that the attending doctor or physician may deem necessary.

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

Date \_\_\_\_\_

Signature of parent or guardian if applicant is under 18 years of age

Parent/Guardian Signature \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Medical Insurance:**

Insurance Company \_\_\_\_\_

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

Policy Number \_\_\_\_\_

**Legal consent for minors to travel outside of the United States:**

I hereby give my consent for \_\_\_\_\_

(complete name of minor)

to travel outside the United States with Youth With A Mission.

Signature of parent or guardian \_\_\_\_\_



# DISCIPLESHIP TRAINING SCHOOL CONFIDENTIAL HEALTH FORM

## HEALTH FORM PAGE 1 OF 1

To be filled out by the applicant

Name \_\_\_\_\_ Applying for \_\_\_\_\_

Please answer all personal history questions. Explain any "yes" answers in the spaces below.  
**Have you EVER had or do you CURRENTLY have any of the following?**

	Yes	No		Yes	No		Yes	No
Skin Conditions	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	Stomach ulcer	<input type="radio"/>	<input type="radio"/>
Eye trouble	<input type="radio"/>	<input type="radio"/>	Hay fever, Asthma	<input type="radio"/>	<input type="radio"/>	Gall bladder problems	<input type="radio"/>	<input type="radio"/>
Ear trouble	<input type="radio"/>	<input type="radio"/>	Heart trouble	<input type="radio"/>	<input type="radio"/>	Jaundice	<input type="radio"/>	<input type="radio"/>
Head injury	<input type="radio"/>	<input type="radio"/>	High blood pressure	<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>
Recurrent headache	<input type="radio"/>	<input type="radio"/>	Low blood pressure	<input type="radio"/>	<input type="radio"/>	Intestinal trouble	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	Rheumatism	<input type="radio"/>	<input type="radio"/>	Recurrent diarrhea	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	Arthritis	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>
Mental disorders	<input type="radio"/>	<input type="radio"/>	Back problems	<input type="radio"/>	<input type="radio"/>	Kidney disease	<input type="radio"/>	<input type="radio"/>
Nervous disorders	<input type="radio"/>	<input type="radio"/>	Dislocation of joints	<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>	<input type="radio"/>
Weakness	<input type="radio"/>	<input type="radio"/>	Broken bones	<input type="radio"/>	<input type="radio"/>	Venereal disease	<input type="radio"/>	<input type="radio"/>
Paralysis	<input type="radio"/>	<input type="radio"/>	Eating disorders	<input type="radio"/>	<input type="radio"/>	Tumor/ cancer	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	Anorexia nervosa	<input type="radio"/>	<input type="radio"/>	Females only	<input type="radio"/>	<input type="radio"/>
Allergy	<input type="radio"/>	<input type="radio"/>	Bulimia	<input type="radio"/>	<input type="radio"/>	Irregular periods	<input type="radio"/>	<input type="radio"/>
Penicillin	<input type="radio"/>	<input type="radio"/>	Surgery	<input type="radio"/>	<input type="radio"/>	Severe cramps	<input type="radio"/>	<input type="radio"/>
Sulphonamides	<input type="radio"/>	<input type="radio"/>	Appendectomy	<input type="radio"/>	<input type="radio"/>	Excessive flow	<input type="radio"/>	<input type="radio"/>
Serum	<input type="radio"/>	<input type="radio"/>	Hernia repair	<input type="radio"/>	<input type="radio"/>	Are you pregnant?	<input type="radio"/>	<input type="radio"/>
Other Specify	<input type="radio"/>	<input type="radio"/>	Tonsillectomy	<input type="radio"/>	<input type="radio"/>	Previous pregnancies	<input type="radio"/>	<input type="radio"/>
Foods Specify	<input type="radio"/>	<input type="radio"/>	Others specify	<input type="radio"/>	<input type="radio"/>	Mumps	<input type="radio"/>	<input type="radio"/>
Chicken pox	<input type="radio"/>	<input type="radio"/>	Scarlet fever	<input type="radio"/>	<input type="radio"/>	Other (Specify)	<input type="radio"/>	<input type="radio"/>
Measles	<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>			

Other specify \_\_\_\_\_

Are you under a doctor's care for any condition?  yes  no

Please explain \_\_\_\_\_

Are you taking medication at this time?  yes  no

Please explain \_\_\_\_\_

Do you have any physical handicaps which require special attention?  yes  no

Please explain \_\_\_\_\_

Are you overweight?  yes  no Are you underweight?  yes  no

Blood type \_\_\_\_\_

How would you rate your overall health?  Excellent  Good  Fair  Poor

Signed \_\_\_\_\_ Date \_\_\_\_\_



# DISCIPLESHIP TRAINING SCHOOL CONFIDENTIAL PHYSICIAN FORM

## PHYSICIAN FORM PAGE 1 OF 1

To be filled out by a physician

Applicant Name \_\_\_\_\_ Applying for \_\_\_\_\_

**The above person has applied for service with Youth With A Mission.  
This program will require good health and endurance.  
Feel free to make any additional comments.**

**Blood pressure** \_\_\_\_\_ **Pulse** \_\_\_\_\_

**Are there any abnormalities of the following systems?**

**Please describe:**

Eyes	<input type="radio"/> yes <input type="radio"/> no	_____
Ears, nose, throat	<input type="radio"/> yes <input type="radio"/> no	_____
Neurological	<input type="radio"/> yes <input type="radio"/> no	_____
Cardiovascular	<input type="radio"/> yes <input type="radio"/> no	_____
Respiratory	<input type="radio"/> yes <input type="radio"/> no	_____
Musculoskeletal	<input type="radio"/> yes <input type="radio"/> no	_____

Would he/she be able to walk 3-4 miles per day?  yes  no  
Please attach any additional comments to this sheet.

### **Physician recommendation**

- Acceptable without limitations
- Should remain in areas where adequate medical care is provided
- Acceptable with limitations (specify)

\_\_\_\_\_  Not acceptable

Doctors name (printed)  
\_\_\_\_\_

Doctors signature \_\_\_\_\_ Date \_\_\_\_\_

Full address  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_







# DISCIPLESHIP TRAINING SCHOOL CONFIDENTIAL REFERENCE FORM

**REFERENCE FORM  
PAGE 1 OF 2**

## PASTOR/ SPIRITUAL LEADER

**Applicant:** Please complete the information in this box before giving this form to your reference. Also include a stamped envelope addressed **YWAM Pittsburgh DTS, 1912 Brownsville Rd, Pittsburgh, PA 15210** in order for your reference to confidentially mail the form back to us.

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applying for DTS Dates \_\_\_\_\_

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 \_\_\_\_\_

**YWAM Pittsburgh · ywampittsburgh.org · 412.996.3823 · dts@ywampittsburgh.org**

### To be completed by the applicant's reference:

The above applicant has applied for admission to Youth With A Mission. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. Your timely response will be most appreciated, as the applicant's file cannot be considered until all forms have been received by this office. Thank you for taking time to help us in this way. We sincerely appreciate your cooperation.

Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Your relationship to the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

How well do you know the applicant?  very well  well  casually

Please check the following and comment when necessary:

	Superior	Above Average	Average	Below Average
Initiative				
Social adaptability				
Concern for others				
Ability to follow				
Leadership				
Judgment				
Decision making				
Emotional stability				
Health				
Personal appearance				



**REFERENCE FORM  
PAGE 2 OF 2**

Please check one for each row:

<b>Mental Ability</b>	<input type="radio"/> Quick to respond	<input type="radio"/> Average	<input type="radio"/> Slow
<b>Industry</b>	<input type="radio"/> Hard worker	<input type="radio"/> Average	<input type="radio"/> Lacks persistence
<b>Reliability</b>	<input type="radio"/> Meets obligations	<input type="radio"/> Average	<input type="radio"/> Neglects obligations
<b>Cooperativeness</b>	<input type="radio"/> Works well with others	<input type="radio"/> Average	<input type="radio"/> Avoids group activity
<b>Flexibility</b>	<input type="radio"/> Open to change	<input type="radio"/> Average	<input type="radio"/> Unyielding
<b>Christian Character</b>	<input type="radio"/> Well balanced	<input type="radio"/> Average	<input type="radio"/> Unstable
<b>Disposition</b>	<input type="radio"/> Cheerful	<input type="radio"/> Average	<input type="radio"/> Passive
<b>Punctuality</b>	<input type="radio"/> Punctual	<input type="radio"/> Average	<input type="radio"/> Often late
<b>Financial responsibility</b>	<input type="radio"/> Honors obligations	<input type="radio"/> Average	<input type="radio"/> Neglectful

In what capacity is the applicant active in church work? \_\_\_\_\_  
\_\_\_\_\_

Does he/she display high moral standards? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Is she/he prejudice against any groups, races or nationalities? \_\_\_\_\_ (If so, please explain) \_\_\_\_\_

With reference to his/her Christian service would you consider the applicant to be dedicated, average, or casual? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's Christian experience. \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's family background. (if known) \_\_\_\_\_  
\_\_\_\_\_

What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_

Please add any other pertinent remarks: (medical, psychological, drug or alcohol abuse, criminal record or occult practices, etc.) \_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant for acceptance into Youth With A Mission?  
 Yes     Yes, with reservation     No (please explain) \_\_\_\_\_  
\_\_\_\_\_

I believe that he/she possess the qualities indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive further information about YWAM?     YES     NO



# DISCIPLESHIP TRAINING SCHOOL CONFIDENTIAL REFERENCE FORM

**REFERENCE FORM  
PAGE 1 OF 2**

## EMPLOYEE/ TEACHER

**Applicant:** Please complete the information in this box before giving this form to your reference. Also include a stamped envelope addressed **YWAM Pittsburgh DTS, 1912 Brownsville Rd, Pittsburgh, PA 15210** in order for your reference to confidentially mail the form back to us.

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applying for DTS Dates \_\_\_\_\_

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 \_\_\_\_\_

**YWAM Pittsburgh · ywampittsburgh.org · 412.996.3823 · dts@ywampittsburgh.org**

### To be completed by the applicant's reference:

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Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Your relationship to the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

How well do you know the applicant?  very well  well  casually

Please check the following and comment when necessary:

	Superior	Above Average	Average	Below Average
Initiative				
Social adaptability				
Concern for others				
Ability to follow				
Leadership				
Judgment				
Decision making				
Emotional stability				
Health				
Personal appearance				



**REFERENCE FORM  
PAGE 2 OF 2**

Please check one for each row:

<b>Mental Ability</b>	<input type="radio"/> Quick to respond	<input type="radio"/> Average	<input type="radio"/> Slow
<b>Industry</b>	<input type="radio"/> Hard worker	<input type="radio"/> Average	<input type="radio"/> Lacks persistence
<b>Reliability</b>	<input type="radio"/> Meets obligations	<input type="radio"/> Average	<input type="radio"/> Neglects obligations
<b>Cooperativeness</b>	<input type="radio"/> Works well with others	<input type="radio"/> Average	<input type="radio"/> Avoids group activity
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<b>Financial responsibility</b>	<input type="radio"/> Honors obligations	<input type="radio"/> Average	<input type="radio"/> Neglectful

In what capacity is the applicant active in church work? \_\_\_\_\_  
\_\_\_\_\_

Does he/she display high moral standards? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Is she/he prejudice against any groups, races or nationalities? \_\_\_\_\_ (If so, please  
explain) \_\_\_\_\_

With reference to his/her Christian service would you consider the applicant to be dedicated,  
average, or casual? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's Christian experience. \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's family background. (if known) \_\_\_\_\_  
\_\_\_\_\_

What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_

Please add any other pertinent remarks: (medical, psychological, drug or alcohol abuse, crim  
inal record or occult practices, etc.) \_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant for acceptance into Youth With A Mission?  
 Yes     Yes, with reservation     No (please explain) \_\_\_\_\_  
\_\_\_\_\_

I believe that he/she possess the qualities indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive further information about YWAM?     YES     NO



# DISCIPLESHIP TRAINING SCHOOL CONFIDENTIAL REFERENCE FORM

**REFERENCE FORM  
PAGE 1 OF 2**

## FRIEND

**Applicant:** Please complete the information in this box before giving this form to your reference. Also include a stamped envelope addressed **YWAM Pittsburgh DTS, 1912 Brownsville Rd, Pittsburgh, PA 15210** in order for your reference to confidentially mail the form back to us.

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applying for DTS Dates \_\_\_\_\_

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 \_\_\_\_\_

**YWAM Pittsburgh · ywampittsburgh.org · 412.996.3823 · dts@ywampittsburgh.org**

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How well do you know the applicant?  very well  well  casually

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	Superior	Above Average	Average	Below Average
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Leadership				
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Decision making				
Emotional stability				
Health				
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**REFERENCE FORM  
PAGE 2 OF 2**

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<b>Punctuality</b>	<input type="radio"/> Punctual	<input type="radio"/> Average	<input type="radio"/> Often late
<b>Financial responsibility</b>	<input type="radio"/> Honors obligations	<input type="radio"/> Average	<input type="radio"/> Neglectful

In what capacity is the applicant active in church work? \_\_\_\_\_  
\_\_\_\_\_

Does he/she display high moral standards? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Is she/he prejudice against any groups, races or nationalities? \_\_\_\_\_ (If so, please explain) \_\_\_\_\_

With reference to his/her Christian service would you consider the applicant to be dedicated, average, or casual? \_\_\_\_\_ (please explain) \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's Christian experience. \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's family background. (if known) \_\_\_\_\_  
\_\_\_\_\_

What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_

Please add any other pertinent remarks: (medical, psychological, drug or alcohol abuse, criminal record or occult practices, etc.) \_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant for acceptance into Youth With A Mission?  
 Yes     Yes, with reservation     No (please explain) \_\_\_\_\_  
\_\_\_\_\_

I believe that he/she possess the qualities indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive further information about YWAM?     YES     NO



## DTS POLICY AND GUIDELINES ACCEPTANCE FORM

### POLICY ACCEPTANCE FORM PAGE 1 OF 2

**Please sign the following page and return with your application.**

The following information is provided so those prospective staff and students will be aware of the guidelines and requirements for YWAM Pittsburgh Personnel. Please read through all requirements before signing your name.

**EXCELLENCE:** We at YWAM Pittsburgh are committed to excellence and we want people who are serious about serving God. We strive towards excellence in our work, our relationships, and in our personal lives on a daily basis.

**PERSONAL CONDUCT:** In a changing world, the Christian has an unchanging standard, God's Word. YWAM Pittsburgh's standards of conduct are based on the teaching and principles of Scripture, seeking to develop personal holiness and discipline exemplified in a lifestyle glorifying to God. For these reasons, staff and students are required to refrain from the following activities: use of any tobacco products, consumption of alcoholic beverages and non-medicinal narcotics and hallucinogenic drugs, gambling, and the reading of obscene or pornographic literature. Members of the YWAM Pittsburgh community are expected to use discernment in making choices concerning music, drama, dance, comedy, literature, television, and movies. Movies with an "R" rating are prohibited. Our speech must be acceptable before God, obscene language and racial slurs are prohibited. Racial discrimination will not be tolerated.

**ATTITUDE:** A Christ-like attitude is essential to working and living in a community setting. We expect each person to have a teachable attitude so that we can all learn and grow together in the Lord. A loyal and submissive attitude towards those in authority is also important.

**QUIET TIMES:** Our personal relationship with Christ must remain the first priority in our lives in order for our work and study here to be successful. Therefore, we expect each person to maintain the daily discipline of seeking God and making their quiet devotional times a priority.

**DRESS CODE:** It is essential that you recognize that how you dress reflects your respect for those around you. The guiding principles used to govern appearances are modesty, neatness, and appropriateness. While it is important to look attractive, we avoid fashion extremes.

**Women:** Spaghetti straps, halter tops, backless tops, midriff shirts, sheer and extremely tight fitting clothing, low-cut shirts, short shorts (shorter than mid-thigh), leggings worn without proper covering and pajamas worn outside of the dorm are prohibited. Skirts must at least reach the top of the knee-cap.

**Men:** Shirts must be worn at all times. Tank tops may not be worn in class room settings. Pajamas outside of the dorm are prohibited. Boxers and underwear must be covered at all times.



## **POLICY ACCEPTANCE FORM PAGE 2 OF 2**

**QUALITY OF WORK:** We need people who will do their best at whatever job they are assigned. As a YWAM community, we need everyone to be responsible of community property, taking care of things as if they were their own.

**HOUSEKEEPING:** Each person is expected to maintain their living space common areas neatly so the community housing is kept looking nice at all times. Cleanliness is important in our daily living and health. We will frequently have outside visitors to our community.

**CROSS CULTURAL OUTREACHES:** The outreach phase of the school may involve living in pioneer conditions. This may include, but is not limited to, sleeping on the floor, eating foods and drinking drinks that may be strange and new to us, participating in activities which are normal to the culture we are in but abnormal to us, keeping a very busy and often unusual schedule, and having periods of time when no communication, including phones and the internet, will be available. We ask all students to submit to their leadership regarding these issues as we do our best to obey the Lord and try our hardest to not offend others which can hinder unity and evangelism.

### **ADDITIONAL DTS STUDENT INFORMATION & REQUIREMENTS**

**THE STUDENT WILL FAITHFULLY AND WILLINGLY:** Complete all class assignments; participate in school work responsibilities; attend all class sessions; complete ten hours weekly of work duties; attend church each Sunday; participate in each local outreach; abide by the housing curfews and guidelines as set forth by the school staff; be punctual in the attendance of all activities; abide by the recommendations of the school staff concerning their dress and conduct while in Pittsburgh and on the field assignment; abstain from seeking and engaging in romantic relationships with students or staff; fully participate in all aspects of the outreach phase including living in pioneer conditions as listed above; and display a respectful attitude towards all YWAM staff.

Lecture Phase and Outreach Phase are inseparable elements of DTS. We require a full commitment. A student cannot do one and not the other. All funds for lecture and outreach phases are nonrefundable.

**I have read and understand these guidelines and agree to abide by them during my stay at YWAM Pittsburgh.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## SUPPLEMENTAL ESSAY QUESTIONS

### ESSAY QUESTIONS PAGE 1 OF 1

Please prayerfully print or type your answers to the following questions on a separate sheet of paper and submit it with your application.

1. Describe your conversion experience and present relationship with the Lord. How long have you been a Christian?
2. Describe other significant spiritual experiences you have had in your walk with the Lord.
3. Describe your relationship with your local church, include areas of service and leadership. Does your pastor approve of your attending a YWAM school?
4. Are you presently employed or in school? Please specify.
5. Describe your long-term goals. Has God spoken to you about your life's calling? Please specify.
6. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?
7. How would you describe your relationship with your family? Do your parents approve of you attending a YWAM school?
8. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occultism or homosexual practices? Please explain.  
(Note: This will not affect acceptance).
9. What areas of your character are you presently seeking God to further develop and improve?
10. Do you believe you could live under pioneer conditions: different food and culture, dormitory housing, or small quarters for families?
11. Please list the names, phone numbers and email addresses of your three references.