

Youth With A Mission Barbados Discipleship Training School

Thank you for your interest in our Discipleship Training School. With DTS, you will have the opportunity “to know God and to make Him known” as you prepare your heart and mind to be true follower of Jesus, to help in a hurting world. You will receive intense discipleship that is real, radical and relational. Many will tell you that this is a life changing experience!

Want to start the journey? Get ready to fill out this confidential application form.

DTS starts with 3 months of interactive teaching sessions from local and international speakers with global experience and perspective (*see course content in the following pages*)

After 3 months of lecture phase, you will be launched off to 2 months of outreach to the NATIONS, applying what you have learned. You will be challenged to share what Jesus has done in your life, as there will be many opportunities to see the power of God transforming your life as you reach the lost and hurting in this world.

Should you have any questions or queries, please do not hesitate to contact us either at 246-423-7496 or training@ywambarbados.org.

We look forward to receiving your application and joining our family here in at YWAM Barbados

YWAM Barbados Staff

All the questions on the application form must be completed. If a question doesn't apply to you, write N/A (not applicable) in the space provided. Husbands and wives must complete separate forms. Please know that this application is treated as confidential and we encourage you to answer as honestly and accurately as possible. Please read the entire document before completing.

Mark Your Progress DTS Application Checklist

- Application Form** – (pg 5-6) used for applying for a DTS at YWAM Barbados NOTE: Please check with your travel agent to see whether you would need a visa to **enter** Barbados. If yes, then contact us before completing this application and we will advise you further.
- Photos** – send us 4 (one attached to the application form) recent and clear passport sized photos of yourself. Please note that these pictures are also for Immigration purposes. No “Facebook” type photos.
- Additional Questions** – (pg 6) all questions must be answered on a separate sheet and submitted with the application form.
- Non-Refundable Registration Fee** – USD \$35 per person or USD \$50 per married couple
- Confidential Health Form** – (pg 7) to be completed by you. This is different to the Physical Evaluation for you doctor. Please send along with completed Application Form
- Partnership Agreements** – (pg 8) all releases, declarations and commitments must be signed before your application can be processed.
- Physical Evaluation** - (pg 9) the physical evaluation should be filled by your doctor and mailed or faxed directly to YWAM Barbados.
- Reference Forms** – (pg 10-12) The following persons must each complete a reference form and mail or fax directly to YWAM Barbados. Pastor (pg), Teacher or Employer (pg), Friend (pg) Please ask them to complete the form and mail or fax it directly to YWAM Barbados. The Reference Forms are one of the more important parts of the application; it is also the part that we are most frequently waiting on. Have them send it as soon as possible.
- VISA** – after we have received your application form, we will post you the H2 Form for your student's visa. The Student's Visa costs **US \$151.52**, payment should be sent together with your completed H2 Form. If needed, stay extensions cost US \$50.00.
- Passport** – everyone needs a valid passport (should expire no sooner than 6 months after the start of school.) Please photocopy the information page of your passport and include it with your completed H2 Form. **Please do not send us your passport.**

MAIL OR FAX ALL FORMS TO:

Admissions
Youth With A Mission Barbados
Thickett Plantation, St Philip
Barbados
BB18027
Tel: 246-423-7496
Fax: 246-423-8080

Email: training@ywambarbados.org

* if you fax your application, please also send us the originals in the post. Call or email to confirm that the fax was received.

**please make a photocopy of all your forms for your records before sending them to us

IMPORTANT INFORMATION

FEES

After you have been accepted into the school, here are the remaining fees you will have to pay.

Tuition – Lecture Phase

Category A: US \$3,500.00 (Australia, Canada, Denmark, Germany, Netherlands, Sweden, Switzerland, UK, USA)

Category B: US \$3,000.00 (Barbados, Brazil, Poland, Russia, Trinidad & Tobago)

Category C: US \$1,700.00 (Belize, Dominica, Grenada, Jamaica, St. Lucia, St Vincent)

This covers your housing, electricity, and food for the lecture phase. Note that school fees **do not** include transportation to and from Barbados. The classroom fee is due **no later than the first day of class**. If you are unable to pay this before the due date please inform us so that arrangements can be made.

(For more information or inquiries about Categories or Countries, please contact us at training@ywambarbados.org)

Outreach

We ask the students budget between **US \$3,000.00 – US \$3,500.00**. This includes airfare, housing, food, transportation etc. This is only an estimated figure as the cost of flights as well as cost of living varies per country.

Additional Fees

Books will be given for reading requirements costing approximately **US \$60.00**

Internet use fees of **BDS \$10.00** per month.

Any personal transportation costs via local bus cost **BDS \$1.50 cents** or **\$1.50** per kilometer for use of the base's vehicle.

For Families

There is an additional monthly fee for housing for your children, ages 2-18 of **\$15 USD**.

If possible and should a parent wish, their child can opt for the lunch plan, in which case, the following fees would apply.

(These fees already include the **\$15** above)

Children 2-11 years **\$25 USD/month**

Children 12-18 years **\$50 USD/month**

Meals

Lunch: **\$5 USD** per person 12 years and older

\$2.50 USD per child, 2-11 years old

Breakfast or Supper: **\$2.50 USD** per person, 12 years and older

\$1.25 USD per child, 2-11 years old

LIFE FOR THE DTS

You would be housed at Youth With A Mission Training Center, Thickett Plantation, in St. Philip, Barbados. Housing is simple, yet comfortable. Singles usually are housed dormitory-style. Married couples have their own room, and families may have their own housing. Our property provides a wonderful atmosphere for "getting to know God."

In our Great house, our family room includes TV, DVD player, stereo, and games but also a place to relax and able to get to know other students and those on staff. Wireless internet access is also available throughout the Great House.

Our schedule generally parallels with YWAM's family schedule, 8:00am-5:00pm, on weekdays. The weekends are generally free unless ministry and you are able to attend a church of your choice.

For Families

We believe in the family structure, and that this must come first above all else. We ask for, as much as possible, a 100% commitment to the school. But understand that things do come up from time to time with families that would require mom or dad to be out of the classroom. In this case you would listen to the recorded message of the session that you missed.

There is a public school available near the YWAM training center for children of school age; the school system is free. Transportation is provided to and from school for a minimal fee. All non-resident students are required to obtain a student visa. The fee for a child's student visa is US \$100.00.

While on outreach it will be necessary for you to take schoolwork for your children. It is important to note that during this period of the school, the academic responsibility for the children is that of the parents. The curriculum choice is yours.

LECTURE PHASE - *The First Three Months of DTS*

Classroom Curriculum

DTS curriculum deals with various categories:

- | | |
|-------------------------------------------------------|-------------------------------------------|
| ☆ God's nature & character | ☆ God's family - His children and Church |
| ☆ God's intention for individuals, people and nations | ☆ God's World - his call and commission |
| ☆ God's redemption - sin and the Cross | ☆ YWAM - knowing God and making Him known |
- Specific topics from this curriculum may include:
- | | |
|---------------------------------------|-----------------------------------------|
| ☆ Nature & Character of God | ☆ Identity in Christ |
| ☆ Relationships | ☆ Inductive Bible Study |
| ☆ Father Heart of God | ☆ Children At Risk |
| ☆ Dealing with the Past | ☆ Missional Living |
| ☆ Justice of God | ☆ Biblical Worldview |
| ☆ Spiritual Warfare & Spiritual Gifts | ☆ Worship: Intimacy & Covenant With God |

Life Groups/One-on-Ones

To build deeper relationships with Life Group leaders and other students for discipleship and to create an opportunity for students to ask question regarding the teaching, share what God is doing in their lives and to receive prayer and support from the group.

Intercession Groups

Intercession is prayer where we place ourselves in a position of identification with existing needs, seek the Lord's direction on how to pray, and seek His intervention in that particular situation. During these times we focus mainly on the nations of the world and on needs other than our own.

Ministry Preparation

Students will learn about the culture and be prepared through prayer as well as equipped with necessary tools such as dances, dramas and etc.

Personal Reflection

Time alone with God.

Required Reading

Set up to compliment the classroom curriculum. Please note that required reading & book reports and any other assignments must be completely done before a student may leave for outreach.

Work Experience

For ten hours per week you will enjoy being part of the YWAM's family by working alongside our staff in various job responsibilities.

OUTREACH PHASE – *The Final Two Months of DTS*

The Outreach

No student can depart for outreach unless all tuition, book, and outreach fees are paid. The outreach phase is approximately two months long. The outreach is intended to fulfill the following purposes:

- ☆ Impart international vision for world mission.
- ☆ Provide an opportunity for practical application of the lecture phase teachings.
- ☆ Provide a positive missions experience.

In the outreach phase students will be involved in evangelism, mercy ministries, discipleship, and support ministries. You will have the opportunity to share Christ's love in various ways and practical help the poor and needy in the chosen location. The outreach will take place in cooperation with local churches and will be coordinated with other appropriate YWAM bases. The outreach environment can range from pioneer situations to established bases. The location of the

outreach will vary from school to school. The team environment will remain the same as in the lecture phase. Worship, intercession, and group times will continue.

Debriefing & Re-Entry

At the conclusion of the outreach, there will be one week of debriefing. This week is intended to give an opportunity for:

- ☆ Thanks and praise to God for all that He has done during the DTS program.
- ☆ Sharing experiences of the DTS with one another.
- ☆ Recognition of the student's successful completion of the DTS program through an evening of celebration and graduation.
- ☆ Preparation for both the mental and emotional adjustment that students may encounter on their return to home, work, and church.
- ☆ Final evaluation of attaining of goals.
- ☆ Re-commitment to discipleship.

COMMUNITY LIVING STANDARDS

Here at YWAM Barbados we believe in Self-Government. With this in mind, during the orientation week, students along with staff will be able to make their own House Rules and Classroom Rules; however, there are a few Base Rules that everyone needs to adhere to.

Smoking & Alcohol

There is to be no smoking and drinking of alcohol on campus. Illegal drugs (which in Barbados include marijuana) are not permitted at any time or in any place on campus.

Dress Code on Campus

Dress is a cultural thing. In order to dress appropriately for the culture of Barbados and avoid offence, the following are the dress code guidelines:

Church Ministry

- ☆ For men: dress shirts with cotton/khaki slacks or dress pants
- ☆ For women: knee length dresses and skirts, blouses may be sleeveless but no tank tops or spaghetti straps
- ☆ Please note that some churches are more relaxed than others, please check before going out to do ministry.

School

- ☆ No see through clothing or spaghetti strap tops
- ☆ No cleavage or mid-riff area showing
- ☆ Mid-thigh shorts, skirts just above the knee
- ☆ Modest bathing suits, 2 piece allowed but no string bikinis

Accountability, Honesty & Transparency

We are committed to helping you grow as a disciple of Jesus and we look forward to you being here. We ask that you be accountable, honest and transparent with us here as we will be with you.

If you are able to abide by these Community Living Standards, please sign the section on page 8. Contact us should you have any questions or queries.

POST DTS

Upon the completion of the DTS there are numerous opportunities to serve as a full-time staff member with one of the nearly 1,000 Youth With A Mission centers around the world or with Mercy Ships, the maritime arm of YWAM. You may also be invited to prayerfully consider coming back on Staff at YWAM Barbados to join in our vision and mission.

APPLICATION FORM

Please attach 1 recent and clear passport sized photo of yourself here.

PERSONAL DETAILS

Please fill in clearly using CAPITAL LETTERS. Please write all dates in the format dd/mm/yy.

Date of School you are applying for ___/___/___ Registration Fee Enclosed Yes No

Name _____
First Middle Last

Address _____
Street City State, Zip Country

Telephone _____ Alternate Number _____
Country Code-Area Code-Number Country Code-Area Code-Number

(Note: We may be doing a telephone interview with you if necessary. We will inform via email to arrange)

Email _____ or _____

Male Female Date of Birth ___/___/___ Age _____ Country of Birth _____

Marital Status Single In a Relationship Engaged Married Separated Widowed Divorced

Spouse's Name _____ Date Married ___/___/___

Is your spouse/fiancé/significant other applying for this school too? Yes No

For married couples, if yes, he/she is required to fill out a separate application form. Please include a copy of your marriage certificate for verification.

Do you have any children? Yes No If yes, how many _____ Will they be accompanying you? Yes No

Children Accompanying You (use separate sheet if necessary)

Name _____ Birth Date ___/___/___ Sex _____ Grade in School _____

Name _____ Birth Date ___/___/___ Sex _____ Grade in School _____

Your Passport Number _____ Country of Citizenship (according to Passport) _____

Issue Date ___/___/___ Expiry Date ___/___/___ Second Nationality if Dual Citizenship _____

What languages are you fluent in? _____
Mother Tongue Other Languages

CHURCH

Name of Church _____ Pastor's Name _____

Address _____
Street City State, Zip Country

Telephone _____ Email _____
Country Code-Area Code-Number

How long have you attended this church? _____ List your ministry experience and areas of participation.

EDUCATION & EMPLOYMENT

Have you completed and secondary or post-secondary education? Yes No

List date and names of schools and programs; use a separate sheet if necessary.

___/___/___ _____

___/___/___ _____

___/___/___ _____

Are you currently employed? Yes No Occupation _____

Name of Employer _____ Name of Company _____

How long have you been working there? _____ Occupational Skills _____

PREVIOUS YWAM EXPERIENCE

Have you ever been involved in any YWAM training program or activity? Yes No

Name of Base _____ Leader _____

Any other YWAM Function _____

FINANCIAL SUPPORT

Do you have the complete lecture phase fees? Yes No If no, how much do you have _____

Do you have the complete outreach fees? Yes No If no, how much do you have _____

How do you anticipate the provision of the outstanding balance of your school and/or outreach fees?

EMERGENCY CONTACTS

Who do we contact in the event of an emergency involving you? Use an additional sheet if you would like to list no more than 2 contacts

Contact #1

Name _____ Relationship to you _____

Telephone _____ Alternate Number _____
Country Code-Area Code-Number Country Code-Area Code-Number

Email _____

ADDITIONAL QUESTIONS

Please honestly answer the following questions on a separate sheet. If possible use a computer or else please write clearly.

1. Describe how and when you came to know Jesus personally and your present relationship with Him.
2. How did you hear about YWAM and DTS?
3. Why do you want to do a DTS & why Barbados. What are your expectations?
4. Describe your participation with your Church. Have you informed them of your decision to come here, what was their response
5. Have you had any previous mission experiences or training?
6. Describe your relationship with your parents and family. Are they in favor of you attending this school?
7. What goals and plans do you have for your life?
8. Have you been involved with any of the following in the past: alcohol, drugs/smoking, sexually immoral practices, occultism, mental illness, depression or eating disorders? Have you ever been convicted of a crime? What is your current situation regarding these areas? What are your current struggles?
9. What special abilities do you have? (music, art, sports...)
10. Is there any further information you think would be helpful as we consider your application.
11. Please list the name, telephone and email of your 3 references.

CONFIDENTIAL HEALTH FORM

Medical Insurance Company _____

Policy Number _____

Do you have or have had any of the following conditions?

- | | | |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Recurrent Diarrhea |
| <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Chronic Constipation |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Rheumatism/Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Recurrent Headaches | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dislocation of Joints | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Mental/Nervous Disorders | <input type="checkbox"/> Anorexia Nervosa | <input type="checkbox"/> HIV Virus |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Tumor/Cancer |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Other Eating Disorders | Women Only |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Stomach/duodenal ulcer | <input type="checkbox"/> Irregular Periods |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Gall Bladder Problems | <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Excessive Flow |
| <input type="checkbox"/> Hay Fever/Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Are you pregnant Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Intestinal Problems | |

Please explain any of the conditions that you marked if you fill is would be necessary. Use another sheet if needed.

Please list all medicinal, food or other allergies

Are you presently under a doctor's care for any condition? Yes No

If yes, please explain _____

Are you taking any medication at this time? Yes No

If yes, please explain _____

Are you physically handicap or require special attention Yes No

If yes, please explain _____

Do you have a history of emotional instability or psychiatric treatment Yes No

If yes, please explain _____

Have you had any of the following Communicable Diseases?

- | | | |
|--------------------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis |

Have any of your relatives ever had any of the following?

- | | | |
|-------------------------------------------|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy/Convulsions | <input type="checkbox"/> Stomach Disease |
| <input type="checkbox"/> Asthma/Hay Fever | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney Disease | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Illness | |

Blood Type _____

Have you ever been tested for HIV/AIDS? Yes No

If yes, were the results positive _____ or negative _____ Comments _____

(The answer to the above question makes no difference to your application. We need to make adequate provision for you in this case and ensure maximum safety for everyone.)

PARTNERSHIP AGREEMENTS

WAIVER AND RELEASE OF LIABILITY

I do hereby release Youth With A Mission, its agents, employees, and volunteers from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their stay in YWAM (except when it can be proven that one of the people mentioned above has directly caused the accident or problem).

Print Name _____ Signature _____ Date ___/___/___

CONCENT FOR TREATMENT

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatments, anesthetics and operations to be performed upon myself as deemed necessary by the attending physician.

Print Name _____ Signature _____ Date ___/___/___

FINANCIAL RESPONSIBILITY

I am fully aware of my financial obligations, both to the Lord and to the leadership of YWAM Barbados. I also confirm that I am responsible for all fees and personal expenses incurred during my involvement with YWAM Barbados

Print Name _____ Signature _____ Date ___/___/___

COMMUNITY LIVING STANDARDS

During the period I'm attending YWAM Barbados, I will keep the highest moral standards and maintain a clear and personal witness through proper conduct. I will abide by all the rules presented to me and those decided upon by my peers and myself. I understand that if I do not abide by these conditions, I may be asked to leave.

Print Name _____ Signature _____ Date ___/___/___

DECLARATION

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

Print Name _____ Signature _____ Date ___/___/___

LEGAL CONSENT FOR MINORS

If hereby give my consent for (full name of applicant) _____ to participate in a YWAM program, to adhere to the above mentioned statement, any YWAM related activities, and to travel within and outside the Caribbean with Youth With A Mission.

Print Name (parent/guardian) _____ Signature (parent/guardian) _____

Date ___/___/___

TO BE COMPLETED BY MEDICAL PROFESSIONAL

PHYSICAL EVALUATION

TO THE APPLICANT: Please have your physician complete the following questions and sign where indicated.

TO THE PHYSICIAN: The applicant has applied for a school with Youth With A Mission Barbados. Would you please complete this section of the application and comment on the applicant's health? After completing evaluation please post, fax or scan and email to the address at the end of the page. Thank you kindly.

Applicant's Name _____
First Name Middle Name Last Name

Height (ft) _____ Weight (lbs) _____ Blood Pressure _____

Is the applicant under medical supervision or taking any medication at this time? Yes No If yes, what medication and why.

Are there any abnormalities of the following systems?

- | | | |
|----------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Head, Ear, Nose & Throat | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Digestive Tract | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Endocrine (Thyroid) | <input type="checkbox"/> Nervous System | <input type="checkbox"/> Trunk & Back |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Urogenital* |

*Gynecological examinations of the female applicants with a Pap Smear are left up to the Physician's discretion.

If yes to any of the above, please explain.

Does he/she have any special dietary needs? Yes No If yes, please explain

PHYSICIAN'S RECOMMENDATION

The applicant is acceptable without limitations acceptable with limitations (specify) _____
 not acceptable should remain in areas where adequate medical care is available

Is there anything else we should be aware of?

Physician's Name _____ Physician's Signature _____

Address/Stamp _____ Date ___/___/___

Admissions, Youth With A Mission Barbados, Thickett Plantation, St Philip, Barbados BB18027
Tel: 246-423-7496 Fax: 246-423-8080 Email: training@ywambarbados.org

PASTOR/SPIRITUAL LEADER REFERENCE

Applicant's Name _____ Date of School applying for ____/____/____

TO THE APPLICANT: Please complete the above details. Please provide a stamped envelop, address to YWAM Barbados and give it to the person completing this reference. This is a confidential reference and will not be shown to you.

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Barbados. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

REFEREE DETAILS

Name _____ Relation to Applicant _____

Email _____ Phone _____

CHARACTER PROFILE

	Above Average	Average	Below Average
1. Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

What do you think are the applicant's motives in applying for the school?

- Adventure/Travel
- Christian Service
- Escape
- Receive help/counseling
- Desire for spiritual growth
- Desire to help others
- Desire to spread the Gospel

In your consideration, which of the following would best describe the applicant's relational skills with other church members and pastors? Check all that apply

- Mature
- Committed
- Good Attitude
- Disrespectful
- Loyal
- Superficial

Would you choose to work with this person? Yes No

Comment _____

How would you describe the applicant's Christian Journey?

What has their church involvement been?

Does the applicant display high moral standards? Yes No

Comment _____

Please comment briefly on the applicant's family background

Where do you think the applicant needs further character growth?

Would you recommend this applicant for acceptance by YWAM Barbados? Yes No

Comment _____

What skills, talents and strengths have you observed?

_____ Date ____/____/____

Signature

Please post, fax or scan and email this form to:
Admissions, Youth With A Mission Barbados, Thickett Plantation, St Philip, Barbados BB18027

Tel: 246-423-7496 Fax: 246-423-8080 training@ywambarbados.org

EMPLOYER/TEACHER REFERENCE

Applicant's Name _____ Date of School applying for ____/____/____

TO THE APPLICANT: Please complete the above details. Please provide a stamped envelop, address to YWAM Barbados and give it to the person completing this reference. This is a confidential reference and will not be shown to you.

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Barbados. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

REFEREE DETAILS

Name _____ Relation to Applicant _____

Email _____ Phone _____

CHARACTER PROFILE

	Above Average	Average	Below Average
1. Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

What do you think are the applicant's motives in applying for the school?

- Adventure/Travel Desire for spiritual growth
- Christian Service Desire to help others
- Escape Desire to spread the Gospel
- Receive help/counseling

In your consideration, which of the following would best describe the applicant's relational skills with other staff members and management? Check all that apply

- Mature Good Attitude Loyal
- Committed Disrespectful Superficial

Would you choose to work with this person? Yes No

Comment _____

How would you describe the applicant's Christian Journey?

Please comment briefly on the applicant's family background

Does the applicant display high moral standards? Yes No

Comment _____

Any other comments?

Where do you think the applicant needs further character growth?

Would you recommend this applicant for acceptance by YWAM Barbados? Yes No

Comment _____

What skills, talents and strengths have you observed?

_____ Date ____/____/____

Signature

Please post, fax or scan and email this form to:
Admissions, Youth With A Mission Barbados, Thickett Plantation, St Philip, Barbados BB18027
Tel: 246-423-7496 Fax: 246-423-8080 training@ywambarbados.org

FRIEND REFERENCE

Applicant's Name _____ Date of School applying for ___/___/___

TO THE APPLICANT: Please complete the above details. Please provide a stamped envelop, address to YWAM Barbados and give it to the person completing this reference. This is a confidential reference and will not be shown to you.

TO THE REFEREE: The above applicant has applied for admission to a training course with Youth With A Mission Barbados. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for this school. All evaluations will be kept in strict confidence and will not be shown to the applicant. Your earliest response (within 7 days) would be most appreciated. Please use an additional sheet if you need to.

REFEREE DETAILS

Name _____ Relation to Applicant _____

Email _____ Phone _____

CHARACTER PROFILE

	Above Average	Average	Below Average
24. Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ability to receive correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

What do you think are the applicant's motives in applying for the school?

- Adventure/Travel
- Christian Service
- Escape
- Receive help/counseling
- Desire for spiritual growth
- Desire to help others
- Desire to spread the Gospel

In your consideration, which of the following would best describe the applicant's relational skills with other friends and family members? Check all that apply

- Mature
- Committed
- Good Attitude
- Disrespectful
- Loyal
- Superficial

Would you choose to work with this person? Yes No

Comment _____

Please comment briefly on the applicant's family background

Any other comments?

Would you recommend this applicant for acceptance by YWAM Barbados? Yes No

Comment _____

How would you describe the applicant's Christian Journey?

Does the applicant display high moral standards? Yes No

Comment _____

Where do you think the applicant needs further character growth?

What skills, talents and strengths have you observed?

_____ Date ___/___/___

Signature

Please post, fax or scan and email this form to:
 Admissions, Youth With A Mission Barbados, Thickett Plantation, St Philip, Barbados BB18027
 Tel: 246-423-7496 Fax: 246-423-8080 training@ywambarbados.org