



## YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City  
PO Box 80236, Davao City Philippines  
dtsdavao@gmail.com

### **DISCIPLESHIP TRAINING SCHOOL APPLICATION FORM**

This application will be considered only when all of the items listed below are received by the Personnel Office of Youth With A Mission Davao.

- Complete application, medical, and consent forms, agreement about special relationship, including signatures and all requested information.
- Non-refundable application fee of US \$ 30, --, Euro 25, -- or Peso 200, -- (for Filipino's only)
- Photograph – two recent pictures of yourself (passport photo)
- 3 Confidential Reference Forms completed by:
  - a) Your Pastor
  - b) Your Christian Friend who has known you for longer than 2 years
  - c) Your Employer/Ministry Leader

2X2 Picture here

### **Personal Information**

Name \_\_\_\_\_  
Last First Middle

E-mail Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Postal Address \_\_\_\_\_  
P.O. Box/Street Zip/Postal Code City

Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  male  female

Marital Status  Single  Married  Separated

Divorced  Engaged  Widowed

Name of Spouse \_\_\_\_\_  
Last First Middle

Name of children \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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



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### In case of emergency

Name

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Address

\_\_\_\_\_

P.O. Box/Street	Zip/Postal Code	City/Country
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Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Special Information

Home Church

\_\_\_\_\_

Church Address

\_\_\_\_\_

P.O. Box/Street	Zip/Postal Code	City/Country
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Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Denomination

\_\_\_\_\_

How long have you attended this church?

\_\_\_\_\_

How long have you been a 'Born Again' Christian?

\_\_\_\_\_

Any previous YWAM experience? If so, when and where?

\_\_\_\_\_

\_\_\_\_\_

What is your highest level of education completed?

\_\_\_\_\_

Post-Secondary schools attended?

\_\_\_\_\_



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What languages do you speak? (In decreasing order of fluency):

1.

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2.

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3.

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Any military service? Specify

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Drivers License? What kind?

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Social Security Number

---

Present employer

---

Occupation

---

Years of experience \_\_\_\_\_

Musical abilities \_\_\_\_\_ Other talents \_\_\_\_\_

What are your plans after you complete this Training?

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### Financial Information

Do you have the total school fees?  Yes  No

If No, what percentage do you have?

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From what sources will you receive the remainder?

---

Do you have any outstanding debts?  Yes  No

If yes, please explain

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### Christian Life

On a ***SEPARATE*** sheet of paper, TYPE or PRINT the following information as fully as possible:

1. What is your family's religious background?
2. Please describe in some detail your experience with God (your circumstances before becoming a Christian, your conversion experience...)
3. Describe other significant spiritual experiences you have had in your walk with the Lord.
4. Summarize your relationship with God at present.
5. Describe your relationship with your local church; include areas of worship and leadership. How are you involved? How does your Church leadership feel about you doing a DTS?
6. Describe your involvement within your local Christian scene. Describe any cross-cultural mission experiences you have had.
7. Have you had any mission's experiences? If so, where and what type(s) of ministry were you involved in?
8. How would you describe your motivations and gifts? Are there any skills or talents that you are working to develop at present (ex. Music, sport, art, language...)
9. Have you ever been involved in felonious crime, drug or alcohol abuse, occult activities, or homosexual practices? Explain.
10. Do you smoke?
11. In terms of relationships, is there anything in the past or present that you are concerned about and would like to make us aware of?
12. In describing yourself, what would you say are your strengths and weaknesses?
13. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
14. What areas of your character are you presently seeking God to further develop and improve?
15. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program. Please relate pertinent details of any past marriages or present marital separation.
16. Is there anything about your family relationships that you would like us to be aware of?
17. How did you hear about the YWAM base in the Philippines?
18. Why do you desire to attend this school?



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19. What expectations do you have? What do you want to see happen in your life during DTS?
20. Are you presently employed or in school? Please specify.
21. Please list any special circumstances or situations we should know about.
22. Please list the names and addresses of your three references.

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with Biblical principles, I agree to resolve any and all disputes with Youth With A Mission, YWAM Directors or staff by means of reconciliation or mediation, and waive any right to pursue action by way litigation. I confirm that I understand that payment of the required school tuition fee must be made upon or before the deadline set by the School Director. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at the school. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission Davao.

Name \_\_\_\_\_ Date \_\_\_\_\_

Submit this application to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines



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### REFERENCE FORM - FRIEND

**To the applicant:** Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant \_\_\_\_\_  
Last First Middle

Dates of school applying for \_\_\_\_\_

I, the above named applicant, WAIVE any right I have to read or obtain copies of this reference form, knowing that this waiver is NOT required as a condition for admission.

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

**To the Friend:** The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM us a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please tick the following, and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually	
	Excellent	Above Avg.	Average	Below Avg.
<b>Initiative:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respect for Authority:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to get along with Others:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Willingness to follow:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Judgement/Decision making:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional stability:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Personal appearance:**

Comments: \_\_\_\_\_

**Mental Ability:**

Quick to comprehend  Average  Slow

**Ability to Work:**  
Persistence

Hard worker  Average  Lacks

**Reliability:**  
obligations

Meets obligations  Average  Neglects

**Cooperation:**  
difficulty

Works well with others  Average  Experiences

**Flexibility:**

Open to change  Average  Unyielding

**Christian Character:**

Well balanced  Average  Unstable

**Positive Attitude:**

Cheerful  Average  Passive

**Punctuality:**

Punctual  Average  Often late

**Financial  
Responsibility:**

Honors obligation  Average  Neglectful

**Comments:**

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

Please answer the following questions. If you are unable to comment, or the question is not relevant to your relationship with the applicant, please state this.

1. Does he/she display high moral standards?  Yes  No (please explain)

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

2. Is he/she prejudiced against any groups, races or nationalities?

Yes  No (please explain)

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



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3. In your consideration, which of the following would best describe the applicant's Christian life?

- Mature     Genuine and growing     over emotional     Superficial

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4. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

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

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6. In your opinion, what are the applicant's motives for applying to YWAM Training?

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7. Please add any other relevant remarks

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8. Do you see the applicant as having potential for missionary services with Youth With A Mission?

- Yes     With some reservation (please explain)     No (please explain)

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9. I have known this applicant for \_\_\_\_\_ years \_\_\_\_\_ month.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Position:**

**Address:**

\_\_\_\_\_  
P.O. Box/Street

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
City/Country





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**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Youth With A Mission Training admits students of any race, color, national and ethnic origin to the rights, privileges, programmes and activities generally accorded or made available to students at the course.

Please direct all forms to YWAM Davao, P.O. Box 80236, 8000 Davao City, Philippines

**“To know God and make Him known”**



# YOUTH WITH A MISSION DAVAO FAMILY

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## REFERENCE FORM - PASTOR

**To the applicant:** Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant \_\_\_\_\_  
Last First Middle

Dates of school applying for \_\_\_\_\_

I, the above named applicant, WAIVE any right I have to read or obtain copies of this reference form, knowing that this waiver is NOT required as a condition for admission.

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

**To the Pastor:** The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM us a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please tick the following, and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Casually
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Avg.	<input type="checkbox"/> Average	<input type="checkbox"/> Below Avg.
Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/Decision making:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Personal appearance:

Comments:

**Mental Ability:**

Quick to comprehend  Average  Slow

**Ability to Work:**  
Persistence

Hard worker  Average  Lacks

**Reliability:**  
obligations

Meets obligations  Average  Neglects

**Cooperation:**  
difficulty

Works well with others  Average  Experiences

**Flexibility:**

Open to change  Average  Unyielding

**Christian Character:**

Well balanced  Average  Unstable

**Positive Attitude:**

Cheerful  Average  Passive

**Punctuality:**

Punctual  Average  Often late

**Financial  
Responsibility:**

Honors obligation  Average  Neglectful

Comments:

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3. To what extent is the applicant actively contributing to church work?

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4. In your consideration, which of the following would best describe the applicant's Christian experience?

Mature  Genuine and growing  Over emotional  Superficial

---

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5. How does the applicant usually react in trying situations?

- Withdraws       Gets discouraged       Gets angry  
 Meets constructively       Accepts patiently       Other (explain)

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6. Overall, what do you consider to be the applicant's strong points?

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

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8. In your opinion, what are the applicant's motives for applying to YWAM Training?

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9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

- No       Yes (please explain)

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10. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of the applicant's life we should know more about for us to be of service to the applicant.

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11. Do you see the applicant of having potential for missionary services with Youth With A Mission?

- Yes  With some reservation (please explain)  No (please explain)

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12. Is your congregation aware that this person has applied to do a course with YWAM Training?

- Yes  No

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13. As a pastor, if you feel it is right for the applicant to participate in this training program, would you offer any pastoral counsel to us in helping him/her adjust to a foreign country and new situation?

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14. Is your congregation supporting this applicant during this course?

- Prayerfully  Financially

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15. I have known this applicant for \_\_\_\_\_ years \_\_\_\_\_ month.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Position:** \_\_\_\_\_

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

P.O. Box/Street

Zip/Postal Code

City/Country

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



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### REFERENCE FORM – EMPLOYER/MINISTRY LEADER

**To the applicant:** Please complete the information below and provide a stamped envelope addressed to YWAM Davao for the person completing the reference.

Name of Applicant \_\_\_\_\_  
Last First Middle

Dates of school applying for \_\_\_\_\_

I, the above named applicant, WAIVE any right I have to read or obtain copies of this reference form, knowing that this waiver is NOT required as a condition for admission.

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

**To the Employer/Ministry Leader:** The above applicant has applied for admission to Youth With A Mission Training in the Philippines, which is part of Youth With A Mission International YWAM us a mission-orientated, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; therefore we ask that you complete this form carefully.

Thank you for your assistance.

Please tick the following, and comment where necessary:

How well do you know the applicant?	<input type="checkbox"/>	Very Well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Casually
	Excellent	Above Avg.	Average	Below Avg.		
<b>Initiative:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Respect for Authority:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Ability to get along with others:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Willingness to follow:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Judgement/Decision making:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Leadership:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Emotional stability:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Health:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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**Personal appearance:**

                                                                

Comments: \_\_\_\_\_

<b>Mental Ability:</b>	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
<b>Ability to Work:</b>	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks
Persistence			
<b>Reliability:</b>	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects
obligations			
<b>Cooperation:</b>	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Experiences
difficulty			
<b>Flexibility:</b>	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
<b>Christian Character:</b>	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
<b>Positive Attitude:</b>	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
<b>Punctuality:</b>	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
<b>Financial Responsibility:</b>	<input type="checkbox"/> Honors obligation	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Please answer the following questions. If you are unable to comment, or the question is not relevant to your relationship with the applicant, please state this.

16. Does he/she display high moral standards?     Yes     No (please explain)

\_\_\_\_\_

17. Is he/she prejudiced against any groups, races or nationalities?

Yes                       No (please explain)

\_\_\_\_\_

\_\_\_\_\_





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10. In your consideration, which of the following would best describe the applicant's Christian life?

- Mature     Genuine and growing     over emotional     Superficial

---

---

11. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

---

---

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

---

---

13. In your opinion, what are the applicant's motives for applying to YWAM Training?

---

---

14. Please add any other relevant remarks:

---

---

15. Do you see the applicant as having potential for missionary services with Youth With A Mission?

- Yes     With some reservation (please explain)     No (please explain)

---

---

16. I have known this applicant for \_\_\_\_\_ years \_\_\_\_\_ month.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Position:**

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**Address:**

\_\_\_\_\_

P.O. Box/Street	Zip/Postal Code	City/Country
-----------------	-----------------	--------------

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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### MEDICAL REPORT

For each Adult and Child

#### **To the Physician:**

Name of Applicant \_\_\_\_\_ has applied for a course with YWAM Training. This is a short-term missionary service in which there will be some physical exertion over a period of 6 to 7 months training and study in a group situation with possible overseas travel.

Thank you for completing this Medical Report for us.

**Doctor's Name** \_\_\_\_\_

#### **Address**

\_\_\_\_\_

P.O. Box/Street

Zip/Postal Code

City/Country

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please answer the following questions regarding the applicant's health:

1. Weight \_\_\_\_\_ kg      Height \_\_\_\_\_ cm

2. Is the applicant under medical supervision at this time or taking medication? (If so, what kind?)

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

3. Would you consider the applicant in good physical health?

\_\_\_\_\_

4. Is the applicant's chest, heart, and blood pressure normal?

\_\_\_\_\_



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5. Is the applicant's sight, hearing and speech normal?

---

6. Has the applicant adequate emotional and mental stability to undertake such service and training?

---

---

7. Please list any significant medical and/or psychiatric history:

---

---

---

8. Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

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CONSENT AND AGREEMENT

Consent and Agreement

I/We do hereby release YOUTH WIH A MISSION - INC. Philippines, it's agents and volunteer's assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by, said person during the course of involvement with Youth With A Mission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

(If applicant is under 18 years of age, signature of parent or responsible party is required.)

Consent for Treatment

I/We hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary on:

Name of Applicant \_\_\_\_\_

Parent's signature (or responsible party) if applicant is under 18 years of age:

Signature Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Consent for Burial

In case of accidental death, some Asian nations require by law either immediate entombment or cremation. For the purpose of government formalities, please sign the following statement:

I, the undersigned, hereby grant consent to whatever national laws require, in the eventuality of my death while in the service of Youth With A Mission. I acknowledge that Youth With A Mission is under no obligation to underwrite the cost of shipping my body to another country in the event of my death.

Signature Applicant \_\_\_\_\_ Date \_\_\_\_\_



## YOUTH WITH A MISSION DAVAO FAMILY

Holy Trinity Village, Cabantian, Davao City  
PO Box 80236, Davao City Philippines  
[dtsdavao@gmail.com](mailto:dtsdavao@gmail.com)

### **Acknowledgement (Please read carefully and sign)**

Because of the recent increase in attempts at extortion and incidents of violence against missionaries we feel it necessary to state the position and policy of Youth With A Mission, Philippines with regard to ransom payments and extortion.

Our responsibility as an organisation is not just to Youth With A Mission personnel, but also to other missionaries and expatriates living in the country. If we are prepared and wise in our response to a crisis of this nature we can do a lot to minimize the likelihood of recurrences.

Please carefully note the following:

1. Youth With A Mission will not pay extortion.
2. Youth With A Mission will not make ransom payments in the event of a hostage taking.
3. Youth With A Mission will not withdraw from ministry in the Philippines under duress or pressure from hostage takers or extortionists.
4. Youth With A Mission, Philippines will not allow funds to be channelled through its bank accounts for the purpose of paying ransom or extortion.

A Crisis Management Team has been set up to prepare for and handle such contingencies. In the event of a hostage taking, act of violence or natural disaster, this team would be Youth With A Mission's official representatives in dealing with the authorities, press, family etc., and if necessary, with the perpetrators. This team consists of most of the National Council and others as deemed necessary.

I have read and understood the above and acknowledge that I am agreeing to these conditions and policies, and accepting the involvement of the Crisis Management Team on my behalf should it be necessary.

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