



**THE DISCIPLESHIP TRAINING SCHOOL**  
**YWAM JEFFREY'S BAY, P.O. BOX 811, JEFFREYS BAY 6330,**  
**SOUTH AFRICA**  
**GUIDE TO COMPLETING STUDENT APPLICATION**

Thank you for applying to The Discipleship Training School in Jeffreys Bay. May you know God's Grace as you seek His direction for your life. **You are encouraged to apply early -- at least two months prior to the start of school for South Africans and three to six months prior to the start for non-South Africans.**

IN ORDER FOR US TO PROCESS YOUR APPLICATION EFFICIENTLY, WE MUST HAVE ALL OF THE FOLLOWING FORMS **AND THE REGISTRATION FEE** SENT TO US AT ONE TIME. If a question on the form does not apply to you write N/A in the blank. Husbands and wives must complete separate applications.

1. **Application Form / Health form / Physicians Evaluation** – Each individual must fill out completely (including children and nanny if needed). These forms must be completed by you / your doctor for any initial school you wish to do with YWAM, Jeffrey's Bay.
2. **Registration Fee** – A nonrefundable Application Fee of R200 for South African residents or R300 for non-South African Residents is to be forwarded with the application. Your application cannot be processed without this.
3. **Life Questions** – Prayerfully answer the life questions on a separate paper and attach them to your application form. Your application will be treated with the strictest confidence.
4. **Reference Forms** – On each of the three Confidential Reference Forms fill in your name, the school you are applying for, and the starting date. Hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher or friend (please do not give this to a family member).

If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor. Ask them to complete the form and post it directly to YWAM J'Bay. We must receive at least 2 of the reference forms (pastor's form must be one) BEFORE we can process your Application. We suggest that they fax their reference form to us as quickly as possible. Often your acceptance is delayed because we do not receive the reference forms.

5. **Financial agreement** - Read carefully, complete, and sign the Financial Policy and Indemnity Form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.
6. **Release of Liability/Indemnity Form** - Read carefully and understand, complete, and sign the Liability / Indemnity Form.
7. **Photographs** - Submit two recent passport-size photographs with your application.

The Registrar  
YWAM  
PO BOX 811  
Jeffrey's Bay 6330  
South Africa

Tel: +27 (0) 42 293 1794  
Fax: +27 (0) 42 293 2062  
E-mail: [office2@ywamibay.com](mailto:office2@ywamibay.com)

These applications are available in English only. We are an International Missions Organization and find it necessary to restrict all lectures, information, and correspondence to English.

All our schools are full time residential training courses. It is not possible for students to pursue other courses of study or part time employment while taking a U of N course.

Should overseas applicants have limited time to apply, please fax the forms and post your registration fee, the original application, and photo's.



## Home Church Information

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_  
 Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Length of Attendance \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

## Languages

Please identify and indicate your language proficiency on the line below.

- 1 – Elementary Speaking                      2 – Limited Word Proficiency                      3 – Minimum Professional Proficiency  
 4 – Full Professional Proficiency                      5 – Native Speaking Proficiency                      6 – Mother Tongue

English Proficiency \_\_\_\_\_ other languages and Proficiency \_\_\_\_\_

## Occupation/ Job Experience

List all previous work experience for the past 10 years. Start with the most recent position.

Occupation	Organization	Dates/Location	Supervisor	Skills Used

Current Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

If you are currently working, when would you need to hand in your notice? \_\_\_\_\_

## Skills

Occupational Skills \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

Music Ability or Other Talents \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

## Educational Experience

I completed      High School / Secondary School      Equivalent of High School / Secondary School

Name of Institutions	Address	Dates Attended	Degree / Major / Degree Date

If you intend to pursue a U of N Degree, Transfer(s) of your record (s) at each High / Secondary or College / University / Seminary you have attended must be submitted to the U of N Registrar by the institution. Also, please have all former YWAM school leaders or staff send verification of your satisfactory school completion, including lecture and field assignment dates, location(s) and grade (s).

## YWAM / U of N Background Information

Have you previously attended a YWAM or U of N school?    Yes    No    if Yes:

	School(s)	Dates Attended (month / year)	Location (city / country)
1. Lecture Phase			
	Field Assignment Phase		
2. Lecture Phase			
	Field Assignment Phase		
3. Lecture Phase			
	Field Assignment Phase		

Please arrange for your most recent school leader to send a Reference Form to the U of N Admissions and Records Office.

## Passport / Visa Information (SA Citizen's Must Also Complete)

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

Name as listed on Passport \_\_\_\_\_

City and Country where Passport was Issued \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ Date Issued \_\_\_\_\_  
Day / Month / Year Day / Month / Year

Have you ever been refused a Visa?            No            Yes (Give nation and details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper.

## A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.
4. Have you been called to the mission field? If YES, give a brief account of your calling.
5. Why have you applied for this school? Please detail your guidance, confirmations, etc.

## B. CHURCH LIFE

1. If you have been a member for less than two years, please give name, address, telephone number, fax number and E-mail address (if applicable) to both your previous church and the minister/pastor.
2. Does your minister/pastor approve of you joining YWAM or doing this school?  
Will your church be willing to send you out as their missionary?  
Will your church be willing to support you financially?  
If the answer is NO to any of these questions, please state the reason.
3. What leadership, counseling or church work have you been involved in?  
In your answer please state where, when and with whom.

## C. PERSONAL LIFE

1. If you are under 21, do your parents approve of your joining YWAM?
2. Were you raised by both your parents?  
If NOT, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. From the following list circle the words that, in your opinion, best describe yourself:

Active	Impulsive	Nervous	Impatient	Moody	Imaginative	Serious
Good-natured	Quiet	Likable	Fearful	Lonely	Depressed	Submissive
Hurting	Sincere	Flexible	Organized	Guilty	Courageous	People lover
Humorous	Loyal	Ambitious	Persistent	Hardworking	Self-confident	Excitable
Calm	Easygoing	Introvert	Extrovert	Stubborn	Self-conscious	Sensitive
Optimistic	Competitive	Perfectionist	Insecure	Practical	Warm	Self-sacrificing
Negative	Confused					

5. Have you ever been involved in:  
(please answer each one separately)  
a. drug abuse                      b. alcohol abuse                      c. occult practice                      d. Sexual immorality                      e. do you smoke?  
If YES, please give details and state your present position.
6. What are your interests and hobbies?
7. Do you have any learning difficulties?  
If YES, please give details.

## D. OTHER

1. How and from whom did you hear about YWAM?
2. List the names, addresses, telephone numbers, fax numbers and E-mail addresses (if applicable) of the three people you have handed the confidential reference forms to.
3. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or small quarters for families? Please note that South Africa is not typical of other African countries. Many Africans come unprepared for the different food and culture.
4. Is there anything else that you would like to tell us about that would help us to know you better?

## FINANCIAL INFORMATION: 2010 FINANCIAL POLICY

YOUTH WITH A MISSION is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The Modules are subsidized from outside sources and the costs are met largely by the student's fees, although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

### REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All South African residents and citizens applying from within the country shall pay ZAR100 each, or ZAR150 for couples.
2. All applicants applying from abroad shall pay ZAR300 each, or ZAR450 for couples.

### THE COSTS OF ALL SCHOOLS ARE PER PERSON PER 3 MONTHS

Please note costs have risen as of January 2008. **All fees are in South African Rand.** Please check with your local bank for the current exchange rate.

Food, lodging, and tuition for each quarter costs as follows:  
(based on the Per Capita Income of the nation in which the student has citizenship)

**Category A: First World Nations – ZAR 14 500**

e.g.: North America, Europe and Australia, Japan, South Korea etc.

**Category B: Second and Third World nations – ZAR9 850**

2<sup>nd</sup> World: e.g.: the G22 group (including South Africa, Russia, Malaysia, Brazil etc.)

**Category C: Third World nations – ZAR7 800**

3<sup>rd</sup> World: e.g.: India, Malawi, Kenya, Ghana, Egypt, Nigeria, and South Africans coming from a third world environment (previously disadvantaged communities)

* Spouse not attending a school	Category B/C	R3500.00
	Category A	R4500.00
* Children under two years		FREE
* Children 2-6 years		R2000.00
* Children 7- 17 years		R2500.00
* Youth over 17 years		R3000.00
* Airport/Bus stop collection fee (if needed)		R275.00
* Nanny attending the children	Category B/C	R3500.00
	Category A	R4500.00

**The prices stated here, are for the upcoming school, but may change on a quarterly basis.**

### PLEASE NOTE

**ALL STUDENTS** accepted to the DTS must deposit 90% of their lecture phase fees into our bank account and fax us proof of deposit. **FOREIGN CITIZENS** also need to fax full insurance coverage for the period of the DTS, the proof of insurance must be in English (If the Insurance Company cannot issue proof in English then you must have the document officially translated and stamped) This needs to be done before we will issue the necessary visa papers for you to enter South Africa to attend the school. The remainder of fees for the lecture phase will be required upon arrival. Please do not come without your fees unless previous arranged with the school leader.

**OUTREACH FEES** -----Please remember that *the outreach costs come in addition to the cost for the lecture phase.* The cost of the outreach will be subject to the outreach destination, which will be decided within the first weeks of the DTS. This cost is expected to be around ZAR10 000 – ZAR25 000 this could increase depending on airline tickets to the outreach locations.

## FINANCIAL INFORMATION CONTINUED

Do you have your complete school fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, from what source will they come? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding debts? \_\_\_\_\_ No \_\_\_\_\_ Yes (Explain)

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

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### Acknowledgment of Financial Responsibility

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I understand that payment of the required school tuition fees must be made in S.A currency (Rand) or in equivalent US Dollars prior to (90%) and the rest upon my arrival, unless otherwise approved in writing by the School Leader before my departure for South Africa. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and The Discipleship Training School. If I am accepted to the Discipleship Training School, I will abide by the Spirit, rules and schedule of the school.

Applicant's Signature \_\_\_\_\_  
Day / Month / Year

*"Lord, who may dwell in your sanctuary? Who may live on your holy hill? He... who keeps his oath even when it hurts..." (Psalm 15:1, 4b)*

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### Release of Liability/Indemnity

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**I/ we do hereby release the Discipleship Training School and Youth With A Mission, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with the Discipleship Training School.**

Applicant's Signature \_\_\_\_\_  
Day / Month / Year

**Signature of parent or guardian required if applicant is less than 18 years of age:**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Day / Month / Year

# HEALTH FORM

## Health Information

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ Are you allergic to any drugs? \_\_\_\_\_ No \_\_\_\_\_ Yes (specify) \_\_\_\_\_  
O,A,B,AB, (+ or -)

## Consent for Treatment

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

Applicant's Signature \_\_\_\_\_ Day/ Mo/ Yr \_\_\_\_\_

Parent or guardians Signature (required if applicant is under 18 years of age) \_\_\_\_\_

Relationship \_\_\_\_\_ Day/ Mo/ Yr \_\_\_\_\_

## Personal History

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet.

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

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Skin Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble
<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble
<input type="checkbox"/>	<input type="checkbox"/>	Head inquiry
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headache
<input type="checkbox"/>	<input type="checkbox"/>	Weakness
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever, Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Back problems

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of Joints
<input type="checkbox"/>	<input type="checkbox"/>	Broken bones
<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer
<input type="checkbox"/>	<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Veneral Disease
<input type="checkbox"/>	<input type="checkbox"/>	Tumor: Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Mumps

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)
<input type="checkbox"/>	<input type="checkbox"/>	German Measles (Rubella)
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
<b>FEMALES ONLY</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Flow
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Period
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Previous Pregnancies
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)

Are you at present under the doctor's care for any condition? No Yes (specify) \_\_\_\_\_

Are you taking any medication at this time? No Yes (specify) \_\_\_\_\_

Are you allergic to any drugs? No Yes (specify) \_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions with required special attention? No Yes

If yes, please describe \_\_\_\_\_  
 (Your response to this question will not affect admission consideration)

Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) \_\_\_\_\_

Have you ever suffered from an eating disorder? No Yes (specify) \_\_\_\_\_

Do you wear glasses or contact lenses? No Yes

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

Do you now have or have you ever received any compensation for disability from any sources? No Yes

Specify: \_\_\_\_\_

## HEALTH FORM CONTINUED

### FAMILY HISTORY

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

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Tuberculosis  
Diabetes  
Kidney Disease

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Hypertension  
Arthritis  
Stomach Disease

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Asthma/Hay Fever  
Convulsions/Epilepsy  
Cancer

Please indicate the relationship \_\_\_\_\_

Is there anything that you think we should be aware of? \_\_\_\_\_

### IMMUNIZATIONS

Because of the nature of mission work there is a high risk of exposure to communicable diseases.

**YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.**

YOUTH WITH A MISSION strongly advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

Injectable or oral Polio vaccine

Tetanus toxoid injection if last injection was 5 years ago

Typhoid vaccine

Hepatitis A vaccine x 3 injections

Hepatitis B vaccine x 3 injections

Meningitis vaccine

You will **NOT** need malaria prophylactics during your time in Jeffrey's Bay.

### PHYSICIANS EVALUATION

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

**TO THE PHYSICIAN**

The above-named person has applied for service with YOUTH WITH A MISSION. This program will require good health and endurance. Please fill out the portion below and make any additional comments that we would need to know. Thank you.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
CG (Over 40) \_\_\_\_\_

Visual acuity (Without glasses) R \_\_\_\_\_ L \_\_\_\_\_  
(With glasses) R \_\_\_\_\_ L \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

Are there any abnormalities with the following systems? Please describe fully.

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

Please describe:

Ears/Nose/Throat \_\_\_\_\_  
Eyes \_\_\_\_\_  
Neurological \_\_\_\_\_  
Cardiovascular \_\_\_\_\_  
Respiratory \_\_\_\_\_  
Musculoskeletal \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymphatic \_\_\_\_\_  
Dermatological \_\_\_\_\_  
Hernial Orifices \_\_\_\_\_  
Gynecological \_\_\_\_\_  
Urological \_\_\_\_\_  
Psychiatric \_\_\_\_\_

Would he/she be able to walk 5-10 kilometers per day? Yes No

Additional comments:

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

**PHYSICIAN'S RECOMMENDATION**

Acceptable without limitations \_\_\_\_\_  
Acceptable with limitations Specify \_\_\_\_\_  
Not acceptable (Should remain where adequate medical care is available) \_\_\_\_\_

Physician's name (Print) \_\_\_\_\_

Address \_\_\_\_\_

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

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASTOR REFERENCE FORM**



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1. To what extent is the applicant active in church work? \_\_\_\_\_

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

3. Is he/she prejudiced against groups, races or nationalities?    No    Yes (please explain) \_\_\_\_\_

4. With reference to his/her Christian service, so you consider the applicant to be:      Dedicated      Average      Casual

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

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

        Mature              Contagious              Genuine and Growing              Over-emotional              Superficial

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

6. Overall, what do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_

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

8. In your opinion, what are the applicant's motives for applying to the School? \_\_\_\_\_

9. What could the school do to aid in the applicant's personal development? \_\_\_\_\_

10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life) we should know more about, to be of service to the applicant \_\_\_\_\_

11. Would you recommend the applicant for acceptance into University of the Nations?

        Yes              With some reservation (please explain)              No (please explain) \_\_\_\_\_

12. Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_

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I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Position \_\_\_\_\_ Day/Mo/Yr

Name: \_\_\_\_\_ Email address \_\_\_\_\_

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

\_\_\_\_\_ Phone \_\_\_\_\_

Would you like to receive further information about U of N/ YWAM?    Yes    No



# FRIEND REFERENCE FORM

**APPLICANT:** Fill your name, school, with signature and give to/send to friend with a stamped envelope

Your name: \_\_\_\_\_  
Legal/Last/Family Name
First
Middle Name

School applying for \_\_\_\_\_  
Month / Year

**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.**

The above applicant has applied for admissions to The Discipleship Training School. The School is part of training programs and is required for all degree programs within the University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization, YWAM, founded in 1960, now has centers in over 500 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary:

How well do you know the applicant?	Very Well	Well	Casually		
	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Concern for others					
Social Adaptability					
Ability to follow					
Leadership					
Judgment / Decision-making					
Emotional stability					
Health					
Personal appearance					

Comments \_\_\_\_\_  
 \_\_\_\_\_

Please tick the most appropriate description for each category

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

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

## FRIEND REFERENCE FORM CONTINUED

- 
1. To what extent is the applicant active in church work? \_\_\_\_\_
  2. Does he/she display high moral standards?    Yes    No (please explain) \_\_\_\_\_
  3. Is he/she prejudiced against groups, races or nationalities?    No    Yes (please explain) \_\_\_\_\_  
\_\_\_\_\_
  4. With reference to his/her Christian service, so you consider the applicant to be:    Dedicated    Average    Casual  
Please explain: \_\_\_\_\_
  5. In your consideration, which of the following would best describe the applicant's Christian experience?  
Mature    Contagious    Genuine and Growing    Over-emotional    Superficial
- Comments: \_\_\_\_\_
6. Overall, what do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_  
\_\_\_\_\_
  7. Please comment on the applicant's family background (if known): \_\_\_\_\_  
\_\_\_\_\_
  8. In your opinion, what are the applicant's motives for applying to the School? \_\_\_\_\_  
\_\_\_\_\_
  9. What could the school do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
  10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life) we should know more about, to be of service to the applicant \_\_\_\_\_  
\_\_\_\_\_
  11. Would you recommend the applicant for acceptance into University of the Nations?  
Yes    With some reservation (please explain)    No (please explain) \_\_\_\_\_  
\_\_\_\_\_
- 

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Position \_\_\_\_\_ Day/Mo/Yr \_\_\_\_\_

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Would you like to receive further information about U of N/ YWAM?    Yes    No



# EMPLOYER/TEACHER/FRIEND REFERENCE FORM

**APPLICANT:** Fill your name, school, with signature and give to/send to either your employer, teacher, or YWAM leader with a stamped envelope

Your name: \_\_\_\_\_  
Legal/Last/Family Name
First
Middle Name

School applying for \_\_\_\_\_  
Month / Year

**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.**

The above applicant has applied for admissions to The Discipleship Training School. U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization, YWAM, founded in 1960, now has centers in over 500 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary:

How well do you know the applicant?	Very Well	Well	Casually		
	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Concern for others					
Social Adaptability					
Ability to follow					
Leadership					
Judgment/ Decision-making					
Emotional stability					
Health					
Personal appearance					

Comments \_\_\_\_\_  
 \_\_\_\_\_

Please tick the most appropriate description for each category

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

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

## EMPLOYER/TEACHER/FRIEND REFERENCE FORM CONTINUED

- 
1. To what extent is the applicant active in church work? \_\_\_\_\_
  2. Does he/she display high moral standards?      Yes      No (please explain) \_\_\_\_\_
  3. Is he/she prejudiced against groups, races or nationalities?      No      Yes (please explain) \_\_\_\_\_  
\_\_\_\_\_
  4. With reference to his/her Christian service, so you consider the applicant to be:      Dedicated      Average      Casual  
Please explain: \_\_\_\_\_
  5. In your consideration, which of the following would best describe the applicant's Christian experience?  
Mature      Contagious      Genuine and Growing      Over-emotional      Superficial
  - Comments: \_\_\_\_\_
  6. Overall, what do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_  
\_\_\_\_\_
  7. Please comment on the applicant's family background (if known): \_\_\_\_\_  
\_\_\_\_\_
  8. In your opinion, what are the applicant's motives for applying to the School? \_\_\_\_\_  
\_\_\_\_\_
  9. What could the school do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
  10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life) we should know more about, to be of service to the applicant \_\_\_\_\_  
\_\_\_\_\_
  11. Would you recommend the applicant for acceptance into University of the Nations?  
Yes      With some reservation (please explain)      No (please explain) \_\_\_\_\_  
\_\_\_\_\_

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I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Position \_\_\_\_\_ Day/Mo/Yr

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Would you like to receive further information about U of N/ YWAM?      Yes      No

**RELEASE OF LIABILITY / INDEMNITY FORM**

WHEREAS I, the undersigned

\_\_\_\_\_ (ID NO. \_\_\_\_\_ )

am wishful to act and take part in YOUTH WITH A MISSION, JEFFREYS BAY (administered under Destiny Ministry International, registration number 2000/013804/08) (hereinafter referred to as "YWAM"), as a voluntary student/staff at the premises situated at 14 Tornyn Street, Jeffreys Bay.

**NOW THEREFOR:**

1. I exempt YWAM, its employees, management, volunteer assistants and members against all liability and/or responsibility for injury of whatsoever nature arising directly/indirectly from my voluntary performance of and/or involvement in any activities and/or services and/or on outreaches, under the instruction and/or guidance of YWAM.
2. This exemption is intended specifically, but not limited, to cover the period of time being here as student/staff/volunteer/assistant with YWAM; including, but not limited to the risk associated with:
  - travel
  - economic loss
  - pre-existing medical conditions
  - medical conditions arising during this period
  - detainment by the authorities of the country/countries traveled to
  - being kidnapped or taken hostage
  - permanent disability / bodily injury / death / emotional distress / any other losses as a result of accident, crime, violence, natural disaster or armed conflict.
3. I acknowledge that YWAM is not liable for the cancellation of excursions, schools, deviations or delays. I declare that I am in good health and are prepared to act responsibly at all times and are fully aware that some of said school/volunteering may contain certain inherent dangers. I hereby freely and willfully undertake on behalf of myself, my executors, administrators, heirs and successors in title not to claim from and undertake legal action and to indemnify, hold harmless and absolve YWAM, its employees, management, volunteer assistants and members from any and all liability whatsoever in connection with loss or whatsoever damage to any of my property or to any injury whatsoever to myself or even my death arising from the negligence of any of the above parties or from any cause whatsoever in course of my performance of any activities and/or services or any related voluntary activities at the premises or on outreaches, under the instruction and/or guidance of YWAM.

\_\_\_\_\_  
**INITIAL by student/staff/participant**

\_\_\_\_\_  
**INITIAL by guardian  
if participant is a minor**

4. I freely and willfully agree to all the terms and conditions under which all or any excursion/activity/transport is being conducted. I undertake to act responsibly, diligently and agree to exercise the greatest degree of care and safety whilst involved in any activity as a volunteer/staff/student of YWAM. I furthermore freely and willfully undertake to cover all and any costs which may be incurred for medical treatment by any person or organization who so renders his/her services in the event of any emergency and requires payment for them. I also freely and willfully undertake to pay all and any costs for transport or evacuation by vehicle, boat or aircraft if it becomes necessary in the case of an emergency. I undertake to take due and proper care at all times of any equipment or property provided for by YWAM and shall immediately notify YWAM should any damage occur or be likely to occur to any of its property and/or equipment. I undertake to abide by the rules of the leadership of the base, the leadership of the school and the leadership of field assignments/outreaches. I undertake to act responsibly, diligently and agree to exercise the greatest degree of care and safety whilst present on the said premises, or on outreach, and/or while acting under the instruction of YWAM.
5. I also understand that I will be subject to disciplinary action and handing over to the appropriate authorities in the event of my breaking the law of the land with regard to: drug use / theft / fraud / any other punishable crime with the exemptions of religious activities that is agreed upon by YWAM.

Name and Surname : \_\_\_\_\_  
Identity number (SA): \_\_\_\_\_  
Passport number : \_\_\_\_\_  
Home address : \_\_\_\_\_  
\_\_\_\_\_

THUS DONE AND SIGNED AT \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 2010.

**WITNESSES:**

1. \_\_\_\_\_ (PRINT NAME)  
2. \_\_\_\_\_ (SIGNATURE OF PARTICIPANT)

\_\_\_\_\_  
**INITIAL by guardian  
if participant is a minor**

**(If signatory is a minor, all guardians' signatures are required.)**

In my capacity as legal guardian(s) agree to the terms contained in this agreement on behalf of the participant.

SIGNATURE OF GUARDIAN

**Name of Guardian :** \_\_\_\_\_  
**Identity number (SA):** \_\_\_\_\_  
**Home address :** \_\_\_\_\_  
\_\_\_\_\_  
**Contact details :** \_\_\_\_\_  
\_\_\_\_\_