



## DTS Application Form

***It is important that this section is completed. Please indicate the DTS you would like to apply for before continuing with the application form.***

- Around the World DTS February 2012
- Father's Love Crossroads DTS February 2012
- Ski & Snowboard DTS June 2011
- Earthcare DTS October 2011
- Backpackers DTS October 2011
- Justice DTS October 2011

Please fill in and mail, e-mail or fax it to YWAM Oxford.

**Address:** YWAM Oxford, PO Box 47, Oxford,  
North Canterbury, 7443, New Zealand

**Phone:** +64 3 312 49 51

**Fax:** +64 3 312 49 55

**E-mail:** [registrar@ywamoxford.org](mailto:registrar@ywamoxford.org)

### ***Personal Information:***

***Date:***

**Given Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Birth Date :** (day/month/year) \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Birth Place:** \_\_\_\_\_

**Sex:** Female  Male

**Marital Status:**

- Never Married
- Married
- Separated / Divorced
- Engaged
- Widowed
- Remarried

If you are separated or divorced please explain for how long and give us some background on it.

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



Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Dependents: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_

Will your dependents come with you? Yes  | No

**Is there a domestic situation that might make it necessary to return home?**

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

**Passport**

**Primary Passport**

Passport Number \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_  
 Expiry date \_\_\_\_\_  
 Place of issue \_\_\_\_\_

**Second Passport**

Passport Number \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_  
 Expiry date \_\_\_\_\_  
 Place of issue \_\_\_\_\_

**Personal Profile**

**Please assess the following:**

	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>Unknown</i>
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>



**YWAM Involvement:**

Have you ever been involved with Youth With A Mission? If yes, please detail below:

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**Educational Information**

Highest school or university/college level completed:

Where: \_\_\_\_\_ When: \_\_\_\_\_

**Languages:**

What is your home language?

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List any other languages you speak

If English is your second language, please rate your abilities below:

	(1=unintelligible   6=close to native speaker)					
Speaking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Understanding spoken English	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Writing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Where did you learn English?

How long have you been speaking English?

**Occupational Skills**

Please list your occupational skills (I.T., landscaping, construction, accounting, etc.)

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**Abilities or other talents**

Please list your abilities and talents (music, art, sports, drama, etc.)

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### **Finances**

**Do you have the finances to pay for this school?**

- **Lecture phase** Yes  No

- **Outreach phase** Yes  No

If not, how will you arrange that? (please note lecture phase fees are due the day you arrive)

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**Do you have debts to continue paying while you do this school?** Yes  No

If Yes, please explain

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### **Home Church Information**

Please name the church you are currently attending.

**Name of Church**

**Pastor's Name**

**Address**

**Telephone**

**Pastor's E-mail**

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### **Emergency Information**

**Who should we contact in case of an emergency?** (name, address, phone, & relationship to you.

If not your parents, please explain why).

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**Christian Faith**

**When did you become a Christian? How did it happen? (Please write 6-10 lines)**

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**How has your relationship with God been for the last 2 years? (Please write 6-10 lines)**

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**What sort of involvement have you had with your church?**

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**What areas of your character are you presently seeking God for further development and improvement?**

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**How would you describe the relationships within your family?**

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**What problems or difficulties do you feel you are presently dealing with?**

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**Why do you want to do this particular DTS?**

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Please add any other relevant remarks concerning medical, psychological, drug/alcohol/nicotine use or other areas of your life we should know more about to be of service to you.

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***Application Fee***

There is a non-refundable application fee of \$50 NZD. Couples pay one fee for both people. This can be paid by personal cheque payable to “YWAM” in NZD, USD, CAD, AUD, Pounds Sterling, or Euros. Please do not send a money order. Do not send cash as it is illegal to send cash through the NZ postal system. You can also pay online at [www.ywamoxford.org](http://www.ywamoxford.org) with a credit card.

Thanks for filling out this form. We will be in touch with you.

God Bless!



**Disclaimer**

**Consent for treatment**

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the base director, or his or her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such a time as I am able to make the next decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/her authority as provided herein. I declare that I shall not hold Youth With A Mission, the base director or his/her delegate, liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicant's Full Name \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**Liability Release**

"I release Youth With A Mission, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by myself during the course of my involvement with Youth With A Mission"

Applicant's Full Name \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**Burial Statement**

"In case of my death during the course of my involvement with Youth With A Mission, I wish that my next of kin be advised as soon as practical and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission in sufficient funds to carry out those wishes. In the case where Youth With A Mission is unable to contact my next of kin, or that my next of kin are unable or unwilling to give directions with regard to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate. "

Applicant's Full Name \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**Acknowledgement of Financial Responsibility**

I understand that payment of the required lecture phase fees must be made upon my arrival in NZ, unless otherwise approved in writing by the course director, before my departure for New Zealand. Outreach fees must be paid in total by midway through the lecture phase.

Applicant's Full Name \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

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\* or responsible party if applicant is under the age of 18