

# UNIVERSITY OF THE NATIONS | YWAM JUBA

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## DISCIPLESHIP TRAINING SCHOOL APPLICATION FORM GUIDELINES

Thank you for your interest in the Discipleship Training School (DTS). Our aim is to prepare messengers of the gospel, helping students to know God in depth. The school is designed to encourage students to develop in personal character, cultivate a living relationship with God, and identify their unique individual gifts and callings. Cross-cultural exposure and global awareness are special emphases throughout the course, preparing students to reach current and future generations.

In order for us to process your application, the school leader must receive the following completed forms. Husbands and wives enrolling as students must complete their own individual applications. Please answer all of the following questions truthfully.

**APPLICATION FORM:** all applicants must fill out this form.

**HEALTH FORM:** Enclosed is a form to be filled in by your doctor.

**REFERENCE FORMS:** Enclosed are two reference forms. One must be given to your Pastor, the other to an employer, teacher, or leader. Ask them to complete the form and post it directly to the DTS School Leader. We suggest that you pass all reference forms on to your referees with a stamp-addressed envelope so that they are able to return them directly to us as soon as they have completed them. Or have them email it directly to [goywamjuba@gmail.com](mailto:goywamjuba@gmail.com)

**REGISTRATION FEE:** A non-refundable registration fee is to be forwarded with your application. USD \$20

The cost of the school is as follows:

Lecture Phase (13 weeks): Students from developing African nations: USD \$300

Lecture Phase (13 weeks): Students from Western Countries: USD \$1500

Outreach Phase (9 weeks): Students from all nations: USD \$300-500

Please email completed forms to: [goywamjuba@gmail.com](mailto:goywamjuba@gmail.com)

Or contact one of the staff at the following numbers:

+211 922 874 224

+211 911 155 000

# UNIVERSITY OF THE NATIONS | YWAM JUBA

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## DISCIPLESHIP TRAINING SCHOOL APPLICATION

### BASIC INFO

First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_

How did you hear about YWAM Juba DTS?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFO

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

WhatsApp ID - If you use this: \_\_\_\_\_

Facebook ID - if you use this: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**SPOUSE & CHILDREN (IF APPLICABLE)**

Spouses Name: \_\_\_\_\_

Spouses Country of Citizenship: \_\_\_\_\_

Spouses Date of Birth: \_\_\_\_\_

Do you have children?:  yes  no

If yes please state how many:  Female  Male

Please list your childrens names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your children be accompanying you?:  yes  no

If yes please state how many:  Female  Male

**FAMILY CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_

Relationship (ie. Father, Mother, Sister etc): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

**HOME CHURCH INFORMATION**

Church Name & Address: \_\_\_\_\_

Pastors Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Denomination: \_\_\_\_\_

## PASSPORT DETAILS

Do you have a current passport:  yes  no

Does your spouse have a passport:  yes  no

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

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

Passport Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Passport Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FINANCIAL INFORMATION

Do you have your complete school fees?  yes  no

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

Do you have any outstanding debts?  yes  no

If yes, please explain?: \_\_\_\_\_

# WAIVER & RELEASE FORM | YWAM JUBA

Please sign and date the following statements.

## WAIVER AND RELEASE OF LIABILITY

I release the YWAM DTS, staff, and volunteer assistants, from any liability arising out of any injury, damage, or loss which may be caused by myself during the course of my involvement with the DTS.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONSENT 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 treatment, anesthetics, and operations to be performed upon myself as in the opinion of the attending physician(s) is deemed necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## BURIAL STATEMENT

In case of my death during the course of my involvement with the YWAM DTS, I wish that my next of kin be advised as soon as possible, and that their wishes to the funeral and disposal of my body be complied with, so long as my next of kin places DTS in sufficient funds to carry out those wishes. If DTS is unable to contact my next of kin or my next of kin are unable or unwilling to give directions as 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 DTS at its sole discretion to make arrangements for funeral and body disposal (including burial in a foreign country) at the expense of my estate.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the school fees must be made before, or upon my arrival, for the DTS, unless otherwise approved by the School Leader beforehand. I agree to pay in a timely manner, before the completion of the school, all personal expenses incurred during my involvement with the DTS. If I am accepted as a student on the YWAM DTS I will abide by the Spirit, rules, and schedule of the school.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## BASIC QUESTIONS

In a few sentences, describe your conversion experience?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a few sentences, describe your current relationship with God?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know what you hope to get out of this school?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL HISTORY

Do you have any major physical or mental health issues? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever harmed yourself or harmed someone else in the past 3 years? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged or convicted of a crime? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in witchcraft? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL HISTORY

What level of education have you completed? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Describe your leadership experience both Christian and non-Christian? \_\_\_\_\_

\_\_\_\_\_

Current Occupation and Additional Skills? \_\_\_\_\_

\_\_\_\_\_

How well do you speak English?

Weak       1    2    3    4    5    6    7    8    9    10      Strong

How well do you read and write English?

Weak       1    2    3    4    5    6    7    8    9    10      Strong

# HEALTH FORM | YWAM JUBA

Applicant Name: \_\_\_\_\_

School Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please give to a physician to complete and return with the application.  
The applicant is not to fill out anything below this line.

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**TO THE PHYSICIAN:** The above applicant has applied for a missionary training program with Youth With A Mission in Juba, South Sudan. Please fill out the portion below and make any additional comments. Thank you.

Height		Vision (left)		Hearing (left)	
Weight		Vision (right)		Hearing (right)	

Please circle any of the following that have abnormalities:

Head, ears, nose, throat Teeth Cardiovascular	Eyes Nervous System Respiratory	Trunk and Back Musculoskeletal Skin	Digestive Track Endocrine (Thyroid) Urogenital
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If yes to any of the above please describe below? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMMUNIZATION HISTORY:** Please write the date of known immunizations below.

Typhoid		Yellow Fever		Tetanus	
Rubella		Mumps		BCG	
Cholera		Pertussis		Polio	
Diphtheria		Hepatitis A		Hepatitis B	

Has the applicant ever been treated for a psychological, emotional, or mental disorder? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Please describe any medical or physical needs that will be necessary to meet during the training program? \_\_\_\_\_

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Please list any medications that the applicant is currently prescribed. \_\_\_\_\_

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**RECCOMENDATION:** Please check one of the following statements

Acceptable without limitations

Physicians Name: \_\_\_\_\_

Acceptable with limitations

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

Not Acceptable

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Physicians Signature/Stamp: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# PASTORS REFERENCE | YWAM JUBA

Applicant Name: \_\_\_\_\_

School Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please give to your local pastor or spiritual leader to complete and return to YWAM Juba. The applicant is not to fill out anything below this line. References must be sent directly from the person filling out the form.

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**TO THE PASTOR:** The above applicant has applied to attend a training program with Youth With A Mission in Juba South Sudan. This course is very intensive and your evaluation of the applicant is taken into serious consideration by our staff. Please be thorough in your answers and email this completed reference to [ywamjubadts@gmail.com](mailto:ywamjubadts@gmail.com) as soon as possible. Their application cannot be processed without your reference form. Thank you.

What is your relationship with the applicant?  Pastor  Youth Pastor  Christian Leader

How well do you know the applicant?  Casually  Well  Very Well      Years Known

**PLEASE MARK THE APPROPRIATE RATING:** 1 being inferior and 10 being superior.

Initiative:  1  2  3  4  5  6  7  8  9  10

Relates well with others:  1  2  3  4  5  6  7  8  9  10

Concern for others:  1  2  3  4  5  6  7  8  9  10

Ability to follow:  1  2  3  4  5  6  7  8  9  10

Leadership:  1  2  3  4  5  6  7  8  9  10

Decision making:  1  2  3  4  5  6  7  8  9  10

Emotional Stability:  1  2  3  4  5  6  7  8  9  10

Health:  1  2  3  4  5  6  7  8  9  10

Personal hygiene:  1  2  3  4  5  6  7  8  9  10

Hardworking:  1  2  3  4  5  6  7  8  9  10

Reliability:  1  2  3  4  5  6  7  8  9  10

Honesty:  1  2  3  4  5  6  7  8  9  10

Flexibility:  1  2  3  4  5  6  7  8  9  10

Christian Character:  1  2  3  4  5  6  7  8  9  10

Punctuality:  1  2  3  4  5  6  7  8  9  10

Financial Responsibility:  1  2  3  4  5  6  7  8  9  10

In your opinion, which of the following best describes the applicant's Christian character?  Mature  Contagious  Genuine and growing  Superficial  Over-emotional  Non-existent

With reference to the applicant's Christian service, do you consider them to be:  Dedicated  Average  Casual

Please comment on the applicant's family/home life (if known). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is the applicant active in church work or volunteer service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe three strong characteristics of the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you think the applicant needs further character growth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you choose to work with this person? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this applicant to acceptance? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant being sent out by the Church? If yes, for what length of time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be happy to have your Church consider supporting the applicant in prayer and/or financially? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any hesitation that he or she works with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE EMAIL COMPLETED FORM TO: [goywamjuba@gmail.com](mailto:goywamjuba@gmail.com)

# EMPLOYER/LEADER/TEACHER REFERENCE | YWAM JUBA

Applicant Name: \_\_\_\_\_

School Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please give to your employer, leader or former teacher to complete and return to YWAM Juba. The applicant is not to fill out anything below this line. References must be sent directly from the person filling out the form.

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The above applicant has applied to attend a training program with Youth With A Mission in Juba South Sudan. This course is very intensive and your evaluation of the applicant is taken into serious consideration by our staff. Please be thorough in your answers and email this completed reference to [ywamjubadts@gmail.com](mailto:ywamjubadts@gmail.com) as soon as possible. Their application cannot be processed without your reference form. Thank you.

What is your relationship with the applicant?  Teacher  Employer  Leader

How well do you know the applicant?  Casually  Well  Very Well      Years Known

**PLEASE MARK THE APPROPRIATE RATING:** 1 being inferior and 10 being superior.

Initiative:  1  2  3  4  5  6  7  8  9  10

Relates well with others:  1  2  3  4  5  6  7  8  9  10

Concern for others:  1  2  3  4  5  6  7  8  9  10

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Personal hygiene:  1  2  3  4  5  6  7  8  9  10

Hardworking:  1  2  3  4  5  6  7  8  9  10

Reliability:  1  2  3  4  5  6  7  8  9  10

Honesty:  1  2  3  4  5  6  7  8  9  10

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- Mature     Contagious     Genuine and growing  
 Superficial     Over-emotional     Non-existent

With reference to the applicant's Christian service, do you consider them to be:

- Dedicated     Average     Casual

Please comment on the applicant's family/home life (if known). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is the applicant active in church work or volunteer service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe three strong characteristics of the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you think the applicant needs further character growth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you choose to work with this person? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this applicant to acceptance? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

