



## ***Dossier d'inscription (EFD Guadeloupe)***

<p>Last name: _____ First name: _____</p> <p>Address: _____ _____</p> <p>Post Code: _____ City : _____</p> <p>Country: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<h1><i>Photo</i></h1>							
<table><tr><td><b>File:</b></td><td><b>Confidential Information:</b></td></tr><tr><td>Sent on :</td><td>1. Spiritual leader / Received on:</td></tr><tr><td>Received on:</td><td>2. Second person / Received on:</td></tr><tr><td></td><td>3. Third person / Received on:</td></tr></table>		<b>File:</b>	<b>Confidential Information:</b>	Sent on :	1. Spiritual leader / Received on:	Received on:	2. Second person / Received on:	
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Sent on :	1. Spiritual leader / Received on:							
Received on:	2. Second person / Received on:							
	3. Third person / Received on:							

**To be returned to:**  
**Jeunesse En Mission EFD**  
101 lotissement de Belcourt  
Rue des milles fleurs  
97122 Baie-Mahault  
Guadeloupe

Tél.: (+059)(0)690.24.37.79  
efd@jem-guadeloupe.com

Dear Friend,

Here is the D.T.S. application form. We ask you to fill it out carefully; it will take you some time, but it will really help us to get to know you and to be able to pray more specifically for you.

If you don't have enough space to answer a question, you can use a piece of paper indicating the question you are replying to.

Please give the included recommendation forms to your pastor or spiritual leader as well as to 2 more persons knowing you well.

Before returning the forms, please check:

- That you have fully completed and signed the application form and the medical consent form.
- That your doctor has filled out the medical certificate.
- That you have given the two appropriate questionnaires to two persons who know you well.
- That you have given the questionnaire of confidential information to your pastor or spiritual leader.
- That you have included two passport photos and the **90 € (non-refundable) registration fee which covers the administrative costs and your registration at the University of the Nations of YWAM International.**

We would ask you to not send many application forms to different bases but to really seek GOD's will for you.

**IMPORTANT:** If you come from a country out of the European community (+ Switzerland and Norway), the way to obtain the visa will be at your charge. Make sure that you have a visa valid at least for 6 months and not 3 months. If not, you will not be able to come back to the center after the outreach to finish the school. To have another visa, you will be obliged to return to your own country. Please apply for the visa as early as possible because it takes time to obtain it. Contact us for any official papers needed and we will send them to you. Thanks for your understanding.

We are looking forward to receiving your application form. Kind regards in Jesus Christ.

**P.S.: Our receipt of your application is not a guarantee of your acceptance. We will get back in touch with you within three weeks after receipt of your form (including the three confidential forms).**



**Jeunesse En Mission EFD**

101 lotissements de Belcourt

Rue des milles fleurs

97122 Baie-Mahault

Guadeloupe

(+059) (0) 690 24 37 79

[efd@jem-guadeloupe.com](mailto:efd@jem-guadeloupe.com)

# APPLICATION FORM

LAST NAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

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

\_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. Gender : M F

Place of Birth: \_\_\_\_\_

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

Marital Status : Single

Engaged

Married

Separated

Divorced

Since when? \_\_\_\_\_

Number and Birth date of children: \_\_\_\_\_

If you have children, do they have a disease or a disability? Which one?

\_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently active in your profession? Yes No

If not, what is your present activity? \_\_\_\_\_

## PASSPORT

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

Expiration date: \_\_\_\_\_

**It is compulsory to have a passport valid at least until 6 months after the end of the DTS!**

## MEDICAL INSURANCE

Company: \_\_\_\_\_ Number: \_\_\_\_\_

## IN CASE OF EMERGENCY, CONTACT

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

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

\_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**WHAT CHURCH DO YOU CURRENTLY ATTEND?**

Church name: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Does your pastor know that you are applying for this school?      Yes      No

**WHAT LEVEL OF EDUCATION HAVE YOU REACHED?**

Number of years in primary school: \_\_\_\_\_

Number of years in secondary school: \_\_\_\_\_

Number of years in upper school: \_\_\_\_\_

Number of years at university: \_\_\_\_\_

Area of study: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

Other areas of study/education: \_\_\_\_\_

**DO YOU PLAY A MUSICAL INSTRUMENT? IF SO, WHICH?**

\_\_\_\_\_

We advice and encourage you to bring your instrument with you if possible.

**YOUR SKILLS, TALENTS, SPECIAL INTERESTS:**

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

**WHAT LANGUAGE(S) DO YOU SPEAK OR READ? AT WHICH LEVEL?**

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

**DRIVER'S LICENSE:**                      Yes                      No

**MEDICATION:**

Are you taking any medication at present?

\_\_\_\_\_

Type of medication: \_\_\_\_\_

Since when? \_\_\_\_\_ With or without prescription? \_\_\_\_\_

**PHYSICAL HEALTH**

Do you have any physical disability?                      Yes                      No

If so, please describe: \_\_\_\_\_

**DIET**

Are you on any kind of diet?                      Yes                      No

If so, which?                      Food allergy                      Vegetarian                      Others:

\_\_\_\_\_

Details: \_\_\_\_\_

Do you have any eating disorders?                      Yes                      No

If so, which?                      Anorexia                      Bulimia                      Others:

\_\_\_\_\_

**PSYCHIC AND EMOTIONAL HEALTH**

Have you ever received any psychiatric treatment?                      Yes                      No

Have you ever received treatment for psychological diseases?                      *dépression*

Others: \_\_\_\_\_

If so, when? \_\_\_\_\_

Have you ever received treatment for /do you currently have any addictions?

Yes      No

If so, specify:                      drugs                      marijuana                      alcohol                      cigarettes

Internet                      video games                      Others:

\_\_\_\_\_

If so, when? \_\_\_\_\_

**YOUTH WITH A MISSION**

Have you ever applied to Youth With A Mission (for a DTS) before?                      Yes                      No

If so, where? \_\_\_\_\_

**CHRISTIAN LIFE**

How long has it been since you gave your life to Jesus Christ? \_\_\_\_\_

## ASSURANCE MALADIE

During your stay in YWAM Guadeloupe and in the country you go on outreach to, it is essential that you have medical insurance coverage.

Sometimes there are travel insurances for 6 months available which could be interesting for this purpose. Inform yourself of the different offers existing in your country!

# MEDICAL CERTIFICATE (for the physician)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

has applied for service with YOUTH WITH A MISSION. This is a short term missionary service which may involve some strenuous physical activities.

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

1. Would he (she) be able to walk 4 or 5 miles (6-8 km) a day?                      Yes  
No
2. Is he (she) underweight or overweight?              Yes              No  
If so, by how many pounds/kilos? \_\_\_\_\_
3. Is he (she) under medical supervision at this time or taking any medication?  
Yes              No              If so, what kind? \_\_\_\_\_
4. Does he (she) have an allergy?              Yes: \_\_\_\_\_  
No
5. How would you consider his (her) general health?              GOOD              AVERAGE  
BAD
6. Is he (she) free from all contagious diseases?              Yes              No
7. Is he (she) able to take a plane?              Yes              No

The physician hereby certifies that the candidate is up to date concerning his (her) vaccination against tetanus.

Do you have any other comments to make on the applicant's health or any physical, mental or emotional disability he / she might have?                      Yes              No

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Doctor's stamp:

Place and Date:

Doctor's Signature:

# DISCHARGE AND MEDICAL CONSENT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

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

I do hereby release Youth With A Mission, its agents, employees and volunteer assistants, from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by me during the course of my involvement with Youth With A Mission.

I hereby agree to the performance of treatment, transfusion, anesthetics, and operations that the attending physician may deem necessary for me.

***Although it is most unlikely that anyone would pass away during their time of participation in Y.W.A.M. activities, existing laws regarding burial make it necessary to consider this possibility prior to travelling abroad.***

In many countries in which Y.W.A.M. works, burial must take place within 24 hours of death, making it impossible to make arrangements for returning the body to the home country, and the burial therefore takes place in the region.

Normally, arrangements to repatriate the body can be made. However it might be very expensive, and some countries even require that a person accompanies the deceased. For this reason, we cannot guarantee repatriation.

**Therefore, we would like you to consider the following:**

In the event of my death, I give my permission to be buried in the country of my death (unless my family wishes to repatriate the body at their own expense). Otherwise, I agree to take out an insurance covering this possible event.

Place and Date:

Signature:

(If under 18 years old, a parent or responsible party must sign here)



3. Describe any other significant events concerning your walk with the Lord, either negative or positive.

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4. Describe your relationship with your parents. Do they agree with you joining Y.W.A.M.?

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5. Describe your relationship with your pastor or spiritual leader. Does he agree with your following a training program at Y.W.A.M.?

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6. In what ways have you been able to contribute to the life of your church?

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7. Have you ever led any group? If so, specify when, and what kind of group?

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8. Do you already have an idea of your calling /of the plans God has for your life? If so, please specify.

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9. How did you hear about Y.W.A.M.?

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10. Have you ever participated in any Y.W.A.M. activities before? If so, which ones and when?

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11. What are your reasons for wanting to participate in this school and what are your hopes and expectations?

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12. Will you be in debt at the beginning of this school? If so, how are you planning to liquidate it?

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13. Do you have the money necessary for your school fees? If not, how much will you have at the beginning of the school? How are you planning to pay the rest?

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14. Do you have anything else that you would like to tell us about yourself or your circumstances?

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15. Do you have any questions?

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16. Please give the names and addresses of two people, other than your pastor or spiritual leader, who know you well.

A. \_\_\_\_\_

B. \_\_\_\_\_

Give each of these people one of the enclosed Confidential Information forms and ask them to fill out and return the forms to the following address as soon as possible:

**Jeunesse En Mission EFD**

101 lotissements de Belcourt, rue des milles fleurs

97122 Baie-Mahault

Guadeloupe

ou

efd@jem-guadeloupe.com

**I have completed all the forms concerning my registration with Y.W.A.M., and if I am accepted, I commit myself to respect the regulations of this school.**

Place and Date:

Signature:

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**CONFIDENTIAL INFORMATION (for a friend)**  
(Make a copy of this form in order to give it to a second person.)

To be returned directly to:  
**Jeunesse En Mission EFD**

101 lotissements de Belcourt, rue des milles fleurs  
97122 Baie-Mahault  
Guadeloupe  
(+059) (0) 690 24 37 79  
E-mail: efd@jem-guadeloupe.com

APPLICANT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

The person mentioned above has applied for training with Y.W.A.M.: a Discipleship Training School. In order to know the applicant better, we would like to ask you to answer a few questions concerning him/her.

Please answer on this form or on a separate sheet of paper if necessary, and return it to us when it is completely filled in. Thank you for your help.

1. What is your relationship to the applicant? (Leader, friend...):

\_\_\_\_\_

2. Would you say that he/she had a real conversion experience, and how would you describe his/her relationship with God?

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

3. Describe briefly his/her relationship with his/her family and any relevant family history:

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

4. What is his/her relationship with his/her church? To what extent is he/she involved in the church?

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

5. Do you think the applicant has a specific call to serve the Lord? If yes, please explain:

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6. Would you like to add other comments?

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7. In the following areas, please indicate what would describe the applicant best (according to what you know about him/her):

Health:

- Often ill
- Average health
- Good health

Openness:

- Accepts advice
- Accepts sometimes
- Accepts with difficulty

Emotional balance:

- Impulsive
- Not open
- Easily discouraged
- Reacts intelligently

Servant heart:

- Likes to serve
- Generally available
- Has unclear motives
- Serves little

Work:

- Takes initiative
- Good worker
- Does only what is asked
- Does not finish what he /she starts

Cooperation:

- Works easily with others
- Only with certain people
- Can cause friction
- Uncooperative
- Avoids group activity

Responsibility:

- Is responsible
- Inconstant in his / her responsibility
- Negligent

Leadership capacity:

- Has leadership qualities
- Has potential, but not yet developed
- Is capable, but feels inferior
- Does not have the capacity

Maturity:

- Teachable
- Open to correction
- Listens to others
- Overly sensitive
- Arrogant

8. In your opinion, what are the applicant's motives for applying for a D.T.S.?

- Desire to share the Gospel
- Christian service / ministry
- To strengthen his / her relationship with God
- To be changed and trained in order to give more to others
- Desire to help others
- To escape from a family situation or others

9. Do you recommend that Y.W.A.M. accept his/her application?                      Yes                      No

Please explain why:

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(In capital letters, please)

Your LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTRY : \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL : \_\_\_\_\_

Place and Date:

Signature:

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## CONFIDENTIAL INFORMATION

(To be filled out exclusively by the pastor or the spiritual leader)

To be returned directly to:

**Jeunesse En Mission EFD**

101 lotissements de Belcourt, rue des milles fleurs

97122 Baie-Mahault

Guadeloupe

(+059) (0) 690 24 37 79

E-mail: efd@jem-guadeloupe.com

APPLICANT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Age: \_\_\_\_\_

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

\_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

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

The person mentioned above has applied for training with Y.W.A.M.: a Discipleship Training School. In order to know the applicant better and to get an idea of his/her capacities and ability to serve, we would like to ask you to answer a few questions concerning him/her.

Please answer on this form or on a separate sheet of paper if necessary, and return it to us when it is completely filled in. Your answers and comments will help us to get to know the applicant in order to better respond to his/her needs or desires in different areas of his/her life. Thank you for your help.

1. What is your relationship with the applicant? (Pastor, spiritual leader, ...):

\_\_\_\_\_

2. Would you say that he/she has had a real conversion experience, and how would you describe his/her relationship with God?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe briefly his/her relationship with his/her family and any relevant family history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. What is his/her relationship with his/her church? To what extent is he/she involved in the church?

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5. Do you think the applicant has a specific call to serve the Lord? If yes, please explain:

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6. Would you like to add other comments?

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7. In the following areas, please indicate what would describe the applicant best (according to what you know about him/her):

Health:

Often ill  
Average health  
Good health

Openness:

Accepts advice  
Accepts sometimes  
Accepts with difficulty

Emotional balance:

Impulsive  
Not open  
Easily discouraged  
Reacts intelligently

Servant heart:

Likes to serve  
Generally available  
Has unclear motives  
Serves little

Work:

Takes initiative  
Good worker  
Does only what is asked  
Does not finish what he /she starts

Cooperation:

Works easily with others  
Only with certain people  
Can cause friction  
Uncooperative  
Avoids group activity

Work productivity:

Productive  
Irregular  
Often absent

Character:

Pleasant  
Changeable  
Depressive

Responsibility:

- Is responsible
- Inconstant in his / her responsibility
- Negligent

Leadership capacity:

- Has leadership qualities
- Has potential, but not yet developed
- Is capable, but feels inferior
- Does not have the capacity

Maturity:

- Teachable
- Open to correction
- Listens to others
- Overly sensitive
- Arrogant

Intelligence:

- Bright
- Average
- Below average

Spiritual life:

- Deep walk with the Lord
- Radiant
- Authentic and progressing
- Too emotional
- Superficial
- Too variable

8. Morality, habits, presentation, care for others:

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9. In your opinion, what are the applicant's motives for applying for a D.T.S.?

- Desire to share the Gospel
- Christian service / ministry
- To strengthen his / her relationship with God
- To be changed and trained in order to give more to others
- Desire to help others
- To escape from a family situation or others

10. In your opinion, in which particular area of his/her life would this time with YWAM be beneficial for him/her?

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11. Do you recommend that Y.W.A.M. accept his/her application?                      Yes                      No

Please explain why:

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12. Would you be pleased with the possibility that the candidate might receive a call to serve the Lord in a missionary movement such as Youth With A Mission?

- Yes
- No

Please explain why:

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Would you feel happy about the candidate following other training with Youth With A Mission after his/her D.T.S.?                      Yes                      No

Please explain why:

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I have known the applicant for \_\_\_\_ years and believe that he/she has the qualities mentioned above.

(In capital letters, please)

Your LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Place and Date:

Signature:

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Baie-Mahault,

Dear Pastor, Dear Spiritual leader,

We have received an application to our Discipleship Training School (D.T.S.) from one of your members.

Youth With A Mission desires to work in collaboration with churches, and so we like to ask pastors or spiritual leaders their opinion concerning the candidates for our training schools. We would be very grateful if you would fill out the enclosed questionnaire, noting your opinion of the candidate and his/her suitability for this training, so that we can consider the candidate's application.

Because of the Y.W.A.M.'s call to missions for more than 50 years, it is possible that during the training, the candidate might desire to stay and serve, either short- or long-term.

It is also possible that the candidate might want to continue his/her training at the University of the Nations of Youth with a Mission in schools such as the Biblical Studies School, Communication Core School, Counselling School, etc.

In order that you won't be disappointed in your expectations concerning the candidate, please clearly express your opinion in answering question 12 on the confidential questionnaire.

Thank you for your cooperation. May the Lord bless you and your ministry.



**LEGENDART Samuel**

**DTS Leader**

DOCUMENT FOR THE FEES



# Banque Française Commerciale

Antilles Guyane

## RELEVÉ D'IDENTITÉ BANCAIRE

CADRE RÉSERVÉ AU DESTINATAIRE

DU RELEVÉ

Ce relevé est destiné à être remis sur demande à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (virements, paiement de quittances, etc...)

Son utilisation vous garantit le bon encaissement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation.

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ASS JEUNESSE EN MISSION

97110 POINTE-A-PITRE

INTITULE DU COMPTE →

GUADELOUPE  
HOTEL LE RELAX

CHEMIN DE BONNE TERRE

97111 MORNE A L EAU

GUADELOUPE

