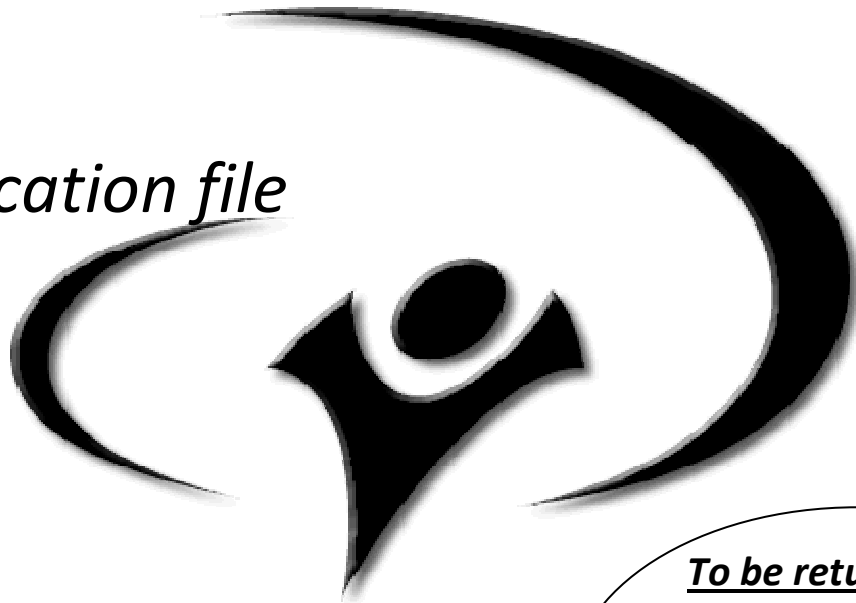


DISCIPLESHIP TRAINING SCHOOL

GUADELOUPE


Last Name:	First Name:	SEPTEMBER	<i>Photo</i>
Address:	City:		
Post Code:	Phone:	MARCH	
County:	Email:		
File:	RC:		
Envoyé le :	1.Responsable spirituel / Reçu le :		
Reçu le :	2.Deuxième personne / Reçu le :		
	3.Troisième personne / Reçu le :		

Application file



To be returned to:

Jeunesse En Mission EFD
101 lotissements de Belcourt
Rue des milles fleurs
97122 Baie-Mahault
Guadeloupe

 +590 0690 59 35 27
efd@jem-guadeloupe.com

Dear Friend,

Here is the D.T.S. application form. We ask you to fill it 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 room to answer to a question, you can use a piece of paper with the indication of the question you are replying to. Please give the included envelope to your pastor or spiritual leader, which contains a recommendation form.

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 up 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 spiritual leader.
- That you have included four passport photos and the 90 € (no reimbursable) registration fees.

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, the way to obtain the visa will be at your charge. Be aware of having an available visa at least for 6 months and not 3 months. If not, you couldn't be able to back to the centre after the outreach to finish the school. To have another visa, you will be obliged to return to your own country. Please do your require as earlier as possible because it takes time to be obtain. Contact-us for the officials needed papers we will send to you. Thanks for your understanding.

We are looking forward your application form. Receive all our greetings 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 in three weeks after the receipt of your form (included the three confidential forms).

APPLICATION FORM

LAST NAME:

FIRST NAME:

Present Address:

Post Code:

City:

Country:

Phone Number:

Email:

Birth date: _____ / _____ / _____

Gender: M F

Place of Birth:

Nationality:

Marital Status (Single, Married (date), Divorced (date), Widowed (date) :

Children, number and Birth date:

Occupation:

Are you active in your profession now? Yes No

If not, what is your present activity?

PASSPORT

Country:

Number:

Expiration date:

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?

WHAT LEVEL OF EDUCATION HAVE YOU REACHED?

Where?

When?

Date of graduation:

Type of degree:

Major area of study:
Other areas of study:

YOUR SKILLS, TALENTS, SPECIAL INTERESTS:

WHAT LANGUAGE(S) DO YOU SPEAK OR READ?

DRIVER'S LICENCES

Number:

Date(s):

Type(s):

Have you had any accidents?

MEDICATION

Are you taking any medication at present?

Type of medication:

Since when?

Prescription?

PHYSICAL HEALTH

Do you have any physical disability?

If so, please describe:

DIET

Are you on any kind of diet?

If so, which?

PSYCHIATRIC HEALTH

Have you ever received any psychiatric treatment?

Yes NO

If so, when?

YOUTH WITH A MISSION

Have you ever applied to Youth With A Mission before?

Yes NO

Where?

CHRISTIAN LIFE

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

MEDICAL INSURANCE

During your journey in France, it is essential that you have medical insurance coverage.

We would encourage you therefore to check with your local Social Service Department as soon as possible whether you are entitled to medical social security insurance during a journey abroad. Otherwise, if you already hold a private medical insurance, make sure it can be extended to cover you while you are abroad.



FOR THE PHYSICIAN

LAST NAME:

FIRST NAME:

has applied for service with YOUTH WITH A MISSION. This is a short term missionary service in which there may involve some strenuous physical activities. Please answer the following questions about the applicant's health.

1. Would he (she) be able to walk four or five miles 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. Would you consider him (her) to be in generally good health? Yes NO

5. Is he (she) free from all contagious diseases? Yes NO

6. Do you have any other comments to make on the applicants health? Yes NO

Doctor's stamp:

Place and Date:

Doctor's Signature:

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, anaesthetics, 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.

In cases, which arrangements to repatriate the body can be made? It is invariably very expensive, and some countries require that a person accompany the deceased. For this reason, we cannot guarantee repatriation, and 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. In case of the latter, I agree to take an insurance covering this possible event.

Place and Date:

Signature:

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

QUESTIONNAIRE

1. Describe your conversion (in 20 lines or less).
2. Describe your present relationship with the Lord.
3. Describe any other significant events concerning your walk with the Lord, either negative or positive.
4. Describe your relationship with your parents. Do they agree with you joining Y.W.A.M.?
5. Describe your relationship with your pastor or spiritual leader. Does he agree with your following a training program at Y.W.A.M.?
6. In what ways have you been able to contribute to the life of your church?

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

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

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

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

11. Will you be in debt at the beginning of this school?

12. Do you have the money necessary for your school fees? If not, how will you pay your school?

13. Are you engaged? Yes NO

If yes, since when?

14. If you have children, do they have any diseases? If so, which ones do they have?

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

16. Do you have any questions?

17. 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 Samuel LEGENDART as soon as possible.

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:

CONFIDENTIAL INFORMATIONS

For a friend

To be returned to:

Jeunesse En Mission DTS
101 lotissement de Belcourt
Rue des milles fleurs
97122 Baie-Mahault
Guadeloupe

 +590 06 90 59 35 27

OU

E-mail: efd@jem-guadeloupe.com

APPLICANT 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 separate sheet of paper if necessary, and return to us when it is completely filled in. Thank you for your help.

1. What is your relationship to the applicant? (Pastor, 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:

6. Would you like to add other comments?

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

Health:

- Often ill
- Average health
- Good health

Emotional balance:

- Impulsive
- Not open
- Easily discouraged
- Reacts intelligently

Work:

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

Responsibility:

- Is responsible
- Inconstant in his / her responsibility
- Negligent
- Does not have the capacity

Openness:

- Accepts advice
- Accepts sometimes
- Accepts with difficulty

Servant heart:

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

Cooperation:

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

Leader capacity:

- Has leadership qualities
- Has potential, but not yet developed
- Is capable, but feels inferior

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

If not, please explain:

(In capital letters, please)

Your LAST NAME: FIRST NAME:

ADDRESS:

POST CODE:

COUNTRY:

EMAIL:

CITY:

PHONE:

Place and Date:

Signature:

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

6. Would you like to add other comments?

7. In the following areas, please indicate what would describe the applicant best (in the areas that you know 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

Co-operation:

- 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, preoccupation with others:

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 area of his/her life would this course with Youth With A Mission be of value?

11. Do you recommend that Y.W.A.M. accept his/her application?

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

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

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

(In capital letters, please)

Your LAST NAME:
ADDRESS:
POST CODE:
COUNTRY:
EMAIL:

FIRST NAME:
CITY:
PHONE:

Place and Date:

Signature:

Baie-Mahault,

Dear Pastor,

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 45 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.

DTS Leader
LEGENDART Samuel



DOCUMENT FOR THE FEES.



Banque Française Commerciale
Antilles-Guyane

IBAN (International Bank Account Number)					SWIFT (Society for Worldwide Interbank Financial Telecommunication)	
9110	1000	1032	9740	013	BFECGPGX	
TITULAIRE DU COMPTE ACCOUNT OWNER			➤ ASS JEUNESSE EN MISSION GUADELOUPE			