

Greetings from Belize! Thank you for your interest in the DTS program and for inquiring from us here at YWAM Belize. DTS is a wonderful way to grow in God and be prepared for serving in missions.

During the lecture phase we have class in the mornings (in English), along with times of worship and intercessory prayer. Our lecturers include staff members, invited guest speakers, and videotaped lectures. They share on such topics as: Knowing God personally and His character, Hearing God's Voice, Bible Reading and Meditation, Intercessory Prayer, Relationships, Spiritual Warfare, Evangelism, Ministering Cross-Culturally, and other related topics. Regular small group and individual counseling help the teachings to be applied personally. We also have daily work duties to help with the maintenance of our "home." Each student is required to attend church services at a local church of their choosing while living on the campus.

The cost of the 11 week lecture phase varies depending on nationality. The fee covers room, board, local outreach activities and training. It does not include the cost of airfare, visas or personal expenses. Visas for Belize will be granted to you upon arrival at the airport, they can be renewed monthly at a cost of \$25.USD, however, we try to get students visa that last the length of the school. (Politics sometimes affect whether we get the visas or not). Also, you may need to pay \$20.USD, when departing the Belize Airport. Please remember to bring extra money for emergencies, shopping and personal expenses.

After completion of the lecture phase students then participate in the 10 week outreach phase of the school. In this phase the student puts into practice the principles learned and shares in spreading the Gospel to people from other nations. The cost for the outreach phase varies depending on the location and number of countries we visit. Recent outreaches have been estimated between \$1500-\$2500USD for outreach locations such as West Africa, Central America, South America and Caribbean Tours. For this upcoming school the staff and students will pray and decide on a location together.

We hope this gives you some idea of what our DTS entails. If you are interested in applying for our next DTS in Belize, please let us know and we'll send you all the necessary forms that you would need to fill out. If you have any other questions, please feel free to contact us.

May God bless you as you seek His will for your life.

Under His Authority,

Santiago Valencia

DTS Director



**YWAM Belize**  
**Box 78**  
**Belmopan City**  
**BELIZE**  
**Central America**

\*\*\*\* Please attach/send a recent photograph of yourself.

Name \_\_\_\_\_  
 (First) (Middle) (Last/Family)

Permanent address \_\_\_\_\_  
 (Street/ PO Box)

\_\_\_\_\_  
 (City) (State/District) (Postal Code)

\_\_\_\_\_  
 (Country)

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

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

(day/month/year)

Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_

Citizenship \_\_\_\_\_

Passport # \_\_\_\_\_ Country \_\_\_\_\_

Expiry Date \_\_\_\_\_

(day/month/year)

Visa entry date \_\_\_\_\_

(day/month/year)

Visa expiry date \_\_\_\_\_

(day/month/year)

Language Skills:

1. Is English your primary language? \_\_\_\_\_ If no, what is your primary language and what is your English proficiency? \_\_\_\_\_

2. List any other languages you speak. \_\_\_\_\_

Complete your spouse's and dependent's information (if applicable):

Spouse's name \_\_\_\_\_  
 (First) (Middle) (Last/Family)

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Nationality \_\_\_\_\_  
 (day/month/year)

Please list the following information of your children/dependents accompanying you:

Name, Birth date, Gender, School Grade

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

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 (Street/PO Box)

\_\_\_\_\_  
 (City) (State/District) (Postal Code)

\_\_\_\_\_  
 (Country) (Phone #)

Home church \_\_\_\_\_ Denomination \_\_\_\_\_



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

**Background Information:**

Have you previously attended a YWAM school, or outreach? No \_\_\_ Yes \_\_\_

If yes, please give the name, date and location: \_\_\_\_\_

\_\_\_\_\_

Highest educational level completed: \_\_\_\_\_

Occupational skills: \_\_\_\_\_

Other skills (drama, singing, musical instrument, etc. ) \_\_\_\_\_

Do you have your complete school fees? Yes \_\_\_ No \_\_\_ If no, from what source will they come and will they be available at the start of the school? \_\_\_\_\_

\_\_\_\_\_

Do you have any outstanding debts? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\*\*A non-refundable \$20 USD application fee needs to accompany this application or be mailed, via post, if this application is being faxed or emailed. Application fee enclosed: \$ \_\_\_\_\_

I certify that all information in this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION SUPPLEMENT**

1. Under your name and address on a separate sheet of paper, type or print the following information for questions below:

- A) Describe your conversion experience.
- B) Describe your present relationship with the Lord.
- C) Describe other significant spiritual experiences.
- D) What do you consider to be your strong points and special abilities?
- E) What are the areas in which you still need to grow?
- F) What books (other than the Bible) and periodicals have influenced you the most?
- G) Describe your family relationships (broken home, family and church background, etc.).
- H) Are you engaged or married? If so has your fiancé/spouse applied for the same program?
- I) What church work experience have you had?
- J) Have you ever had any physical disabilities? If so for how long and give a description?
- K) Do you have a legal arrest record? If so what was the nature of the offence?
- L) Do you have a history of any psychiatric disorder? If so what was the nature of the disorder?
- M) What are your goals in participating in this YWAM program?
- N) Please indicate your financial position in relationship to this program.
- O) Tell us anything else that we should know about yourself.
- P) List the names and addresses of your pastor, and others to whom you are giving the enclosed confidential reference forms. Please have them complete and mail these forms directly to YWAM within a week.

2. In order for your application to be processed, it must include:

- a) Primary and supplementary applications.
- b) Three reference forms (Pastor).
- c) A letter from your Pastor stating that the church releases you to come to DTS, which also states their commitment to support prayerfully and financially.
- d) Application fee of \$20 USD.
- e) Recent photograph (less than one year).

3. After we receive the above components, we will pray and respond to you accordingly. Before you come you will need to pay a \$100 USD deposit (which is the first deposit on your total tuition) and send back to us the following:

- a) Financial Responsibility Form
- b) Release of Liability Form
- c) Consent for Treatment Form
- d) Statement of Burial Form
- e) Heath Form

Thank you for taking the time to attend to our requests, God bless you!

YWAM Belize

DTS Leadership

**\*\*\* Please make 3 copies of this form and give to the following:**

- 1. Your pastor.

You must provide the person with a stamped envelope, addressed to YWAM Belize, so they can fill out the reference form and send it directly to us. We will not accept emailed reference forms.



**CONFIDENTIAL REFERENCE FORM**

Youth with a Mission  
 Box 78  
 Belmopan City  
 Phone: 501-605-9779  
 E-mail: [belizeywam@yahoo.com](mailto:belizeywam@yahoo.com)

**TO THE APPLICANT:** Please provide a stamped envelope addressed to YWAM Belize for the person completing this reference.

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

The applicant has applied to be a student in the Discipleship Training School (DTS) with Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully and return to us within a week. Thank you for your assistance.

What is your relationship to the applicant? Employer\_\_\_ Teacher\_\_\_ Friend\_\_\_ Pastor\_\_\_ Other\_\_\_  
 How well do you know the applicant? Very Well\_\_\_ Well\_\_\_ Not Very Well\_\_\_ Casually\_\_\_  
 In what situations have you observed the applicant? At Home\_\_\_ At Work\_\_\_ At School\_\_\_  
 Socially\_\_\_ At Church\_\_\_ Other \_\_\_\_\_

A YWAM worker must be able to accommodate himself readily to unaccustomed living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenges of these unusual demands, please rate this applicant on a scale of 1-10. With one being the weakest and 10 being the strongest.

- General health \_\_\_\_\_
- Personal grooming \_\_\_\_\_
- Intelligence \_\_\_\_\_
- Emotional stability \_\_\_\_\_
- Social poise \_\_\_\_\_
- Adapts to new situations \_\_\_\_\_
- Concern for others \_\_\_\_\_
- Patience \_\_\_\_\_
- Initiative \_\_\_\_\_
- Decision making \_\_\_\_\_
- Communication skills \_\_\_\_\_
- Reliability \_\_\_\_\_
- Cooperative \_\_\_\_\_
- Punctuality \_\_\_\_\_
- Ability to follow \_\_\_\_\_
- Leadership \_\_\_\_\_
- Work ethic \_\_\_\_\_
- Ability to work in a team \_\_\_\_\_

Please comment on any of the above rated below three on another sheet of paper.

What Christian character traits have you seen displayed in the applicant?

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



\_\_\_\_\_  
Briefly describe the applicant's personality.

\_\_\_\_\_  
How would you describe the applicant's Christian experience?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
How does the applicant deal with discouragement, difficulties and trials?  
\_\_\_\_\_

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

\_\_\_\_\_  
Is he/she prejudiced against any groups, races or nationalities? No \_\_\_ Yes \_\_\_  
(please explain) \_\_\_\_\_  
What type of church work/Christian ministry has the applicant been involved in?

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

\_\_\_\_\_  
What kinds of cross-cultural experience or exposure has he/she had?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Overall, what would you consider to be the applicant's strong points and special abilities?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
What are the areas in which the applicant still needs to grow?  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
In your opinion what are the applicant's purposes in applying to this school?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Is the applicant financially responsible? Yes \_\_\_ No \_\_\_ (please explain)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please add any remarks concerning medical, psychological, drug/alcohol use, or other areas of the applicant's life we should know about.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?  
No \_\_\_ Yes \_\_\_ (please explain)

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Would you recommend the applicant for acceptance as a student in this school?  
(YWAM is a missionary organization and we do not specialize in helping people who have great emotional needs.)

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**FINANCIAL RESPONSIBILITY STATEMENT**

I pledge to be financially responsible for my expenses - accommodations, food and all other expenses incurred by me (and my family, if applicable) during my time of service with Youth With A Mission, in Belize.

I am also responsible for my transportation expenses to and from Belize. Youth With A Mission will not be held responsible for any of the above mentioned expenses. Youth With A Mission Belize can act as my sponsor with the understanding that all expenses incurred by me (and my family) in Belize are my responsibility until fully repaid, even if I (and my family) leave YWAM Belize.

Signed: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**CONSENT FOR TREATMENT**

I/we hereby agree to the performance of such treatment, anesthetics and operation as in the opinion of the attending physician are deemed necessary on:

\_\_\_\_\_  
 (Name of Applicant)

Parent's signature (or responsible party) if application is under 18 years of age:

|                       |                                |
|-----------------------|--------------------------------|
| _____<br>Signature    | _____<br>Date                  |
| _____<br>Relationship | _____<br>Applicant's signature |

**RELEASE OF LIABILITY**

(If applicant is under 18 years of age, signature of parent or responsible party is required).

I/we do hereby release Youth With A Mission, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

|                       |               |
|-----------------------|---------------|
| _____<br>Signature    | _____<br>Date |
| _____<br>Relationship |               |





**HEALTH FORM**

**To the applicant:** This information is treated confidentially and separate from your academic records. Please answer all questions completely and please print, or type.

Starting date \_\_\_\_\_

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

Program for which you are enrolling \_\_\_\_\_

Citizenship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name, relationship and address of next of kin:

\_\_\_\_\_

Telephone \_\_\_\_\_

Person to contact in case of emergency:

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Do you have medical insurance? No \_\_\_ Yes \_\_\_

Name of insurer \_\_\_\_\_

Medical insurance number \_\_\_\_\_

Phone contact number \_\_\_\_\_

What does your medical insurance cover (briefly)

\_\_\_\_\_

**Personal History**

Please comment on all positive answers in the space below or on a separate sheet of paper.

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

|                     | Yes | No |
|---------------------|-----|----|
| Eye trouble         |     |    |
| Ear trouble         |     |    |
| Epilepsy            |     |    |
| Fainting spells     |     |    |
| Mental disorders    |     |    |
| Paralysis           |     |    |
| Shortness of breath |     |    |
| Hayfever/asthma     |     |    |
| Heart trouble       |     |    |
| High blood pressure |     |    |
| Jaundice            |     |    |
| Hepatitis           |     |    |
| Diabetes            |     |    |
| Kidney disease      |     |    |



List any surgical procedures you have undergone:

\_\_\_\_\_

Other illnesses or conditions:

\_\_\_\_\_

Are you presently under a 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, foods, or other substances?

No \_\_\_ Yes \_\_\_ (specify) \_\_\_\_\_

Do you have any physical impairments or health conditions which require special attention?

No \_\_\_ Yes \_\_\_ (please explain) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

I consider my general health to be:

Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Have you ever had any of the following Communicable Diseases?

Yes No

- Chickenpox
- Measles (German, Rubella)
- Measles (Light, Rubeola)
- Mumps
- Pertussis
- Scarlet Fever
- Tuberculosis
- Other \_\_\_\_\_

Immunizations:

Please indicate the last time you were immunized for the following (if known):

- |             | Year  |
|-------------|-------|
| Diphtheria  | _____ |
| Tetanus     | _____ |
| Pertussis   | _____ |
| Polio       | _____ |
| Rubella     | _____ |
| Rubeola     | _____ |
| Mumps       | _____ |
| Hepatitis A | _____ |
| Hepatitis B | _____ |
| Other       | _____ |

Do you have any medical condition which would prevent you from participating in an occasional fast?

No \_\_\_ Yes \_\_\_ (specify) \_\_\_\_\_

I agree that the above information is true and accurate, to the best of my knowledge.

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

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

It is highly recommended that you are up to date with ALL immunizations and have current Tetanus protection.

Please check with your physician before traveling and follow their advice concerning these preventatives.

Please return the completed form to:

YWAM Belize



Box 78  
Belmopan, Belize  
Central America  
[belizeywam@yahoo.com](mailto:belizeywam@yahoo.com)

**STATEMENT OF BURIAL ON THE FIELD**

Although it is most unlikely that any YWAMer will pass away during his or her time of service on the field, existing laws regarding burial make it necessary to consider this possibility prior to travel abroad. On many bases in countries in which YWAM works, interment must take place within 24 hours of decease. If death occurs, it is not possible to make arrangements for returning the remains to the home country, and interment must take place on the field.

When arrangements to return the remains to the home country can be made they are often very expensive, and some countries require a living person to accompany the deceased. For that reason we cannot guarantee the return of the body to the home country. Therefore, we would like you to consider the following: \*\*\*

In the event of my decease, I give my permission to be buried in my country of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Signature of witness \_\_\_\_\_ Date \_\_\_\_\_

Name of witness \_\_\_\_\_ Occupation \_\_\_\_\_

(please print)

2. Signature of witness \_\_\_\_\_ Date \_\_\_\_\_

Name of witness \_\_\_\_\_ Occupation \_\_\_\_\_

(please print)

\*\*\*FURTHER NOTE: You do not have to sign this form. It is just something that would help us legally in a time of tragedy. If you prefer, you can submit a (witnessed) statement signed by your parents, guardian or other legal executor that, in the event of death, they would assume all responsibilities and costs of coming here and transporting your remains back to your home country, IF that is feasible. We cannot make guarantees, but would do our best to contact your parents as quickly as possible and try to accede to your and their stated wishes.