



**University of the Nations
Discipleship Training School
Damour, Lebanon**

**APPLICATION FOR A BI-LINGUAL (ARABIC/ENGLISH)
DISCIPLESHIP TRAINING SCHOOL IN LEBANON**
(Confidential when completed)

Please return all forms to:

E-mail: lebanon@ywam.org

Thank you for your interest in our school here in the land of cedars! It is our intention that this application process serves as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time. Our focus here in Lebanon is to provide an environment for both Arabic speakers and English speakers to be discipled, enabled and equipped to serve their countries to the best of their abilities. We also have a heart for kids, youth & community development and this is reflected in the field placement and projects selected for this school.

HOW TO COMPLETE THE APPLICATION FORM

Please answer all the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper. Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage and will be seen only by relevant school leadership.

REFERENCES

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your employer or teacher. Fill in your name and address, and school dates for the DTS and give the forms to the referees. Please ask that they return the forms as soon as possible to the address given above.

MEDICAL REPORT

A Medical Report Form is included, part to be completed by you and part by your Doctor and to be sent with your application form.

PASSPORT/VISA INFORMATION

Please ensure this form is sent with 1 passport photo with your application form.

ADMINISTRATION FEE

Please enclose a non-refundable fee of 50 U\$\$ **cash** to cover administration costs.

FINANCIAL POLICY

This needs to be read and returned signed by you along with your application form.

FINALLY....

We pray that God will guide you clearly as you complete this form.



**University of the Nations
Discipleship Training School
Damour, Lebanon**

CONFIDENTIAL APPLICATION FORM

1. PERSONAL INFORMATION

Name: _____
(Title, Surname, First Name, Middle Name, Preferred Name)

CURRENT ADDRESS (Valid until _____) _____

Telephone: _____ Fax: _____
E-mail: _____

PERMANENT ADDRESS: (if different from above) _____

Telephone: _____ Fax: _____
Email: _____

DATE OF BIRTH: _____ / _____ / _____
Day month year

AGE: _____ SEX: Male _____ Female _____

2. MARITAL STATUS

Single _____ Engaged _____ Married _____ Separated _____

Divorced _____ Widow/er _____

Spouse's/fiancés Name _____

Has your spouse/fiancé applied for this school? Yes _____ No _____ (We strongly recommend doing the DTS as a couple). If not, please comment

3. DEPENDANTS

Will any children be accompanying you? Yes _____ No _____ if yes, please give details:

Name	Boy/Girl	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. REFEREES INFORMATION

a) Church leader's Name & Title: _____
Address _____

Email: _____
Telephone: (H): _____ (W): _____ Fax: _____

b) Employer's Name & Title: _____
Address: _____

Email: _____
Telephone: (H) _____ (W): _____ Fax: _____

c) Mature Christian Friend's Name & Title: _____
Address _____

Email: _____
Telephone: (H): _____ (W): _____ Fax: _____

5. EDUCATION AND SKILLS

Secondary School (Education between 11 and 18 years)
Name of Establishment Dates Attended Exam Success/Qualifications

University/College/Higher or Further Education (18+ years)
Name of Establishment Dates Attended Exam Success/Qualifications

List any other training or qualifications you have received (Please use a separate piece of paper if necessary) _____

What is your employment History and Occupation?

Position _____ Length of employment _____

Briefly describe what your work entails: _____

Briefly describe other past work experiences: _____

6. LANGUAGES

Please identify the languages you speak and indicate your proficiency:

1 = Elementary speaking

2 = limited word proficiency

3 = minimum professional proficiency

4 = full professional proficiency

5 = native tongue proficiency

6 = mother tongue

English proficiency _____ Arabic proficiency _____

Other languages and proficiency _____

7. GIFTS AND HOBBIES

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies.

Gifts: _____

Hobbies: _____

Feel free to also describe some achievements you feel are highlights over your lifetime so far:

8. CHRISTIAN & LIFE EXPERIENCE

Please prayerfully answer the following questions, briefly, on a separate piece of Paper (you may print or type) and attach this to your application form.

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your

Christian life

3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

What are you at currently?

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a mission's context?

Why are you thinking about YWAM and DTS?

10. How did you hear about Youth With A Mission?
11. What is your reason for applying for this particular DTS?
12. What are your hopes and expectations for yourself during this DTS?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?

Please Note: Answering YES to the following questions will not automatically exclude you from the DTS. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism? If so, please explain.
15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending? If so, please explain.
16. Please list anything else you would like us to know about you and your situation.

9. FINANCES

(See separate sheet for financial policy)

10. RELEASE OF LIABILITY

I/We hereby release YOUTH WITH A MISSION Lebanon, 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:

Applicant's Signature: _____ Date: _____

11. CONSENT FOR TREATMENT

I/We do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's Signature: _____ Date: _____

12. COMMITMENT

I have completed all portions of this application and if accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the programme.

I understand that the Discipleship Training School consists of both the lecture phase and the field placement phase, and that by completing this application, I am making a commitment to both phases of the school. I confirm that I have read and signed the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made). I therefore undertake to pay all personal expenses during my involvement with YOUTH WITH A MISSION.

Signed: _____ Date: _____



**University of the Nations
Discipleship Training School
Damour, Lebanon**

PASSPORT & VISA INFORMATION

Name as listed on passport _____

Date of Birth _____ Place of birth – City _____

Country _____

Citizenship/Nationality _____

Passport Number _____

Place of Issue _____

City – Country _____

Date of issue _____
(day/month/year)

Date of expiry _____
(day/month/year)

Please check with the Lebanese embassy in your country if you need a visa to Lebanon. Many western countries don't need a visa but you still need to make sure.



**University of the Nations
Discipleship Training School
Damour, Lebanon**

MEDICAL REPORT

Please return with application form:

TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page. (The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name _____
Date of Birth _____
Current Address _____
School applied for: _____ Starting Date: _____

GENERAL HEALTH

Is there any reason why you may not be able to walk up to six miles (10 kilometers) in one day?

Yes _____ No _____

Please explain _____

Are there any reasons why you may not be able to carry out reasonably strenuous physical work?

Yes _____ No _____

Please explain (eg back pain, blood pressure, diabetes etc.) _____

• Are you presently in good health? Yes _____ No _____

Please explain: _____

MEDICAL HISTORY

Please answer the following questions as fully as possible:

* List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month or any illness, which may have an affect on your health.)

Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION	DATE	OUTCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

* List any SERIOUS ILLNESS in your FAMILY:

ILLNESS	FAMILY MEMBER
_____	_____
_____	_____
_____	_____
_____	_____

Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health: _____

List any MEDICATION which you take, either on a regular basis, or only when needed:

*What is your HEIGHT? _____ mtrs

*What is your WEIGHT? _____ kgs

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (e.g. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

Is there any other information, which will be helpful for us to know as we consider your application?

FOR WOMEN ONLY

Have you had any problems with pregnancy or menstrual periods? Please explain:

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped addressed envelope so that he/she can post it direct to YWAM Lebanon.

APPLICANTS RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for the release of the relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signed _____ Date _____
(dd/mm/yy)



**University of the Nations
Discipleship Training School
Damour, Lebanon**

**MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR WHO HOLDS YOUR
MEDICAL RECORDS**

Name of applicant: _____

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training that may involve work in remote, primitive and challenging situations around the world.

Please make any comments or additions on;

* PAST HISTORY _____

* RELEVANT FAMILY HISTORY _____

* CURRENT MEDICATION _____

* WEIGHT and GENERAL FITNESS _____

• GENERAL HEALTH Please give details if the applicant has had any problems with: epilepsy / fits anaemia / blood disorders / hypertension / heart disease / endocrine disorders / psychiatric problems - including depression, anxiety & eating disorders / adverse reactions to stressful situations

Is the applicant free from INFECTIOUS DISEASES? _____

Has the applicant had any ALLERGIC REACTIONS? _____

Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant? _____

Doctor's Signature: _____ Date: _____

Name and Address (or practice stamp) _____

Please return with application form to YWAM Lebanon



**University of the Nations
Discipleship Training School
Damour, Lebanon**

SECTION B
FINANCIAL POLICY

The Discipleship Training School (DTS) is part of a community that lives by faith. No member of YWAM receives salary and each one has personal faith goals which they are believing God to provide for every year. Your faith goal is the DTS fee. God's provision of your fees should be considered a seal of God's approval and indication of His will for you to attend the school.

Your fees cover the cost of student registration with the University of the Nations, tuition, board and lodging. A separate outreach fee will cover travel on the outreach, most other basic costs, but will not cover the cost of any vaccinations or visas that may be required.

There is a separate fee structure for Middle Easterners living in the Middle East. Please refer to the Arabic translation of this form for costs.

Before we can fully accept you for the DTS, you must either have all of your fees or know where the money is coming from (e.g. your church or family have pledged to provide for your fees, or you will be working before the DTS and you know that your income will cover the fees). We will not be able to give you a full acceptance if this is not the case, unless your circumstances are exceptional. Please therefore communicate with us throughout the application process.

ADMINISTRATION FEE: An administration fee of \$ 50 US cash is required **with the application**. This is non-refundable and covers the administration costs. The registration fee is in addition to the tuition fee.

DEPOSIT: If your application is approved, we will send you a letter of approval. You will then need to send us \$100 US in order to secure your place in a room. This deposit is included in the total tuition fee and is non-refundable.

COSTS OF THE DTS

Administration Fee 50 U\$\$

Deposit fee: 100 U\$\$

Lecture phase fee 2750 U\$\$

Outreach phase fee (1500 – 2000 U\$\$) (depending on location)

In addition, if you need to stay a day or two before the school or a couple of days after the weekend that the school finishes the costs is \$8 US per day.

Payment of the school fees may be made in the following ways:

1. Cash
2. Cheques

To help us support you in prayer as you prepare for your school, we would ask that you complete the following questions.

1. \$ _____ is what I already have towards my school fees at this time.
2. \$ _____ is what my church/family/friends/others have pledged towards my fees.
3. \$ _____ is what I still need for my fees.
4. How do you plan to raise any amount that you still need? _____
5. List any financial obligations you presently have and how you plan to fulfill them?

ALL SCHOOL FEES ARE DUE AND ARE PAYABLE UPON ARRIVAL. IF YOU DO NOT HAVE ALL THE MONEY FOR YOUR FEES. PLEASE DO NOT COME TO THE SCHOOL WITHOUT THE EXPRESS APPROVAL OF THE SCHOOL DIRECTOR.

STATEMENT OF PURPOSE

YOUTH WITH A MISSION is an international movement of Christians dedicated to presenting Jesus Christ personally to this generation, to mobilize as many as possible to help in this task, and to the training and equipping of believers for their part in fulfilling the Great Commission. As citizens of God's Kingdom, we are called to love, worship and obey our Lord, to love and serve His Body, the Church, and to present the whole Gospel for the whole man throughout the whole world.

We of Youth With A Mission believe that the bible is God's inspired and authoritative Word, revealing that Jesus Christ is God's Son that man is created in God's image that He created us to have eternal life through Jesus Christ that although men have sinned and come short of God's glory, God has made salvation possible through the death on the cross of Jesus Christ that repentance, faith, love and obedience are fitting responses to God's initiative of grace towards us that God desires all men to be saved and come to the knowledge of the truth and that the Holy Spirit's power is demonstrated in and through us for the accomplishments of Christ's last commandment, "Go ye into all the world and preach the Gospel to every creature". (Mark 16:15 KJV).

Signature: _____ Date _____
DD/MM/YY

SECTION D

MEDICAL INSURANCE/COVER IS COMPULSORY. We ask that before you arrive for the school, you have purchased adequate travel and health insurance. Please send proof of your cover to the Schools Administrator, at least 3 weeks before you start the school. If you cannot provide proof of your cover, insurance may be purchased for you, the cost of which will be added to your school fees.

Please return with application form to YWAM Lebanon



**University of the Nations
Discipleship Training School
Damour, Lebanon**

CONFIDENTIAL REFERENCE

Discipleship Training School
Lebanon

To Be Completed By The Church Leader

YOUTH WITH A MISSION (YWAM) is a world-wide inter-denominational missionary organization which was founded in 1960, and provides opportunities for Christian services on a short or long-term basis.

The person named below has listed you as their Church Leader and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the students to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our phone number is 00961 – 5 – 601928 or 00961-76-756277 **We need to receive this form before we can process this application - thank you.**

CANDIDATE DETAILS

(To be completed by the applicant)

NAME OF APPLICANT: _____
(Title, Surname, First Name)

CURRENT ADDRESS: _____

Telephone: _____ Fax: _____

E-mail: _____

SCHOOL APPLIED FOR: _____ Starting Date: _____

I know the applicant: very well _____ quite well _____ a little _____ very little _____

What is your relationship with the applicant? _____
(e.g. Minister/Pastor/Home Group Leader)

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 - Usually 2 - Often 3 - Sometimes 4 - Rarely

Healthy _____	Leader _____	Reliable _____
Loner _____	Team Worker _____	Disruptive _____
Initiator _____	Aggressor _____	Enthusiastic _____
Energetic _____	Co-Operative _____	

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes _____ No _____ Comments: _____

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision-making? Yes _____ No _____

Comments: _____

3. The applicant's ability to be a part of a team _____

4. The applicant's ability to handle conflict _____

5. The applicant's motivation for getting involved in missions _____

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian _____

2. The quality and extent of his/her Christian service _____

3. Do you know the applicant's family? Yes _____ No _____ (Please comment on their husband/wife AND parent/child relationship) If yes, is there anything you think would be helpful for us to know about them? _____

4. Have we overlooked anything which you consider relevant to this application?

FINALLY...

Do you as a church support the candidate's application for this school and potential service with YWAM after its completion?

_____ YES (unreservedly) _____ YES (with some reservations) _____ NO

If you have reservations, your comments would be helpful _____

NAME: _____ ADDRESS: _____

SIGNED: _____ DATE: _____

Please send the completed form provided to the DTS Leader:

E-mail: lebanon@ywam.org



**University of the Nations
Discipleship Training School
Damour, Lebanon**

CONFIDENTIAL REFERENCE

Discipleship Training School
LEBANON

To Be Completed By A Mature Christian

YOUTH WITH A MISSION (YWAM) is a worldwide inter-denominational missionary organization which was founded in 1960, and provides opportunities for Christian services on a short or long-term basis.

The person named below has listed you as a mature Christian friend who would act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the students to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Phone: 00961-5-601928 or 00961-76-756277

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

NAME OF APPLICANT: _____
(Title, Surname, First Name)

CURRENT ADDRESS: _____

Telephone: _____ Fax: _____

E-mail: _____

SCHOOL APPLIED FOR: _____ Starting Date: _____

I know the applicant: very well _____ quite well _____ a little _____ very little _____

What is your relationship with the applicant? _____
(e.g. Youth Group/Home Group Leader/Friend)

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 - Usually 2 - Often 3 - Sometimes 4 - Rarely

Healthy _____ Leader _____ Reliable _____
Loner _____ Team Worker _____ Disruptive _____
Initiator _____ Aggressor _____ Enthusiastic _____
Energetic _____ Co-Operative _____

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes _____ No _____

Comments: _____

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision-making? Yes _____ No _____

Comments: _____

3. The applicant's ability to be a part of a team _____

4. The applicant's ability to handle conflict _____

5. The applicant's motive for getting involved in mission _____

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian _____

2. The quality and extent of his/her Christian service _____

3. Do you know the applicant's family? Yes _____ No _____ (Please comment on their husband/wife AND parent/child relationship) If yes, is there anything you think would be helpful for us to know about them? _____

4. Have we overlooked anything, which you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

_____ YES (unreservedly) _____ Yes (with some reservations) _____ NO

If you have reservations, your comments would be helpful _____

NAME: _____ ADDRESS: _____

SIGNED: _____ DATE: _____

Please send the completed form provided to the DTS Leader:

E-mail: lebanon@ywam.org



**University of the Nations
Discipleship Training School
Damour, Lebanon**

CONFIDENTIAL REFERENCE

Discipleship Training School
Lebanon

To Be Completed By Your Teacher or Employer (someone who knows you in classroom or work setting)

YOUTH WITH A MISSION (YWAM) is a world-wide inter-denominational missionary organization which was founded in 1960, and provides opportunities for Christian services on a short or long-term basis. The person named below has listed you as their Church Leader and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the students to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our phone number is 00961 – 5 – 601928 OR 00961 – 76- 756277.

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

Name of Applicant: _____
(Title, Surname, First Name)

Current Address: _____

Telephone: _____ Fax: _____

E-mail: _____

School Applied For: _____ Starting Date: _____

I know the applicant: very well _____ quite well _____ a little _____ very little _____

What is your relationship with the applicant? _____
(e.g. Employer / Teacher)

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 - Usually 2 - Often 3 - Sometimes 4 - Rarely

Healthy _____

Leader _____

Reliable _____

Loner _____

Team Worker _____

Disruptive _____

Initiator _____

Aggressor _____

Enthusiastic _____

Energetic _____

Co-Operative _____

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. The applicant's attitude to work _____

2. The quality and character of his/her work _____

3. The applicant's maturity in making judgments _____

4. The applicant's ability to be a part of a team _____

5. The applicant's ability to handle conflict _____

6- Have we overlooked anything which you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

_____ YES (unreservedly) _____ YES (with some reservations) _____ NO

If you have reservations, your comments would be helpful _____

NAME: _____ ADDRESS: _____

TEL: _____ FAX: _____

E-MAIL: _____

SIGNED: _____ DATE: _____

Please send the completed form provided to the DTS Leader:

E-mail: lebanon@ywam.org