

**DISCIPLESHIP TRAINING SCHOOL
YWAM-AIIM
MONROE, WASHINGTON**

**GUIDE TO COMPLETING
STUDENT APPLICATION**

Thank you for applying to AIIM-DTS. You are encouraged to apply early, **at least two months prior to the start of school for US citizens and three months prior to the start of school for non-US citizens.**

In order for us to process your application most efficiently, we must receive all of the following forms and/or information. (If a question on a form does not apply to you, write N/A in the blank.)

1. **Application Form** – Each individual must complete an application
2. **Application Fee** – Applications will only be processed when the non-refundable fee of \$70 single or \$100 couple is received. Payment may be made by bank deposit or sent by mail using a money order (for applicants from outside of U.S.) or check.(Do not send cash)
3. **Personal History** (see Supplemental Information)
4. **Health Form** – If family, please supply separate forms for each member accompanying you.
5. **Health Insurance** – We require that all students have coverage for themselves and all family members who accompany them to YWAM-AIIM DTS, for both the lecture phase and outreach phase. Proof of insurance is required on Registration Day.
6. **Reference Forms**– We require 3 reference forms; on each from a pastor, a teacher/employer/YWAM leader and a friend. Your application will not be processed until we receive all 3 reference forms. The individuals you give the forms to should personally send the completed form to our office by mail.
7. **2 photos** – one for application form and another for visa application for outreach
8. **Child care** – Child care will not be provided. Parents with children under special care are requested to contact our admission office before their acceptance.

Send all mails to: YWAM-AIIM
DTS Admissions
PO Box 778
Monroe, WA 98272

Phone: 360-794-6043
fax: 360-794-1997
Email: ywamaiim@gmail.com
Web page: www.ywam-aiim.org

Discipleship Training School (DTS) YWAM – AIIM

Attach
Recent
Photograph

STUDENT APPLICATION

Date of Application: M____D____Y____ Fee(US\$):_____

Identity: Last Name _____ First Name _____ Middle _____
Sex: []Male []Female
Age: _____ Birth date: M____D____Y____ Birthplace(city/country) _____/_____

Mailing address: (Until M____D____Y____)

Street/Box _____
City/Town _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____
Web sites/Home page _____

Permanent address:

Street/Box _____
City/Town _____ State _____ Zip _____ Country _____

Marital status:

[]Single []Engaged (Date: M____D____Y____) []Married (Date: M____D____Y____)
[]Separated (Date: M____D____Y____) []Divorced (Date: M____D____Y____)
[]Remarried (Date: M____D____Y____) []Widowed (Date: M____D____Y____)

Spouse Last Name: _____ First name: _____ Middle: _____
Sex: []Male []Female Birth date: M____D____Y____ Birth place(city/country): _____
Will spouse be accompanying you? []Yes []No

Children: (List only children coming with you. Number of children: _____)

Last Name: _____ First name: _____ Middle: _____
Sex: []Male []Female Birth date: M____D____Y____
Last Name: _____ First name: _____ Middle: _____
Sex: []Male []Female Birth date: M____D____Y____
Last Name: _____ First name: _____ Middle: _____
Sex: []Male []Female Birth date: M____D____Y____
Last Name: _____ First name: _____ Middle: _____
Sex: []Male []Female Birth date: M____D____Y____

Criminal record: (If answer to either question is yes, please explain details on separate sheet of paper)

Have you ever been convicted of a felony? []Yes []No If so, when and where? _____

Have you ever been convicted of a sexual crime? []Yes []No If so, when and where? _____

Emergency information:

In case of emergency contact: _____ Relationship _____

Street/Box _____ Phone _____

City/Town _____ State _____ Zip _____ Country _____

Email(s) _____

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor of physician may deem necessary.

Applicant signature _____ Date _____

Parent/Guardian signature(required for minors) _____ Date _____

Church information:

Home Church _____ Pastor _____ Denomination _____

Street/Box _____ Phone: _____

City/Town _____ State _____ Zip _____ Country _____

Language: (Please identify and rate your English language proficiency below.)

[]1-Elementary speaking []2-Limited word proficiency []3-Minimum professional proficiency

[]4-Full professional proficiency []5-Native speaking proficiency []6-Mother tongue

Other languages and proficiency _____

Work Experience: (Please list all work experience for the last 10 years, starting with most recent.)

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Position _____ Company _____ Dates ____/____/____ to ____/____/____

Skills used _____

Skills and talents:

Occupational skills: _____ Years experience: _____

Musical or other talents: _____ Years experience: _____

Educational experience:

Grades completed: [] Grade School [] Secondary/High school [] Equivalent secondary/high school
[] College/University [] Post graduate

Institution: _____ Dates: M___ Y___ to M___ Y___ Degree/Major _____ Dates: M___ Y___

Address: _____

Institution: _____ Dates: M___ Y___ to M___ Y___ Degree/Major _____ Dates: M___ Y___

Address: _____

Institution: _____ Dates: M___ Y___ to M___ Y___ Degree/Major _____ Dates: M___ Y___

Address: _____

Institution: _____ Dates: M___ Y___ to M___ Y___ Degree/Major _____ Dates: M___ Y___

Address: _____

Institution: _____ Dates: M___ Y___ to M___ Y___ Degree/Major _____ Dates: M___ Y___

Address: _____

YWAM background: (If applicable please arrange for your most recent school leader to send a Reference Form to DTS Admissions)

Have you previously attended or experienced a YWAM school or program? [] Yes [] No

School/program: _____ Lecture phase: M___ Y___ to M___ Y___ Location: _____

Field assignment phase: M___ Y___ to M___ Y___ Location: _____

School/program: _____ Lecture phase: M___ Y___ to M___ Y___ Location: _____

Field assignment phase: M___ Y___ to M___ Y___ Location: _____

School/program: _____ Lecture phase: M___ Y___ to M___ Y___ Location: _____

Field assignment phase: M___ Y___ to M___ Y___ Location: _____

Passport/Visa information:

Country of citizenship _____

Name as listed on passport _____

City and country where passport was issued _____

Passport No. _____ Passport expire date: M___ D___ Y___ Visa type(non US citizen only) _____

Date visa issued: M___ D___ Y___ City and country where visa was issued _____

Visa expiration date: M___ D___ Y___ Have you ever been denied a passport or visa? [] Yes [] No

If yes, nation and details: _____

***** If family, please submit your children's passport and visa information regarding above information in a separate sheet if they are coming.**

Financial information:

Do you have your complete school fees? [] Yes [] No

What amount do you have? US\$ _____ Amount still needed? US\$ _____

From what source will still-needed funds come? _____

Do you have any significant outstanding debts? [] Yes [] No If yes, explain: _____

Acknowledgment of financial responsibility:

"Lord, who may dwell in you sanctuary? Who may live in you holy hill? He...who keeps his oath even when it hurts..." (Psalm 15:1, 4b)

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for AIIM. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission. If I am accepted by AIIM-DTS, I will abide by the spirit, rules and schedule of the school.

Applicant signature: _____ Date: M ____ D ____ Y ____

Signature of parent or guardian:(Required if applicant is under 18 years of age)

Signature: _____ Date: M ____ D ____ Y ____ Relationship: _____

Release of Liability:

I/We do hereby release YWAM-AIIM, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with AIIM-DTS.

Applicant signature: _____ Date: M ____ D ____ Y ____

Signature of parent or guardian:(Required if applicant is under 18 years of age)

Signature: _____ Date: M ____ D ____ Y ____ Relationship: _____

Consent of Treatment:

In case of accident or serious illness, I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of the attending physician(s).

Applicant's Signature _____ Date: M ____ D ____ Y ____

Expectations:

How did you first hear of the AIIM-DTS? _____

What reason most influenced you decision to apply? _____

What expectations do you have for this course? _____

Certification:

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

Applicant signature: _____ Date: M ____ D ____ Y ____

Signature of parent or guardian:(Required if applicant is under 18 years of age)

Signature: _____ Date: M ____ D ____ Y ____ Relationship: _____

Please mail all forms to: **AIIM-DTS Admissions
PO Box 778
Monroe, WA 98272**

**Phone: 360-794-6043
Fax:360-794-1997
Email:ywamaiim@gmail.com**

DISCIPLESHIP TRAINING SCHOOL YWAM-AIIM

Supplemental Information

Please give detailed response to all of the following questions. It should be typewritten, double spaced, on separate paper. All responses must be the work of the applicant and should be to the point, clear and concise.

Please submit all responses with your application.

1. Please tell us your experience of how you became a Christian and your relationship to God at the present. What experiences have helped you grow? What difficulties have taught you more about God?
2. Please describe your current relationship with God?
3. What areas of your character are you presently seeking to further develop and improve?
4. Please describe your spiritual and/or ministry goals, including missionary service goals?
5. Please describe your relationship with your local church, such as your areas of ministry, service and any leadership experience.
6. Describe your business, professional, missions or other significant experiences.
7. Tell us about your family background-about your parents, siblings, and other relatives, how and where you grew up, and what you were like as a child.
8. What is your family situation now? How is your relationship with them?
9. What is your purpose for this school to apply?
What is your expectation for this school?
10. What would you like to do during the next five years to advance to Kingdom of God?

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PO Box 778
Monroe, WA 98272**

**Phone: 360-794-6043
Fax: 360-794-1997
Email: ywamaiim@gmail.com**

STUDENT HEALTH FORM

Identity:

Last name: _____ First name: _____ Middle: _____
 Citizen of: _____ US Social Security Number: _____
 Local phone: _____ Home phone: _____ Email: _____

Medical Information:

Name of insurance carrier: _____ Contact phone: _____
 Policy type: _____ Policy number: _____ Expiration date: M _____ D _____ Y _____
 In case of emergency contact: _____ Relationship: _____
 Street/Box: _____ Phone: _____
 City/Town: _____ State: _____ Zip: _____ Country: _____

Health history: (Answer all questions. Explain positive answers below or on a separate piece of paper.)

Do you now have, or have you ever had, any of the following?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1-Skin condition	<input type="checkbox"/>	<input type="checkbox"/>	15-Hear trouble	<input type="checkbox"/>	<input type="checkbox"/>	25-Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	2-Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	16-High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	26-Heapatitis
<input type="checkbox"/>	<input type="checkbox"/>	3-Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	17-Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	27-Intestinal troubles
<input type="checkbox"/>	<input type="checkbox"/>	4-Head injury	<input type="checkbox"/>	<input type="checkbox"/>	18-Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	28-Recurent diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	5-Recurent headache	<input type="checkbox"/>	<input type="checkbox"/>	19-Back problems	<input type="checkbox"/>	<input type="checkbox"/>	29-Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	6-Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	20-Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	30-Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	7-Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	21-Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	31-Anemia
<input type="checkbox"/>	<input type="checkbox"/>	8-Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>	22-Stomach/Duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>	32-Gall bladder prob.
<input type="checkbox"/>	<input type="checkbox"/>	9-Depression	<input type="checkbox"/>	<input type="checkbox"/>	23-Sexually transmitted disease	<input type="checkbox"/>	<input type="checkbox"/>	33-Cancer/Tumors
<input type="checkbox"/>	<input type="checkbox"/>	10-Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	24-Surgery	<input type="checkbox"/>	<input type="checkbox"/>	34-Female conditions
<input type="checkbox"/>	<input type="checkbox"/>	11-Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods
<input type="checkbox"/>	<input type="checkbox"/>	12-Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps
<input type="checkbox"/>	<input type="checkbox"/>	13-Hay fever/Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow
<input type="checkbox"/>	<input type="checkbox"/>	14-Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Now pregnant

Specify: _____ Specify: _____ Other: _____

Other illnesses or conditions: _____

Explanations for above: _____

Are you presently under a doctor's care? Yes No Specify: _____

Are you presently taking any medication? Yes No Specify: _____

Are you allergic to any drugs/medications? Yes No Specify: _____

Are you now receiving or did you ever receive compensation for disability from any source? Yes No
 Specify: _____

Do you have any physical impairments, handicap or health conditions which require special attention? Yes No
 Specify: _____

(Your response to this question will not affect admission consideration.)

Are you underweight? Yes No How much? _____

Are you overweight? Yes No How much? _____ Blood type _____

How would you rate your overall health condition? Excellent Good Fair Poor

*** If family, please submit health forms for each family member accompanying you.(photocopy this 2 pages health form for your each family member)

Health history (Cont.):

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	1-Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2-Measles (rubella)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3- Measles (rubella)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4-Mumps	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Family history:

Have any of your relatives ever had any of the following?

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immunizations:

DISEASE	BASIC(year)			BOOSTER(year)		
	1 st dose	2 nd dose	3 rd dose	1 st dose	2 nd dose	3 rd dose
Diphtheria:	_____	_____	_____	_____	_____	_____
Tetanus:	_____	_____	_____	_____	_____	_____
Pertussis:	_____	_____	_____	_____	_____	_____
Polio:	_____	_____	_____	_____	_____	_____
Rubella:	_____	_____	_____	_____	_____	_____
Mumps:	_____	_____	_____	_____	_____	_____
Hepatitis A:	_____	_____	_____	_____	_____	_____
Hepatitis B:	_____	_____	_____	_____	_____	_____

Physician certification: (Tuberculosis clearance, or a copy of a signed physical report clearing of TB in the past 6 months.)

This information **MUST** be filled in and signed by a physician. One of the following must be performed.

Chest X-Ray: Date: M ___ D ___ Y ___ Result: _____ Facility: _____

Skin test: Date: M ___ D ___ Y ___ Result: _____ Facility: _____

BCG vaccination: Date: M ___ D ___ Y ___ Result: _____ Facility: _____

Physician's signature _____ Date: M ___ D ___ Y ___

Print name: _____ Facility: _____

Address: _____ Phone: _____

Please mail all forms to: **AIIM-DTS Admission** Phone: 360-794-6043
PO Box 778 Fax: 360-794-1997
Monroe, WA 98272 Email: ywamaiim@gmail.com

PASTOR REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to pastor with a stamped envelope:
AIIM-DTS Admissions, YWAM, PO Box 778, Monroe, WA 98272**

Your name: _____
Legal Last / Family Name
First
Middle name

School applying for _____ Start Date: M _____ Y _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date: M _____ D _____ Y _____

The above applicant has applied for admissions to Discipleship Training School of Antioch Institute for International Ministries(AIIM). AIIM-DTS is a mission-oriented training program under the auspices of Youth With A Mission(YWAM), an international, interdenominational Christian mission organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposed include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples of all nations.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form(within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary;

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

	Superior	Above Average	Average	Below Average	Inferior
Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____

Comments: _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Cooperativeness | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids group activity |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____



PASTOR REFERENCE FORM CONTINUED

1. To what extent is the applicant active in church work? _____
2. Does s/he display high moral standards? Yes No (please explain) _____
3. Is s/he prejudiced against groups, races or nationalities? Yes (please explain) _____ No
4. With reference to his/her Christian service, so you consider the applicant to be:
 Dedicated Average Casual
Please explain: _____
5. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and Growing Over-emotional Superficial
Comments: _____
6. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

7. What do you see as one of the applicant's weak points? Is he/she aware of it? _____

8. Please comment on the applicant's family background (if known): _____

9. In your opinion, what are the applicant's motives and purpose for applying to this course? _____

10. What could AIIM do to aid in the applicant's personal development? _____

11. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.) _____

12. Would you recommend the applicant for acceptance into AIIM?
 Yes With some reservation (please explain) No (please explain) _____

13. Is your congregation/groups standing behind the applicant with enthusiasm and prayer? _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M ___ D ___ Y ___

Name: _____ Position: _____

Address: _____

Phone: _____

Would you like to receive further information about YWAM-AIIM? Yes No



YWAM-AIIM

Please mail all forms to: **AIIM-DTS Admissions**
PO Box 778
Monroe, WA 98272

Phone: 360-749-6043
Fax: 360-794-1997
Email: ywamaiim@gmail.com

FRIEND REFERENCE FORM

**Applicant: Fill in your name, school, with signature and give to/send to your friend with a stamped envelope:
AIIM-DTS Admissions, YWAM, PO Box 778, Monroe, WA 98272**

Your name: _____
Legal Last / Family Name
First
Middle name

School applying for _____ Start Date: M _____ Y _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date: M _____ D _____ Y _____

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	Superior	Above Average	Average	Below Average	Inferior
Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____

Comments: _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
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| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____



FRIEND REFERENCE FORM CONTINUED

14. To what extent is the applicant active in church work? _____
15. Does s/he display high moral standards? Yes No (please explain) _____
16. Is s/he prejudiced against groups, races or nationalities? Yes (please explain) _____ No
17. With reference to his/her Christian service, so you consider the applicant to be:
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Please explain: _____
18. In your consideration, which of the following would best describe the applicant's Christian experience?
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21. Please comment on the applicant's family background (if known): _____

22. In your opinion, what are the applicant's motives and purpose for applying to this course? _____

23. What could AIIM do to aid in the applicant's personal development? _____

24. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.) _____

25. Would you recommend the applicant for acceptance into AIIM?
 Yes With some reservation (please explain) No (please explain) _____

26. Is your congregation/groups standing behind the applicant with enthusiasm and prayer? _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M ___ D ___ Y ___

Name: _____ Position: _____

Address: _____

Phone: _____

Would you like to receive further information about YWAM-AIIM? Yes No



YWAM-AIIM

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Monroe, WA 98272

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Fax: 360-794-1997
Email: ywamaiim@gmail.com

EMPLOYER/TEACHER/YWAM LEADER REFERENCE

Applicant: Fill in your name, school, with signature and give to/send to your employer/teacher/YWAM leader with a stamped envelope: AIIM-DTS Admissions, YWAM, PO Box 778, Monroe, WA 98272

Your name: _____

Legal Last / Family Name
First
Middle name

School applying for _____ Start Date: M _____ Y _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature _____ Date: M _____ D _____ Y _____

The above applicant has applied for admissions to Discipleship Training School of Antioch Institute for International Ministries(AIIM). AIIM-DTS is a mission-oriented training program under the auspices of Youth With A Mission(YWAM), an international, interdenominational Christian mission organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposed include training, challenging and channeling Christians to fulfill Christ's command, therefore, and make disciples of all nations.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form(within 7 days) is important. Thank you for your assistance. Please check the following, and comment where necessary;

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

	Superior	Above Average	Average	Below Average	Inferior
Initiative	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-Making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____

Comments: _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Cooperativeness | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids group activity |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____



EMPLOYER/TEACHER/YWAM LEADER REFERENCE

CONTINUED

27. To what extent is the applicant active in church work? _____
28. Does s/he display high moral standards? Yes No (please explain) _____
29. Is s/he prejudiced against groups, races or nationalities? Yes (please explain) _____ No
30. With reference to his/her Christian service, so you consider the applicant to be:
 Dedicated Average Casual
Please explain: _____
31. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and Growing Over-emotional Superficial
Comments: _____
32. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

33. What do you see as one of the applicant's weak points? Is he/she aware of it? _____

34. Please comment on the applicant's family background (if known): _____

35. In your opinion, what are the applicant's motives and purpose for applying to this course? _____

36. What could AIIM do to aid in the applicant's personal development? _____

37. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.) _____

38. Would you recommend the applicant for acceptance into AIIM?
 Yes With some reservation (please explain) No (please explain) _____

39. Is your congregation/groups standing behind the applicant with enthusiasm and prayer? _____

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date: M ___ D ___ Y ___

Name: _____ Position: _____

Address: _____

Phone: _____

Would you like to receive further information about YWAM-AIIM? Yes No



YWAM-AIIM

Please mail all forms to: **AIIM-DTS Admissions**
PO Box 778
Monroe, WA 98272

Phone: 360-749-6043
Fax: 360-794-1997
Email: ywamaiim@gmail.com