



YWAM Athi River

Youth with a Mission, P.O.Box 867-90100 Machakos, Kenya
Kenya Cell: +254-723-712883/+254-733-738146/+254-20-2043087

Email: dtsathiriver@gmail.com
joramkingori@yahoo.com
the5keas@gmail.com

DTS APPLICATION FORM

Thank you for applying to Youth with a Mission! In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank.

- 1. School Application Form:** This form must be filled for any school that you are applying for. All dates are requested in an international format: day, month year. If you are from Kenya you may post or scan your forms. If you are an international applicant, kindly scan the forms to dtsathiriver@gmail.com and cc to the5keas@gmail.com
- 2. Reference forms:** After you sign give a form to your pastor, one to another spiritual leader, (if you are applying for the DTS), one to your most recent YWAM school leader (if you are applying for any school other than DTS) and ask them to complete the form and mail directly to YWAM, P.O.Box 867,code 90100, Kenya or scan it to dtsathiriver@gmail.com and Cc to the5keas@gmail.com (These emails are secure and confidential).
- 3. Health form:** You are required to obtain physical examination record by your physician or any licensed physician. Please send it with your application form.
- 4. Personal History:** Please answer the following questions on a separate sheet of paper and send it with your application. Your answers will be significant to the application process.
 - What areas of your character are you presently seeking the Lord to further develop and improve?
 - Describe your ministry and future goals.
 - Please describe your relationship with your local church.
 - Please describe your relationship with your family.
 - How does your family feel about your plan to join Youth with a Mission?
 - If your spouse is not attending the dts with you, kindly include a signed letter with phone number from your spouse affirming your application.
- 5. Life questions:** Please answer all the questions on the page entitled “Life questions” on a separate piece of paper and return it with the application form.
- 6. Reminder:** All parts of this application need to be in our office before you can be considered for this school.
- 7. Your checklist:**
 - () All questions in this application form answered.
 - () All two reference forms returned.
 - () Health form physician completed.
 - () Financial policy signed.
 - () Release of liability signed.
 - () Passport particulars (very important for Non Kenyans)
 - () Photocopy of your Kenyan ID.
 - () 4 recent passport size photographs included or scan to dtsathiriver@gmail.com ,Cc to the5keas@gmail.com

Please email all forms to:

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Youth with a Mission
P.O. Box 867 code 90100
Machakos



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PERSONAL INFORMATION

I wish to attend the..... School Date.....
Day Month Year

Mr. / Mrs. / Miss.....
Surname First Name Middle Name Preferred Name

Current address:..... Postal Code:.....

Phone:..... Fax:..... E-mail:.....

Permanent address:..... Postal Code:.....

Phone:..... Fax:..... E-mail:.....

Date of Birth:..... Age:..... Place of Birth:
Day Month Year City Country

Sex (male or female):

PASSPORT PARTICULARS:

Country of citizenship: Passport Number:

Full Name (As listed in passport or Kenyan ID)

Place of issue:
City Country

Date of issue:..... Expiry date:.....
Day Month Year Day Month Year

MARITAL STATUS

(Please tick one) Single Married Separated Divorced Engaged Widow/er

Spouses' name
Surname First Name Middle Name Preferred Name

Are you a single parent? Yes No

DEPENDANTS

Names of the children accompanying you:

<i>Family name</i>	<i>First name</i>	<i>Middle name</i>	<i>Birth date</i>	<i>sex school grade</i>

Home Church..... Denomination.....

Pastors Name.....

Address.....

Street/ P. O. Box

City

Country

Phone

Email

Does your pastor know you are sending this application? Yes No

Does he approve of your desire to attend a school with us? Yes No

If your answer is no please explain

.....
.....

EMERGENCY INFORMATION:

In case of emergency contact:

Full Name Relationship.....

Address.....

Home phone:..... Cell Phone:..... E-mail:.....

Height..... Weight..... Blood type.....

Are you allergic to any drugs? If yes, please specify:

.....
.....

CONSENT FOR TREATMENT:

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

Applicant's Signature

Date

Signature of Parent or Guardian if applicant is under 18 years of age:

Parent or Guardian's Signature

Date: day/month/year

Relationship

YWAM / U of N BACKGROUND INFORMATION:

Have you previously attended a YWAM/ U of N school(s)?

Please give details below

Lecture Phase			Field Assignment Phase	
Schools	Dates	Location	Dates	City/Country

Have you ever been on YWAM staff ?

Please give details below

Position	Length of service	Dates	Location	Base Leader

**FINANCIAL INFORMATION:
FINANCIAL POLICY**

PRACTICE DEPENDENCE ON GOD

YWAM is called to practice a life of dependence upon God for financial provision. For individuals and YWAM corporately this comes primarily through His people. As God has been generous toward us, so we desire to be generous. YWAMers give themselves, their time and talents to God through the Mission with no expectation of remuneration.

Pay all your school fees upon arrival (Category A: 2100 USD, Category B: 1600USD, Category C: 410 USD, go to <http://ywamathiriver.org/financial-categories/> for more information on categories). Please do not come to the school without the agreement of the school leader, if you don't have all your fees. Lack in timely payment may result in termination of school.

The detailed financial policy below will help you to make the necessary arrangements.

1. After week 4: 25% of the total DTS fee must be paid.
2. After week 8: 50% of the total DTS fee must be paid.
3. Before proceeding to the outreach portion of the DTS ALL fees must be paid in full.

Your staff and fellow students will uphold you in prayer as you trust Him to take care of you in every way while with Youth with a Mission. An adventurous few months are ahead of you and at the end you will testify of the Lord's provision.

I agree to the above-mentioned financial policy.

Signature: Date:.....

Are you able to pay your school fees as described in the financial policy? Yes No
If No, how will you raise your school fees?

.....
.....
.....

Have you ever had the experience in living without a salary? Yes No
Do you have any debts? Yes No
If Yes, how much?.....

How are you planning to pay it off?.....

MEDICAL INFORMATION:

Are you allergic to any drug, food or other physiological influences, i.e. dust, pollen, smoke etc.? Yes No
(If yes specify)

We cannot provide a special diet for you as all our meals are prepared by a cook in a general kitchen. If you need such special care you will have to pay all necessary expenses involved and do your own shopping for special foods. Your school fees do not cater for this. You will need to inform the DTS leadership and the base leader about any necessary arrangements.

.....
.....
.....

Are you presently under doctor's care? Yes No (If yes specify)

.....
.....

Are you taking any medication at this time? Yes No (If yes specify)

.....

Do you have a history (parents, grandparents or yourself of emotional instability or psychiatric treatment)?
 Yes No (If yes specify)

.....

All foreign students must have a valid health cover while you are in Africa. All East African students are advised to have NHIF cover. Your school fees will not cover hospitalization nor any other medical bills during the course of involvement with Youth with a Mission.

I have read and understood the medical information

Signature: Date:
Day *Month* *Year*

EDUCATION, SKILL AND WORK EXPERIENCE:

Please list your educational background

	Name of Establishment	Dates attended	Qualifications received
Primary			
Secondary			
University/College			
Others			

PLEASE LIST YOUR WORK EXPERIENCE

Type of work	Location	When	Length of employment

What Christian ministry are you interested in pursuing?

.....

What careers are you interested in pursuing?

.....

LEADERSHIP EXPERIENCE:

- Youth Group Yes No
- Open Airs Yes No
- Outreaches Yes No
- Prayer group Yes No
- Home groups/Small groups Yes No
- Street work Yes No
- Discipleship Yes No
- Teaching Yes No
- Pastoral Yes No

- Do you aspire leadership? Yes No
- Would you feel comfortable with having responsibility for others? Yes No
- Have you had people working under you? Yes No

Please tick below the skills you have experience in.

SKILL	MUCH	SOME	LITTLE	Please list any other skills/or use this space to give us more details.
Drama				
Auto Mechanics				
Computer				
Writing				
Accounting				
Video				
Photography				
Play any musical Instrument				
Research				
Driving. Class				
Web Design				
Cooking				
Carpentry				
Construction				
Personal Relation				
Electronics				
Plumbing				
Hospitality				
Housekeeping				
Typing				
Art and Crafts				
Interior design				
Management				
Administration				
Graphics/Layout				
Sound Equipment				
Maintenance				
Acting				

EXPECTATIONS:

How did you first hear about Athi River Base?

.....

What reasons most influenced your decision to apply?

.....

What expectations do you have of being a student at Athi River Base?

.....

RELEASE OF LIABILITY:

I do hereby release Youth with a Mission, its staff, agents and volunteer assistance from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth with a Mission.

Signature..... Date:.....

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

Signature..... Date:.....

IMPORTANT

- ✓ Make sure you have signed everywhere indicated throughout this application.
- ✓ Make sure you have understood and will abide to the financial policy.
- ✓ For all overseas students please scan us the information page with photo in your valid passport (your passport's validity has to be 12 months after DTS graduation date. All Kenyan students please scan us a copy of your id or send a photo copy.

YWAM Statement of Purpose:

Youth With A Mission (YWAM) is an international movement of Christians from many denominations dedicated to presenting Jesus personally to this generation, to mobilizing 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 person 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 people are created in God's image; that He created us to have eternal life through Jesus Christ; that although all people have sinned and come short of God's glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ; that repentance, faith, love and obedience are fitting responses to God's initiative of grace toward us; that God desires all people to be saved and to come to the knowledge of the truth; and that the Holy Spirit's power is demonstrated in and through us for the accomplishment of Christ's last commandment, "...Go ye into all the world and preach the Gospel to every creature" (Mark 16:15).



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PERSONAL HEALTH FORM

TO THE APPLICANT:

This information is treated separate and confidentially from your academic records. Please answer all questions in clear handwriting or type your answers and let your physician certify your information. Please use international date format. Day/Month/Year

Mr. / Mrs. / Miss

.....
Surname *First Name* *Middle Name* *Preferred Name*

CURRENT ADDRESS:..... Postal Code:
 Phone:..... Fax:..... E-mail:.....

PERMANENT ADDRESS:..... Postal Code:
 Phone:..... Fax:..... E-mail:.....

Do you have medical insurance? Yes No
 If yes: Name of Insurer:..... Med. Ins No.....

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name..... Relationship.....
 Home phone:..... Cell Phone:..... Email:

PERSONAL HISTORY

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet.
 Have you ever had, or do you have any of the following?

General	No	Yes		No	Yes
Recurrent headache					
Epilepsy			Stomach / Duodenal.		
Fainting spells, Anemia			Surgery		
Mental or nervous disorders.			Appendectomy		
Insomnia			Intestinal troubles?		
Shortness of breath.			Recurrent diarrhea		
Hay fever, Asthma			Diabetes		
If any other Allergies (specify)			Tumour		
Heart trouble			Cancer		
High blood pressure			Ulcer		
Low blood pressure			Back problem		
Females only					
Irregular periods.					
Are you pregnant? If yes, how many months.					
Excessive flow.					
Severe cramps.					

OTHER ILLNESSES OR CONDITIONS:

.....
.....
.....

Are you at present under the doctor’s care for any condition? Yes No (specify)

.....
.....
.....

Are you able to walk up to six miles (10 Km) in a day? Yes No (specify)

.....
.....
.....

Are you able to carry out reasonable strenuous physical work? Yes No (specify)

.....
.....
.....

Are you presently in good health? Yes No (specify)

.....
.....
.....

What is your height? FtIn.....(or meter/ centimeters).....

What is your weight? Lbs.....(or Kilograms).....

List any serious illness in your family?

.....
.....
.....

I declare that all information in this application is complete and accurate. (Applicant)

Signature.....Date:.....

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

Signature Date

Practice stamp



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PHYSICIAN FORM:

Would you please verify the medical history as supplied by the applicant and make any additional comments as appropriate. The purpose of this report is to assess suitability for working in the Eastern Africa Area in particular Kenya. The applicant might be exposed to different adverse environment in rural areas, where access to medical attention might be limited.

Please make any comments or addition on:

1. PAST HISTORY

.....
.....
.....

2. RELEVANT FAMILY HISTORY

.....
.....
.....

3. CURRENT MEDICATION

.....
.....
.....

4. WEIGHT AND GENERAL FITNESS

.....
.....
.....

5. GENERAL HEALTH Please give details if the applicant has had any problems with:

- a) Epilepsy or fits
- b) Anaemia or blood disorders
- c) Hypertension or heart disease
- d) Psychiatric problems
- e) Adverse reactions to stressful situations
- f) Any psychological disorders or learning disabilities. ADHD, ADD, bipolar, etc.

6. Is the applicant free from INFECTIOUS DISEASES ? Yes No (specify)

7. Has the applicant had any ALLERGIC REACTIONS? No Yes (specify)

8. Is there any other RELEVANT INFORMATION, which we need to know before accepting the applicant?
No Yes (specify)

.....
.....
.....

Doctor's signature

Print name and address

Practice stamp

Date
Day Month Year



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REFERENCE FORM ELDER OR MENTOR:

After you fill in your name give a form to your pastor, one to another spiritual leader, (if you are applying for the DTS), one to your most recent YWAM school leader (if you are applying for any school other than DTS) and ask them to complete the form and mail directly to YWAM, P.O.Box 867,code 90100,Machakos Kenya or scan (preferred for international applicants) to dtsathiriver@gmail.com and Cc to the5keas@gmail.com (These emails are secure and confidential). Please use international date format. Day/Month/Year

Name of applicant:
 Mr. / Mrs. / Miss.

.....
Surname
First Name
Middle Name
Preferred Name

School applying for:.....
Name of school
Date

The above applicant has applied for admission to YWAM, Athi River Training Centre, Nairobi. Youth with a Mission is an interdenominational, international Christian missionary organization. YWAM was founded in 1960, now have centre in over 300 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, 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 is important. Thank you for your assistance. Please check the following and comments where necessary.

What is your relationship to the applicant? Employer Teacher Pastor Friend Other
 (specify)

.....

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

Please tick appropriate

INITIATIVE	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
SOCIAL ADAPTABILITY	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
CONCERN FOR OTHERS	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
ABILITY TO FOLLOW	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
LEADERSHIP	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
JUDGEMENT/DECISION-MAKING	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
EMOTIONAL STABILITY	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
HEALTH	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
DRESS CODE	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>
SERVANTHOOD	Superior <input type="checkbox"/>	Above Avge <input type="checkbox"/>	Avge <input type="checkbox"/>	Below Avge <input type="checkbox"/>	Inferior <input type="checkbox"/>

Comments.....

MENTAL ABILITY	Quick to comprehend <input type="checkbox"/>	Average <input type="checkbox"/>	Slow <input type="checkbox"/>
INDUSTRY	Hard Worker <input type="checkbox"/>	Average <input type="checkbox"/>	Slow <input type="checkbox"/>
RELIABILITY	Meets Obligations <input type="checkbox"/>	Average <input type="checkbox"/>	Unreliable <input type="checkbox"/>
CO-OPERATION	Works Well with Others <input type="checkbox"/>	Average <input type="checkbox"/>	Less Co-operative <input type="checkbox"/>
FLEXIBILITY	Open to Change <input type="checkbox"/>	Average <input type="checkbox"/>	Resists Change <input type="checkbox"/>

CHRISTIAN CHARACTER	Well-Balanced <input type="checkbox"/>	Average <input type="checkbox"/>	Less Developed <input type="checkbox"/>
DISPOSITION	Cheerful <input type="checkbox"/>	Average <input type="checkbox"/>	Fairly Negative <input type="checkbox"/>
PUNCTUALITY	Punctual <input type="checkbox"/>	Average <input type="checkbox"/>	Not Punctual <input type="checkbox"/>
FINANCIAL RESPONSIBILITY	Honours Obligations <input type="checkbox"/>	Average <input type="checkbox"/>	Unreliable <input type="checkbox"/>

Comments:

1. To what extent is the applicant active in church?

2. Does he/she display high moral standards? Yes No (please explain)

3. Is he/she prejudiced against tribes, races, nationalities or groups? Yes No (please explain)

4. With reference to his/her Christian service, do you consider the applicant to be:
 Dedicated Average Casual

5. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and growing Over-emotional Superficial

6. Overall, what do you consider to be the applicant's strong points (include special abilities and skills)

7. Please comment on the applicant's family background (if known)

8. In your opinion, what are the applicant's motives for applying to be a student with Youth with a Mission?

9. What could Youth with a Mission do to aid in the applicant's personal development?

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

11. Would you recommend the applicant for acceptance into Youth with a Mission?
Yes With some reservation (please explain) No (please explain)
.....
.....
.....

12. **Pastors Only**
Is your congregation/group standing behind the applicant with enthusiasm, prayer and finances?
.....
.....
.....

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

Signature: Date:

Name:

Position:

Address:

.....

Phone:

Email.....

Please email or scan the form to:
(These emails are secure and confidential).

dtsathiriver@gmail.com and Cc to the5keas@gmail.com

Kenyan applicants may mail to:

Youth with a Mission
P.O. Box 867 code 90100
Machakos
KENYA



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Surname *First Name* *Middle Name* *Preferred Name*

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FINANCIAL RESPONSIBILITY	Honours Obligations <input type="checkbox"/>	Average <input type="checkbox"/>	Unreliable <input type="checkbox"/>

Comments:

12. To what extent is the applicant active in church?

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20. What could Youth with a Mission do to aid in the applicant's personal development?

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.....
.....
.....

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.....
.....

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.....
.....
.....

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

Signature: Date:

Name:

Position:

Address:

.....

Phone:

Email.....

Please email or scan the form to:
(These emails are secure and confidential).

dtsathiriver@gmail.com and Cc to the5keas@gmail.com

Kenyan applicants may mail to:

Youth with a Mission
P.O. Box 867 code 90100
Machakos
KENYA



YWAM Athi River

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Email: dtsathiriver@gmail.com
joramkingori@yahoo.com
the5keas@gmail.com

Life questions

Kindly answer all questions on a separate sheet of paper

1. How did you first hear about the D.T.S?
2. What is your purpose and expectation in attending a D.T.S?
3. What visions and dreams do you have for your life.
4. Have you had any previous involvement in missions? If yes, please give dates and places, describing your involvement briefly.
5. Do you sense the Lord leading you to a particular country or people group?
6. Do you feel God has placed a call to full time mission in your life, and if so, how has he confirmed that?
7. Could you briefly describe your plans following the school?
8. At what age did you first enter into a meaningful relationship with Jesus as your Lord and Savior? Describe your conversion experience.
9. Please outline your spiritual growth since then.
10. What Christian books apart from the Bible have influenced you most?
11. If engaged, would you participate in the school if your fiancé was not accepted?
12. Have you ever participated in any drug abuse, occult practices, religious cults, homosexuality or alcoholism? If yes, please describe your involvement and the length of time, are you still struggling with it.
13. List anything else we should know about you or your situation, e.g. financial situation, unsympathetic parents or church leaders?
14. Have you lived in or visited other countries? If so, how long and where?
15. Do you believe you could live under pioneer situations: different food and culture, dormitory housing, small quarters for families, etc.?
16. Does your pastor/leader approve of you attending a D.T.S?
17. If you are considering remaining with YWAM following your DTS, please share your main areas of interest Please tick boxes below.

Evangelism

Maintenance

Mercy ministry

Secretarial

Kitchen

Training Driving

Children's work Farming

Administration

Accounting

Hospitality

Housekeeping

Children/youth ministry

Others: Please specify.

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19. Should we be unable to accept your application for the time you specified, would you want us to hold your application until we have the space, or would you want us to recommend you to another YWAM base?