

# Discipleship Training School

## STUDENT APPLICATION INSTRUCTIONS

Thank you for applying to the University of the Nations (UofN.) In order for us to process your application, we must receive all of the following completed forms at least one month prior to the school's starting date. If a question does not apply to you, write N/A in the blank. Husbands and wives as students must complete separate applications.

Please complete and return the following to the Registrar at the address listed at the bottom of this instruction sheet:

**A. Student Application Form:** This form must be filled out to apply for DTS at YWAM Vinnitsa, Ukraine.  
**Note: All dates are requested in an international format: day, month, year.**

**B. Personal History:** Please prayerfully and concisely answer the following questions on a separate sheet of paper (printed or typed.) Your answers will be significant in the application process.

1. Please describe your conversion experience and present relationship with the Lord.
2. Please describe your spiritual and/or ministry goals, including missions: short or long term?
3. Please describe your relationship with your local church, i.e., areas of ministry, involvement, gifts, and abilities.
4. Have you ever been involved in missions, please describe?
5. How would you describe your relationship with your family, and do they support you in mission training?
6. We will be living in pioneering conditions; including different food and culture, dormitory housing, or small quarters for families. Can you commit to this?
7. Please list the names and e-mail addresses of the people you have asked to fill out a reference form for you. Also, state if they are your pastor, employer, teacher, or friend.

**C. Reference Form:** After you sign and enter the course date on the three given reference forms, give one form to your Pastor, employer or teacher, and one to a friend. We must receive these reference forms before we can process your application.

**D. Health Form:** Please complete this form with the application. Families, please complete for each of your accompanying children.

**TESTS & IMMUNIZATIONS:** YWAM Ukraine requires that all students and children must be tested for Tuberculosis (TB) and show evidence of a negative skin test or clear chest X-ray. Please fill in this information on the Health Form or on a separate report. Documentation must clearly indicate the test performed, the results, and the examination facility where the test was performed.

**Please be up to date on Tetanus and Hepatitis shots also.**

**E. Applicant Interview:** After your application has been received we will contact you and arrange an interview with you (phone, skype, or in person). This interview is an important part of the application process, as it gives us another way to assess your application, and to ask question of each other that may not have been in the written application.

**IMPORTANT: All students are encouraged to apply early and generally no later than one month prior to the start of the school. You must obtain an international passport BEFORE COMING!**

**Please, take into consideration the time it may take to obtain your passport and Ukrainian visa. Visa requirements and department of immigration registration and their costs depend on country of citizenship and duration of stay in Ukraine. For more information, please look at the website of the Ukrainian Embassy in your country.**

Revised 02-2012



**Please direct all forms to:**

**e-mail:** [ywamvinnitsa@gmail.com](mailto:ywamvinnitsa@gmail.com)

**Post:** YWAM-Vinnitsa  
P.O. Box 8118  
Soborna Street, 8  
Vinnitsa, 21050, Ukraine

**phone:** +380 98 602 81 32

**web:** [ywamvinnitsa.com](http://ywamvinnitsa.com)



# A. DTS STUDENT APPLICATION FORM

## PERSONAL INFORMATION

PLEASE ATTACH  
A RECENT  
PHOTOGRAPH

Date of Application: \_\_\_\_\_  
Day/Mo/Yr

Mr., Mrs., Miss \_\_\_\_\_  
Last/Family Name First Preferred Name Middle Name

Do you have a second choice date to attend this course? If yes, specify date: \_\_\_\_\_

Current Address until: \_\_\_\_\_ Current Address: \_\_\_\_\_  
Day/Mo/Yr Street/ P.O. Box

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip (Postal) Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip (Postal) Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Day/Mo/Yr City State/Prov. Country

Sex:  M  F E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:**  Single  Engaged (Date: \_\_\_\_\_)  Married (Date: \_\_\_\_\_)  Divorced (Date: \_\_\_\_\_)

Spouse's Name: \_\_\_\_\_  
Last/Family First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Day/Mo/Yr City State/Prov. Country

**Dependents:** Names of children and other dependents accompanying you:

Last/Family Name	First	Middle	Birthdate Day/Mo/Yr	Sex

## PASSPORT / VISA INFORMATION

Name as listed on Passport: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ City and Country Where Passport Issued: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

\* Visa requirements and department of immigration registration and their costs depend on country of citizenship and duration of stay in Ukraine. For more information please look at the website of the Ukrainian Embassy in your country.

Visa Type: \_\_\_\_\_ Date Visa Issued: \_\_\_\_\_  
(if applicable) Day/Mo/Yr

City and Country Where Visa Issued: \_\_\_\_\_ Visa Expiry Date: \_\_\_\_\_  
Day/Mo/Yr

Have you ever been refused a visa?  No  Yes (Give nation and details): \_\_\_\_\_

(Continued)

## LANGUAGES

### (English language proficiency)

Please indicate English proficiency below:

1 - beginner, 2 - intermediate, 3 - advanced, 4 - fluent

Other languages and proficiency: \_\_\_\_\_

\* This school is being conducted in English and Russian, if you are doing this school in a second language then your proficiency in that language will be assessed during the interview.

## WORK EXPERIENCE

Previous Work Position	Organization	Dates/Location	Supervisor

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

## SKILLS

Occupational Skills: \_\_\_\_\_

Gifts and Other Talents:

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

## EDUCATIONAL INFORMATION

I have not completed high/secondary school. Highest educational level completed: \_\_\_\_\_

Secondary (High) School / College or Apprenticeship / University / Seminary / or UofN Courses Attended:

School Name	Address	Dates Attended	Degree/Major/Trade Qualification

## EXPECTATIONS

How did you first hear of YWAM DTS? \_\_\_\_\_

What reasons most influenced your decision to apply? \_\_\_\_\_

What expectations do you have for this course? \_\_\_\_\_

(Continued)

## EMERGENCY INFORMATION

In case of Emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Prov. Zip (Postal) Code Country Phone Mobil Phone

### Student Emergency Information

Blood Type: \_\_\_\_\_

Are you allergic to any medications?  No  Yes If Yes, Specify: \_\_\_\_\_

### CONSENT FOR TREATMENT

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

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Day/Mo/Yr

Signature of parent or guardian required, if applicant is less than 18 years of age:

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day/Mo/Yr

## FINANCIAL INFORMATION

Do you have your complete school fees?  Yes  No

If no, from what source will they come? \_\_\_\_\_

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

### ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that school tuition will be paid in U.S. dollars. We strongly encourage 100% payment of school fees prior to the beginning of the school. However, 60% of the total amount must be paid prior to or upon arrival at registration. The remaining must be paid one month before outreach departure. Until full payment is received or an agreement is made with the school, the student will not be able to go on outreach.

\*NOTE: Foreign checks cannot be cashed in Ukraine.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Day/Mo/Yr

### RELEASE OF LIABILITY

I/We do hereby release the University of the Nations, and Youth With A Mission, Inc., 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 University of the Nations.

Applicant's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Day/Mo/Yr

Signature of parent or guardian required, if applicant is less than 18 years of age:

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day/Mo/Yr



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

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Day/Mo/Yr

## D. REFERENCE FORM

**TO THE APPLICANT:** Please complete the information below and give to your referee.  
**Ask the referee to mail the completed form directly to the address at the bottom of the Reference Form.**

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

Course: **Discipleship Training School** Dates: \_\_\_\_\_  
Mo/Yr to Mo/Yr

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day/Mo/Yr

### TO THE REFEREE:

The above applicant has applied for admission to the University of the Nations (UofN.) The UofN is a missions-oriented university under the auspices of Youth With A Mission (YWAM), an international and interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 800 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." The UofN is a training and logistics base from which skilled workers are sent out into the entire world.

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, as a student's application cannot be processed without it. Thank you for your assistance. Please check the following and comment where necessary:

What is your relationship to the applicant?

- Employer       Teacher       Pastor       Friend

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

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision Making					
Emotional Stability					
Health					

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            |
| 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Continued)

1. To what extent is the applicant active in church work? \_\_\_\_\_
2. Does he/she display high moral standards?  Yes  No Please explain: \_\_\_\_\_  
\_\_\_\_\_
3. With reference to his/her Christian service, do you consider the applicant to be:  
 Dedicated  Average  Casual Please explain: \_\_\_\_\_
4. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature  Contagious  Genuine and Growing  Over-emotional  Superficial  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Overall, what do you consider to be the applicant's strong points? Please include special abilities. \_\_\_\_\_  
\_\_\_\_\_
6. Please comment on the applicant's family background if known. \_\_\_\_\_  
\_\_\_\_\_
7. In your opinion, what are the applicant's motives for applying to the Discipleship Training School? \_\_\_\_\_  
\_\_\_\_\_
8. What could the Discipleship Training School do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
9. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of his / her life we should know more about, to be of service to him or her.) \_\_\_\_\_  
\_\_\_\_\_
10. Would you recommend the applicant for acceptance to the Discipleship Training School?  
 Yes  With some reservation (please explain)  No (please explain) \_\_\_\_\_  
\_\_\_\_\_
11. (Pastors only) Is your congregation / group 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: \_\_\_\_\_  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 \_\_\_\_\_

Would you like to receive further information about the UofN and YWAM Vinnitsa?  Yes  No

UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor, and Master.)  
 UNIVERSITY OF THE NATIONS IS ACCREDITED WITH THE GLOBAL ACCREDIATION ASSOCIATION.

**Please direct all forms to:**

P.O. Box 8118  
 Soborna Street, 8  
 Vinnitsa, 21050, Ukraine

**phone:** +38 098 602 81 32  
**e-mail:** ywamvinnitsa@gmail.com  
**web:** ywamvinnitsa.com

The University of the Nations (UofN) admits students of any color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school administered programs.



# E. HEALTH FORM

**TO THE APPLICANT: This information is treated confidentially and separate from your academic records. When you complete the first part of this form, please answer all questions in ink or by typing IN ENGLISH.**

Course: **Discipleship Training School** Starting Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Citizen of Applicant: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_  
 Name of insurer: \_\_\_\_\_  
 Med. Insurance No.: \_\_\_\_\_  
 Extent of Medical Insurance Coverage (briefly): \_\_\_\_\_

NOTE: \* YWAM recommends that all staff, students, and volunteers have adequate medical insurance for appropriate medical care and emergencies. YWAM is not liable to cover costs of health care, funerals nor dependants.

Name, Relationships, and Address of Next of Kin: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Person to contact in case of medical emergency: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL HISTORY** Please answer all questions and 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?

Yes	No		Yes	No		Yes	No	
		Skin Conditions			Heart trouble			Jaundice
		Eye trouble			High blood pressure			Hepatitis (specify)
		Ear trouble			Low blood pressure			Intestinal troubles
		Head injury			Rheumatism/Arthritis			Recurrent diarrhea
		Recurrent headache			Back problems (specify)			Diabetes
		Epilepsy			Dislocation of joints			Kidney disease
		Fainting spells			Broken bones			Anemia
		Mental or nervous disorders			Stomach/Duodenal Ulcer			Venereal Disease
		Weakness			Gall bladder problems			Tumor; Cancer
		Paralysis			Surgery			<i>FEMALES ONLY</i>
		Insomnia			Appendectomy			<i>Irregular periods</i>
		Shortness of breath			Tonsillectomy			<i>Severe cramps</i>
		Hay Fever, Asthma			Hernia repair			<i>Excessive flow</i>
		Allergies (specify)			Other (specify)			<i>Are you pregnant?</i>

Other illnesses or conditions: \_\_\_\_\_

Are you at present under the 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?  No  Yes (specify) \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment?  No  Yes (specify) \_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions which require special attention?  No  Yes

If yes, please describe \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood type: \_\_\_\_\_

Are you HIV+?\*\*: \_\_\_\_\_ Do you have AIDS\*\*? \_\_\_\_\_

\*\* Please See the HIV+/AIDS Policy of Youth With A Mission International

Would you rate your health condition as:  Excellent  Good  Fair  Poor

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No

Chickenpox  
Measles (rubella)  
Measles (rubeola)  
Mumps

Yes	No

Pertussis  
Scarlet fever  
Tuberculosis  
Other

**FAMILY HISTORY**

Have any of your immediate family members ever had any of the following?

Yes	No

Tuberculosis  
Diabetes  
Kidney disease  
Heart disease  
Hypertension

Yes	No

Arthritis  
Stomach disease  
Asthma/ Hay fever  
Epilepsy/ Convulsions  
Cancer

**IMMUNIZATIONS**

	Basic			Booster		
	Year	Year	Year	Year	Year	Year
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Rubeola						
Mumps						

**This portion of the form must be filled out and signed by a physician.**

**TUBERCULOSIS CONTROL** (absolutely required for entrance by YWAM Ukraine)

One of the following:

- Chest X-Ray
- Skin Test
- BCG Vaccination

Date	Result	Examination Facility

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

THE UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor, and Master.)  
THE UNIVERSITY OF THE NATIONS IS ACCREDITED WITH THE GLOBAL ACCREDITATION ASSOCIATION.



**Please direct all forms to:**

P.O. Box 8118  
Soborna Street, 8  
Vinnitsa, 21050, Ukraine

**phone:** +38 098 602 81 32  
**e-mail:** ywamvinnitsa@gmail.com  
**web:** ywamvinnitsa.com