

Discipleship Training School DTS

Grow in intimacy with God. Discover more of your purpose in Him. Put your faith into action.

The Discipleship Training School (DTS) is designed to help you understand God more deeply, live more like Jesus and identify your unique gifts and purpose to use in missions. DTS begins with a 12 week classroom phase, followed by an 8-12 week outreach phase.

DTS emphasizes global awareness, preparing students to answer the call to "Go into all the world and make disciples of all nations" Matthew 28:19.

The Discipleship Training School is a requirement for applying as YWAM staff and to do other trainings under the University of the Nation.

Some schools have a special focus.

WHAT IS YWAM?

Youth With A Mission is an international volunteer movement of Christians from many backgrounds, cultures and Christian traditions, dedicated to serving Jesus throughout the world. Also known as YWAM (pronounced WHY-wham), our purpose is simply to know God and make Him known.

GUIDE TO COMPLETING DTS APPLICATION

- **Application Form** All the questions on the application must be completed with honesty. If a question does not apply to you, write N/A (not applicable)
- Reference Form-A reference form must be completed by someone else than a close relative and be given to your Pastor/Spiritual leader and another one to an employer or friend (who knows you well)
 - → They can send their from directly to YWAM
- Application Fee- 100 SBD Application fee must be forwarded with your application form.
- **Don't give up or hesitate** to ask if you have any question or if you need help to fill out the form, please contact one of our staffs.



Discipleship Training School Application

Date of School Applying for July 19th 2021

Personal and Contact Information
Surname:
First Name:
Age: Date of Birth:
Marital Status: Single/Married/Divorced/Widowed Sex: Male or Female Married couples please fill out separate applications. Give children's name, age, and sex on separate paper.
Do you have children? Yes / No
If yes, how many and what age?
Address
Permanent Address:
Phone Number: Email:
Language Information
What languages do you speak fluently?
Church Information
Home Church:
Pastors Name:
Denomination:
Church Address:

What level of education have you co	mpleted?
Have you done any further education	n or trainings?
Please answer the followin	g questions on a separate piece of paper:
 Please describe your present relationship What areas of your life and charated Please describe the involvement Please describe your relationship How does your family feel about 	with your family. your plans to do your DTS? area of ministry? What are your God-given gifts or talents? hs, and weaknesses you have.
Financial Information	
Do you have your lecture fees now?	noney needed for the fees and outreach?
Emergency Information	
In case of an emergency contact:	Relationship: Phone
(MUST)	
Address:	
In case of emergency, I agree to the pathe attending doctor, or physician ma	performance of such treatment, including anesthesia and surgery as ay say is necessary.
Applicants Signature:	

Confidential Health Information	
Please circle if you have ever had, or now have, a	iny of the following?
Epilepsy Mental or nervous disorders Mental illness Hay fever, asthma Allergies Surgery	Heart trouble High blood pressure Diabetes Back problems Hepatitis
Do you have any physical disabilities we should b	e aware of?
Are you taking any medication or under a doctor	's treatment at this time?
Do you have any special dietary needs? (i.e. vegeta	arian, food allergies)
Are you allergic to any medication?	
Do you smoke?	
_	nts, and volunteer assistants from any liability whatsoever or loss which may be sustained by said person during

Please send completed application to: YWAM Solomon Islands, P.O. Box 547, Honiara or email to :info@ywamsolomons.org

Signature:

Date:

further Information: Phone: (+677) 8455914 / 7353858 www.ywamsolomons.org



REFERENCE FORM – Pastor

Applicant: Fill in your name and sign below. Then give it to your Pastor with a stamped envelope addressed to YWAM Solomon Islands, P.O. Box 547, Honiara		
Applicants Name		
Applicants Signature		
The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Solomon. YWAM is international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.		
What is your relationship/role to the applicant? Senior Pastor / Youth Pastor / Mentor		
How well do you know the applicant? Very well / Well / Casually		
How long have you known the applicant?		
In your opinion, does the applicant know Jesus as personal Lord and Savior?		
Do you believe the applicant has a call to missions?		
Please comment on the applicant's family background.		
How does the applicant deal with relationship with the opposite sex?		
What ministries has the applicant participated in at church?		
What do you consider to the applicant's strengths and weaknesses?		

Please evaluate the applicant's character based on these qualities. Mark 0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent. 0 3 Comments Self-discipline Teachable Flexibility Commitment Initiative Response to Authority Financial Responsibility Self-Confidence **Emotional Maturity** Concern for Others Spiritual Maturity Willingness to Serve Communication Skills Respected by Peers Leadership Skills Judgment Personal Appearance Health Moral Standards Reliability Co-operation Punctuality Willing to Learn Willing to Work Would you recommend them as student for YWAM Solomon Islands? Yes / With reservation / No Any other comments or something we should be aware of? I declare that what I have written is correct to the best of my knowledge. Position Address

Please send completed reference to:

Email

YWAM Solomon Islands, P.O. Box 547, Honiara or email to :info@ywamsolomons.org

Phone

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REFERENCE FORM – Friend or Employer

Applicant: Fill in your name and sign below. Then give it to your reference with a stamped envelope addressed to YWAM Solomon Islands, P.O. Box 547, Honiara
Applicants Name
Applicants Signature
The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Solomon Islands. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.
What is your relationship/role to the applicant? Employer / Friend / Mentor
How well do you know the applicant? Very well / Well / Casually
How long have you known the applicant?
How does the applicant respond to correction?
In your opinion, is the applicant called to a career in missions or Christian service?
How does the applicant deal with relationships with the opposite sex?
Have you noticed tobacco or alcohol use?
Please comment on the applicant's family background.
In your opinion, what are the applicant's strengths and weaknesses?

Please evaluate the applicant's character based on these qualities. Mark 0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent. 0 3 Comments Self-discipline Teachable Flexibility Commitment Initiative Response to Authority Financial Responsibility Self-Confidence **Emotional Maturity** Concern for Others Spiritual Maturity Willingness to Serve Communication Skills Respected by Peers Leadership Skills Judgment Personal Appearance Health Moral Standards Reliability Co-operation Punctuality Willing to Learn Willing to Work Would you recommend them as student for YWAM Solomon Islands? Yes / With reservation / No Any other comments or something we should be aware of? I declare that what I have written is correct to the best of my knowledge. Signed Name

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Position

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