

Guide to Completing DTS Application

Thank you for applying to be a part of Youth With A Mission! May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive each of the six items listed below. If a question does not apply to you, write N/A in the space. Husbands and wives enrolling as students must complete separate applications.

- Entry Application Form**
- Registration Fee** A nonrefundable registration fee of \$50 USD for single applicants, or a fee of \$100 for a couple is to be forwarded with your application. Your application cannot be processed without this fee. All registration and tuition fees must be paid in USD. A bank draft can be obtained at any foreign bank.
- Personal History** Please prayerfully and concisely answer the following questions on a separate sheet of paper printed or typed. Attach it to your Entry Application Form:
 - A. Briefly describe your conversion experience and your present relationship with the Lord.
 - B. What areas of your character are you presently seeking God to develop and/or improve?
 - C. How would you describe your relationship with your family?
 - D. Please describe your relationship with your church.
 - E. What is your purpose for applying for this program?
 - F. Please describe your spiritual and/or ministry goals.
 - G. How do your parents feel about your plan to enroll in DTS?
 - H. Have you ever been involved in the occult? If so, please explain.
 - I. Have you ever used tobacco, alcohol, or drugs? If so, how long did you use them for and how long ago was that?
 - J. Have you ever had (or do you currently have) an eating disorder? If so, please explain.
 - K. Please explain any diagnosis or history of a learning disability or mental illness.
- Reference Form** Give reference forms to two mature Christians, other than your pastor or family members. Please give the Pastor's reference form to your pastor or spiritual leader. Have them mail these forms directly to us.
- Confidential Health Form** Please complete this form, have it signed by a physician, and return it directly to us.
- Release Form** Please read and sign each portion and return to us.

Please direct all forms to:
Gleanings For The Hungry
P.O. Box 309
Sultana, CA 93666
dts@gleanings.org

Entry Application Form

Personal Information: Date of Application: _____

Application for DTS

School Start Date: _____

Mr./Mrs./Miss: _____
Full Name

Current Address: _____
Street/P.O.Box

Please attach recent
photograph

City State/Prov. Zip Code Country Phone

Permanent Address: _____
Street/P.O.Box

City State/Prov. Zip Code Country Phone

Occupation: _____ Work Phone: _____ Email: _____

Sex: M F Age: _____ DOB: ____/____/____ Birthplace: _____
Day/Spell Month/Year

Height: _____ Weight: _____ Blood Type: _____ (O/A/B/AB/+ or -)
(if known)

Marital Status: Single Engaged Married Separated Divorced Remarried Widowed

Spouse's Name: _____ Anniversary date: ____/____/____
(If Applicable) Day/Spell Month/Year

Children: One a separate paper please state the names and ages of children who would be living with you.

Citizenship: _____ Social Security # _____

Passport # _____ Expire Date: _____

Country: _____

Passport In Process: Yes No N/A If yes, Date Applied: _____

Background Information:

How long have you been a Christian? _____

Denomination: _____

Pastor's Name: _____

Church name and address:

Name Street/P.O.Box

City State/Prov. Zip Code Country Telephone

How long have you attended the above church? _____

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

Is he or she in agreement with your plans? Yes No (If No, please explain) _____

YWAM exposure or experience (Please list: when, where, program and your leader): _____

Have you read the book "Is That Really You God?" by Loren Cunningham? Yes No

Occupational skills: _____

Musical Ability or Other Talents: _____

Highest Educational Level Completed: _____

Languages: Please list in order of proficiency: _____

Financial Information:

Do you have your complete school fees? Yes No

If not, what percentage of your school fees do you have now? 0% 25% 50% 75% 90%

If not, from what source will they come? _____

Do you have any outstanding debts? No Yes (please explain) _____

Who should we contact in case of emergency?

Name _____

Address _____

Phone Number _____

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

Signature: _____ Date: _____

Registration fee enclosed \$50 USD _____

Please direct all forms to:

Gleanings For The Hungry
P. O. Box 309
Sultana, CA 93666
dts@gleanings.org

CONFIDENTIAL HEALTH FORM

Name: _____

Last/Family Name

First

Middle

Address: _____

Street Address

City

State

Zip Code

School: _____

School Applying For

Location

Dates

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?

	Yes	No		Yes	No		Yes	No
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder issues	<input type="checkbox"/>	<input type="checkbox"/>
Other-specify	<input type="checkbox"/>	<input type="checkbox"/>	Other-specify	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Food-specify	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or		
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous		
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	disorders	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tumor: Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Contagious Disease	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Do you have any special dietary needs? _____

Are you now under doctor's care for any condition? Yes No (specify) _____

Are you taking medication at this time? Yes No (specify) _____

Do you have any physical disabilities? Yes No (please describe) _____

Are you underweight? _____ Overweight? _____ If so, by how much? _____

Have you ever been diagnosed or have history of a learning disability or mental illness? (i.e. depression, anxiety, self-harm, etc.) If so, please explain in your personal history.

To The Physician:

The above-named person has applied for service with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health:

1. Would he/she be able to walk 3-4 miles per day? Yes No

2. Would you consider the applicant to be in generally good health? Yes No

3. Do you certify the applicant to be non-contagious? Yes No

Vaccination Record

In order to help the planning process for your outreach phase, we would like to know if you have had the following vaccinations and if they're up to date.

Vaccination	Date of last shot
Tetanus/Diphtheria	
MMR (Measles, Mumps, Rubella)	
Polio	

The following vaccinations are not essential, but beneficial for certain outreaches and it is helpful for us to have the information.

Vaccination	Date of last shot	Check here if series was completed
Hepatitis A (Series of 2 shots)		
Hepatitis B (Series of 3 shots)		
Typhoid		
Yellow Fever		

If you have been given any additional shots, please list below.

Vaccination	Date of last shot

NOTE: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.

Doctor's signature or stamp _____

Doctor's full name printed _____ Date: _____

Full Address: _____

Telephone Number: _____

Gleanings For The Hungry P.O. Box 309, Sultana, CA 93666 dts@gleanings.org

Reference Forms for the DTS Application

You will find three reference forms attached that provide us with necessary information to process your application. Please give two forms to individuals you know well (a friend, employer, teacher, etc.). The Pastor's Reference Form must be completed by your pastor or spiritual leader. Please provide an addressed, stamped envelope and have the individuals mail these directly to our office:

**Gleanings For The Hungry
P.O. Box 309
Sultana, CA 93666
dts@gleanings.org**

Reference Form

To The Applicant: Please complete the information below and provide a stamped envelope addressed to Gleanings for the person filing the reference.

Name of Applicant: _____

Course Applying for: _____ Date: _____

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: _____

The above applicant has applied for participation in Youth With A Mission (YWAM) an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1100 locations in 171 countries. 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. Thank you for your assistance. Please check the following and comment where necessary:

1. What is your relationship to the applicant? Employer Teacher Friend Other
2. How well do you know the applicant? Very well Well Casually
3. In what situations have you observed the applicant? At home At work
 At school In social activities In church relationships Other _____

Personal Profile – Please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

	Always	Often	Sometimes	Seldom	Never
Academic ability					
Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self discipline					
Sound judgment					

Comments: _____

Reference Form (Continued)

4. To what extent is the applicant involved in church work? _____

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

6. Is he/she prejudiced against any groups, races or nationalities? Yes No (please explain) _____

7. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

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

9. In your opinion, what are the applicant's motives for applying to YWAM? _____

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

11. Is the applicant financially responsible? _____

12. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them _____

13. Would you recommend the applicant for acceptance by Youth With A Mission?
 Yes With some reservation No (please explain) _____

14. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
 Yes No (please explain) _____

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

Signed: _____ Date: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Would you like further information about YWAM? Yes No

Note: Your prompt handling of this form will speed the application process. Please fill out and return it to Gleanings for the Hungry within one week of receipt. Thank you for your cooperation. Please direct all forms to: **Gleanings For The Hungry, P.O. Box 309 Sultana, CA 93666** dts@gleanings.org

Reference Form

To The Applicant: Please complete the information below and provide a stamped envelope addressed to Gleanings for the person filing the reference.

Name of Applicant: _____

Course Applying for: _____ Date: _____

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Applicant's Signature: _____ Date: _____

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2. How well do you know the applicant? Very well Well Casually
3. In what situations have you observed the applicant? At home At work
 At school In social activities In church relationships Other _____

Personal Profile – Please check the appropriate box.

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Punctuality					
Reliability					
Respect of others convictions					
Self-discipline					
Sound judgment					

Comments _____

Reference Form (Continued)

4. To what extent is the applicant involved in church work? _____

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6. Is he/she prejudiced against any groups, races or nationalities? Yes No (please explain) _____

7. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

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9. In your opinion, what are the applicant's motives for applying to YWAM? _____

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

11. Is the applicant financially responsible? _____

12. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them _____

13. Would you recommend the applicant for acceptance by Youth With A Mission?
 Yes With some reservation No (please explain) _____

14. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
 Yes No (please explain) _____

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

Signed: _____ Date: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Would you like further information about YWAM? Yes No

Note: Your prompt handling of this form will speed the application process. Please fill out and return it to Gleanings for the Hungry within one week of receipt. Thank you for your cooperation. Please direct all forms to: **Gleanings For The Hungry, P.O. Box 309 Sultana, CA 93666** dts@gleanings.org

Pastor's Reference Form

(Or Youth Pastor, Spiritual Mentor, etc.)

To The Applicant: Please complete the information below and provide a stamped envelope addressed to Gleanings, for the person filing the reference.

Name of Applicant: _____

Course Applying for: _____ Dates: _____

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: _____

The above applicant has applied for participation in Youth With A Mission (YWAM) an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1100 locations in 171 countries. 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. Thank you for your assistance. Please check the following and comment where necessary:

1. How well do you know the applicant? Very well Well Casually
2. In what situations have you observed the applicant? At home At work In social activities
 In church relationships Other _____
3. How long has the applicant attended your church? _____

Personal Profile – Please check the appropriate box.

	Mature	Developing	Weak	Not Observed
Ability to follow				
Ability to receive criticism				
Christian character				
Communication skills				
Concern for others				
Decision making				
Emotional stability				
Leadership skills				
Social skills				

Check the word that best completes the sentence. **The applicant displays:**

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Cooperativeness					
Flexibility					
Industry					
Initiative					
Perseverance					
Punctuality					
Reliability					
Respect of others convictions					
Self-discipline					
Sound judgment					

Comments: _____

Reference Form (Continued)

4. In what activities has the applicant participated since attending your church? _____

5. In your association with the applicant what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other: _____

6. Were you aware of the applicant's intention to participate in this YWAM program? Yes No

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

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

9. Overall, what do you consider to be the applicant's strong points? (include special abilities) _____

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

11. In your opinion, what are the applicant's motives for applying to YWAM? _____

12. What could YWAM do to aid in the applicant's personal development? _____

13. Is the applicant financially responsible? _____

14. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about to be of service to them. _____

15. Would you recommend the applicant for acceptance by Youth With A Mission?

Yes With some reservation No (please explain) _____

16. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes No (please explain) _____

17. Would your church be willing to consider supporting this applicant: Financially Prayerfully
Comments: _____

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

Signature: _____ Date: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Would you like to receive further information about YWAM? Yes No

Note: Your prompt handling of this form will speed the application process. Please fill out and return it to Gleanings within one week of receipt. Thank you for your cooperation. Please direct all forms to:

Gleanings For The Hungry

P.O. Box 309

Sultana, CA 93666

dts@gleanings.org

Release Form

Release of Liability:

I/We do hereby release Gleanings For The Hungry, Inc., its agents, 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, Inc.

Applicant's Signature: _____ Date: ____/____/____
Month Day Year

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

Signature: _____ Date: ____/____/____ Relationship: _____
Month Day Year

Acknowledgement of Financial Responsibility:

I have read the financial policy. I understand that payment of the required fees must be made in U.S. currency prior to, or upon my arrival, or according to schedule, unless otherwise approved by the Program Director before the program's commencement. Furthermore, I agree to meet in a timely manner, prior to the completion of the program, all personal expenses incurred during my involvement with Gleanings For The Hungry, Inc., including financial responsibility for negligent loss or damage of property. I also understand the penalties for early termination or withdrawal.

Applicant's Signature: _____ Date: ____/____/____
Month/Day/Year

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

Signature: _____ Date: ____/____/____ Relationship: _____
Month Day Year

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. I/we also accept full responsibility for expenses related to medical care.

Applicant's Signature: _____ Date: ____/____/____
Month/Day/Year

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

Signature: _____ Date: ____/____/____ Relationship: _____
Month Day Year

I have completed all portions of this application accurately for admission to the program for which I am applying. I have also read the policies, and if I am accepted by Gleanings For The Hungry, Inc., I will abide by the spirit, rules and schedules of the program.

Applicant's Signature: _____ Date: ____/____/____
Month Day Year

This form is valid for the duration of my involvement with Gleanings.

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

DTS Financial Policy

Youth With A Mission schools are faith ventures. Tuition covers only a percentage of the costs involved. Our staff rely on relationship-based support through churches and friends for their living expenses. This allows us to keep tuition costs to a minimum.

Tuition fees cover costs of transportation, speaker honorariums, meals and housing. Tuition does not include personal expense (ie. toothpaste, laundry, personal effects, etc.). Furthermore, to maintain reasonable student costs for our programs, students will be involved in work duties for ten hours each week. This involves a variety of general service tasks, ranging from cooking and cleaning to general maintenance of buildings and grounds.

An integral part of the DTS program is required reading. The cost for the books is included in the tuition.

The DTS is a five-month course. Following the twelve-week DTS lecture phase in Sultana, each student will need to participate in an international outreach. The eight-week outreach is required for graduation. There will be multiple options available, ranging between \$2500 and \$3500 in price. 50% of outreach fees are due at the conclusion of the fourth week of the DTS lecture phase.

Payment of Fees:

***Registration fee:** The required fee is nonrefundable and is to accompany your application. This fee registers your credits with the University of the Nations.

***Tuition fee:** Your tuition fee is due upon arrival, payable in cash, check or credit card. Any exceptions to this must be approved by the Director of Schools prior to your arrival. Tuition for the Discipleship Training School is not tax-deductible.

Registration Fees:

Single.....\$50.00 Couple.....\$100.00

Tuition Fee:

DTS Student.....\$2800.00

Outreach Fee:

DTS Student.....\$2800.00-\$3800.00 depending on the location

Policy Regarding Early Termination or Withdrawal:

It is expected that when students enroll, they will continue through the entire course. However, in cases of termination or withdrawal from the program due to an emergency or for disciplinary reasons, any refund of tuition will be at the discretion of the training department on the following basis:

During the first week:	90% refund.....\$ 2520.00
During the second week:	60% refund.....\$ 1680.00
During the third week:	40% refund.....\$ 1120.00
During the fourth week:	20% refund.....\$ 560.00
After the fourth week, the refund is \$0.00.	

**Visa, MasterCard, and American Express are Acceptable*

Gleanings For The Hungry P.O. Box 309 Sultana, CA 93666 dts@gleanings.org

The Foundational Values of Youth With A Mission

The Foundational Values of Youth With A Mission are the expression of our basic beliefs coupled with specific directives given by God since YWAM's beginning in 1960. The combination of these beliefs and values make up the unique family characteristics of YWAM – our "DNA." They are values we hold in high regard which determine who we are, how we live and how we make decisions.

1. KNOW GOD

YWAM is committed to know God, His nature, His character and His ways. We seek to reflect who He is in every aspect of our lives and ministry. The automatic overflow of knowing and enjoying fellowship with God is a desire to share Him with others.

2. MAKE GOD KNOWN

YWAM is called to make God known throughout the whole world, and into every arena of society through evangelism, training and mercy ministries. We believe that salvation of souls should result in transformation of societies, thus obeying Jesus' command to make disciples of all nations.

3. HEAR GOD'S VOICE

YWAM is committed to creating with God through listening to Him, praying His prayers and obeying His commands in matters great and small. We are dependant upon hearing His voice as individuals, together in team contexts and in larger corporate gatherings. This is an integral part of our process for decision making.

4. PRACTICE WORSHIP AND INTERCESSORY PRAYER

YWAM is dedicated to worship Jesus and engage in intercessory prayer as integral aspects of daily life. We also recognize the intent of Satan to destroy the work of God and we call upon God's power and the Holy Spirit to overcome his strategies in the lives of individuals and in the affairs of nations.

5. BE VISIONARY

YWAM is called to be visionary, continually receiving, nurturing and releasing fresh vision from God. We support the pioneering of new ministries and methods, always willing to be radical in order to be relevant to every generation, people group, and sphere of society. We believe that the apostolic call of YWAM requires the integration of spiritual eldership, freedom in the Spirit and relationship, centered on the Word of God.

6. CHAMPION YOUNG PEOPLE

YWAM is called to champion youth. We believe God has gifted and called young people to spearhead vision and ministry. We are committed to value them, train them, support them, make space for them and release them. They are not only the Church of the future; they are the Church of today. We commit to follow where they lead, in the will of God.

7. BE BROAD-STRUCTURED AND DECENTRALIZED

YWAM is broad structured and diverse, yet integrated. We are a global family of ministries held together by shared purpose, vision, values and relationship. We believe that structures should serve the people and the purposes of God. Every ministry at every level has the privilege and responsibility of accountability to a circle of elders, with overall international accountability to the YWAM Global Leadership Team.

8. BE INTERNATIONAL AND INTERDENOMINATIONAL

YWAM is international and interdenominational in its global scope as well as its local constituency. We believe that ethnic, linguistic and denominational diversity, along with redeemed aspects of culture, are positive factors that contribute to the health and growth of the mission.

9. HAVE A BIBLICAL WORLDVIEW

YWAM is called to a biblical worldview. We believe that the Bible makes a clear division between good and evil; right and wrong. The practical dimensions of life are no less spiritual than the ministry expressions. Everything done in obedience to God is spiritual. We seek to honor God with all that we do, equipping and mobilizing men and women of God to take roles of service and influence in every arena of society.

10. FUNCTION IN TEAMS

YWAM is called to function in teams in all aspects of ministry and leadership. We believe that a combination of complementary gifts, callings, perspectives, ministries and generations working together in unity at all levels of our mission provides wisdom and safety. Seeking God's will and making decisions in a team context allows accountability and contributes to greater relationship, motivation, responsibility and ownership of the vision.

11. EXHIBIT SERVANT LEADERSHIP

YWAM is called to servant leadership as a lifestyle hierarchy. A servant leader is one who honors the gifts and callings of those under his/her care and guards their rights and privileges. Just as Jesus served His disciples, we stress the importance of those with leadership responsibilities serving those whom they lead.

12. DO FIRST, THEN TEACH

YWAM is committed to doing first, then teaching. We believe that firsthand experience gives authority to our words. Godly character and a call from God are more important than an individual's gifts, abilities and expertise.

13. BE RELATIONSHIP-ORIENTATED

YWAM is dedicated to being relationship-oriented in our living and working together. We desire to be united through lives of holiness, mutual support, transparency, humility, and open communication, rather than a dependence on structures or rules.

14. VALUE THE INDIVIDUAL

YWAM is called to value each individual. We believe in equal opportunity and justice for all. Created in the image of God, people of all nationalities, ages and functions have distinctive contributions and callings. We are committed to honoring God-given leadership and ministry gifts in both men and women.

15. VALUE FAMILIES

YWAM affirms the importance of families serving God together in mission, not just the father and/or mother. We encourage the development of strong and healthy family units, with each member sharing the call to missions and contributing their gifts in unique and complementary ways.

16. PRACTICE DEPENDENCE ON GOD FOR FINANCES

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 and others have been generous towards us, so we desire to be generous. YWAMers give themselves, their time, and talents to God through the mission, with no expectations of remuneration.

17. PRACTICE HOSPITALITY

YWAM affirms the ministry of hospitality as an expression of God's character and the value of people. We believe it is important to open our hearts, homes, and campuses to serve and honor one another, our guests, and the poor and needy, not as acts of social protocol, but as expressions of generosity.

18. COMMUNICATE WITH INTEGRITY

YWAM affirms that everything exists because God communicates. Therefore, YWAM is committed to truthful, accurate, timely and relevant communication. We believe good communication is essential for strong relationships, healthy families and communities, and effective ministry.

Student Expectations & Policies

The following is a list of what we as a school staff expect of you as students during your time here in the lecture phase and on outreach.

1. We ask that all students and staff attend a local church weekly.
2. We require full participation in classes, class work, work duties, worship, intercession times, and outreaches. Emergency leaves of absence need to be approved by your school leader.
3. The use of tobacco, drugs and alcohol is prohibited during the Discipleship Training School.
4. Because we want you to view this school as a time set apart for you and the Lord, we request that you keep all male/female relationships at a friendship level during the school.
5. We expect you to be responsible with your financial commitments.
6. You are responsible for keeping your personal living space neat and clean. Beds must be made daily and all clothing, shoes, towels, etc. put away. There will be room checks on a regular basis.