



DISCIPLESHIP TRAINING SCHOOL

APPLICATION FORM

YWAM Victoria

Non-refundable Fee Enclosed
\$30 – Individuals
\$50 - Couples

****Please include a recent photo of yourself****

Personal Information

Name: _____
(last) (first) (middle) (preferred)

Address: _____
(street) (city) (prov./state)

PC/Zip: _____ Country: _____

Home Phone #: _____ Work Phone #: _____

Fax #: _____ E-Mail: _____

Citizenship: _____ Passport Expires: _____

Place of Issue: _____

Date of Birth: _____ Place of Birth: _____ Age: _____
(dd/mm/yy)

The DTS that I wish to attend begins _____

Marital Status

Single Married Divorced Separated Widowed

Spouses Name: _____

Emergency Contact

In case of emergency, contact: _____

Address: _____

Phone #: _____

Church Contact

Pastors Name: _____ Church: _____

Phone #: _____ E-Mail: _____

Email: info@ywamvictoria.com Website: www.ywamvictoria.com Page 1

Y W A M V I C T O R I A

Educational History

High School: _____ Date Graduated: _____

College / University: _____ Date Graduated: _____

Occupational / Professional Skills: _____

What is your current Occupation? _____

YWAM Experience

Have you previously attended a YWAM school? Yes No

If yes, _____
(school) (place) (date)

Financial Support

Do you have your complete school fees? Yes No

If not, how much do you presently have? _____

Do you have financial support? Yes No

How do you anticipate fulfilling your financial commitment? _____

I confirm that I understand that payment of the fees must be made upon or before my arrival, unless otherwise arranged with leadership before departure. I further understand that payment must be made in Canadian or US dollars. I also confirm that I am truly aware of my financial obligations. I therefore commit myself to paying all personal expenses during my involvement with Youth With A Mission. I further understand that all insurance during the time I am involved with Youth With A Mission is my own responsibility. I will not hold YWAM responsible for personal possessions lost, damaged or stolen on YWAM premises.

If I am accepted by Youth With A Mission as a student, I will abide by the spirit, rules and schedules of the program.

Signature _____ Date _____

Background

Use a separate sheet to answer the following questions.

1. Please share how you became a Christian and your growth as a Christian up until this time.
2. Have you ever held a position of leadership in Christian work? If so, give details.
3. Do you have any previous missions experience? If so please give a brief description.
4. How did you hear about the DTS?
5. Why do you want to participate in this DTS?
6. What church/youth ministries are you involved in, and for how long have you been involved in this ministry?
7. Please list your work skills and previous job experience.

Evaluators

Please have three confidential evaluation forms completed and mailed directly to:

Youth With A Mission – DTS Director

Box 30040
Saanich Center PO
Victoria BC
V8X 5E1

Please have these three evaluation forms completed by someone in each of the following three groups.

Form 1: Your local church or youth pastor, or church elder.

Form 2: A former teacher or employer, or other leader.

Form 3: A mature Christian friend.

You may also wish to give the evaluators a copy of the two-page “*Youth With A Mission*” document to help them understand YWAM International, and YWAM Victoria. As well, it may be used to acquaint family and friends about the history and mission of YWAM.

This is essential as your application will not be processed until these are returned to us. It may be helpful to provide the evaluator with an envelope and stamp for postage.

Please list to whom you will be giving evaluation forms:

1. Name: _____
(first) (last)

Address: _____

Phone #: _____ E-mail: _____

2. Name: _____
(first) (last)

Address: _____

Phone #: _____ E-mail: _____

3. Name: _____
(first) (last)

Address: _____

Phone #: _____ E-mail: _____

Youth With A Mission

Confidential Health Evaluation

To the Applicant: Please fill this out in ink. It will be kept in confidence

Name of Applicant _____

Name and Address of next of Kin _____

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? Check () if yes.

- | | | |
|---|---|--|
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> eating disorders (specify)
_____ |
| <input type="checkbox"/> eye trouble | <input type="checkbox"/> hay fever, asthma | <input type="checkbox"/> allergy to:
_____ |
| <input type="checkbox"/> ear trouble | <input type="checkbox"/> heart trouble | <input type="checkbox"/> antibiotics |
| <input type="checkbox"/> head injury | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> any other medications |
| <input type="checkbox"/> recurrent headache | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> serum / vaccines |
| <input type="checkbox"/> migraines | <input type="checkbox"/> hepatitis | <input type="checkbox"/> foods (specify)
_____ |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> jaundice | <input type="checkbox"/> any surgical procedures
(specify)
_____ |
| <input type="checkbox"/> fainting spells | <input type="checkbox"/> kidney disease | _____ |
| <input type="checkbox"/> mental/nervous disorders | <input type="checkbox"/> diabetes | _____ |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> tumor / cancer | _____ |
| <input type="checkbox"/> weakness | <input type="checkbox"/> intestinal problems | _____ |
| <input type="checkbox"/> paralysis | <input type="checkbox"/> gall bladder problems | _____ |
| <input type="checkbox"/> rheumatism / arthritis | <input type="checkbox"/> stomach / duodenal ulcer | females only: |
| <input type="checkbox"/> back problems | <input type="checkbox"/> recurrent diarrhea | <input type="checkbox"/> menstrual difficulties |
| <input type="checkbox"/> dislocation of joints | <input type="checkbox"/> venereal disease | <input type="checkbox"/> are you pregnant? |

If you have answered "yes" to any of the questions above, please give details in the space below:

Any other physical / emotional problems not listed above: _____

Are you at present under a doctors care for any conditions? () no () yes (specify): _____

Are you taking any medication at this time? () no () yes (specify): _____

International Health Insurance: for applicants from outside of Canada, or International participants.

Insurance Company: _____ Policy # _____

Weight _____ Height _____ Health Care Card # _____

Signature _____ Date _____

To the Physician

Name of Applicant _____

The above named person has applied with Youth With A Mission. This program will require good health and endurance. Please review "Form A" information, fill out the portion below, and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following?

- Ears, Nose, Throat () No ()Yes (please describe)_____
- Eyes ()No ()Yes (please describe)_____
- Neurological ()No ()Yes (please describe)_____
- Cardiovascular ()No ()Yes (please describe)_____
- Respiratory ()No ()Yes (please describe)_____
- Musculoskeletal ()No ()Yes (please describe)_____
- Eating disorders ()No ()Yes (please describe)_____
- Psychiatric/emotional ()No ()Yes (please describe)_____

Would the applicant be capable of walking 5-6 kilometers per day?
()Yes ()No (comment)_____

How would you rate the applicant's condition of health: ()Excellent () Good ()Fair ()Poor

Immunizations:

Are the following immunizations current?

- DTP (Diphtheria, Tetanus, Pertussis) () Yes () No
- RRM (rubella, rubeola, Mumps) () Yes () No
- Hepatitis A & B () Yes () No
- Polio () Yes () No
- Cholera () Yes () No
- Typhoid () Yes () No

Physician's Recommendation

- () Acceptable without limitations () Acceptable with limitations (specify)
- () Should remain in areas where adequate medical care is provided () Not acceptable

Physician's Name _____

Address _____

Signature _____ Date _____

Youth With A Mission

Youth With A Mission is an international movement of Christians from many denominations dedicated to serving Jesus throughout the world. Also known as YWAM (pronounced "WYE-wam"), our calling is to know God and to make Him known. Back when we began in 1960, our main focus was to get youth into short-term mission work and to give them opportunities to reach out in Jesus' name. Today, we still focus on youth, and we also involve people of almost every age (even many people who choose to spend their "retirement" in active service), from over 130 countries. Our many ministries fit into three main categories: evangelism, training and mercy ministry. We are currently operating in more than 900 locations in over 140 countries, with a staff of over 11,000.

History of YWAM

It all started when a 20-year-old American college student, who was in the Bahamas on a singing tour, spent some time in prayer. As he leaned back in his bed and looked up, he saw what he called a "mental movie." He saw waves on a map. The waves turned into young people, going to every continent, sharing the good news about Jesus. "Was that really you, Lord?" he asked.

This radical idea, that young people could be missionaries, stayed with this young man, Loren Cunningham. Four years later, in 1960, he started an organization with that idea expressed even in its name: Youth With A Mission. Today, Youth With A Mission (YWAM) has grown into one of the world's largest Christian mission organizations. The story of how YWAM began and how it grew is a story of God's direction and God's grace in using ordinary people from countries all over the world.

YWAM's Ministry and Mandate

YWAM has a two-fold mandate: to know God, and to make Him known. This is pursued through ministries of evangelism, mercy ministry, and training/discipleship.

What is a DTS?

The Discipleship Training School (DTS) is YWAM's introductory training program, offered at many of our locations around the world. It is the prerequisite to all other YWAM training and staffing opportunities.

The Purpose and Outcomes of the DTS are:

1. To **GATHER** and **CHALLENGE** people to worship, listen to and obey God, releasing them (in the context of the DTS) to serve through evangelism, intercession, acts of compassion and other expressions of God's heart for the world, possibly even pioneering new ministries.
2. To **INSPIRE** and **CULTIVATE** growth in one's relationship with God resulting in Christ like character, which is based on a solid Biblical foundation, the work of the Holy Spirit and the personal application of Biblical truth, especially concerning God's Character, the Cross and empowering Grace.
3. To **SHARPEN** one's ability to relate to, learn from and work with people, including those of different cultures, personalities and perspectives.
4. To further **EQUIP** each one to serve God's purposes either in or outside of YWAM Family of Ministries, strengthening a commitment to reach the lost, especially the unreached, to care for the poor, and to influence all areas of society.
5. To **IMPART** the vision and foundational values of Youth With A Mission International as well as that of the host operating location and to provide information regarding a variety of opportunities for service.

YWAM's Structure

As YWAM has grown over the years, YWAM's leaders have consistently sensed God leading them to develop as a family of ministries, rather than a structured, centralized agency. Although we have main offices, we do not have an international administrative headquarters.

Therefore each YWAM location is responsible for planning outreaches, initiating training programs, recruiting staff, financial resource development, and setting priorities in carrying out ministry.

Staff and Finances

Every YWAM worker, including the founder, Loren Cunningham, raises enough funds to meet his or her own financial needs. For most people in YWAM, these funds come from friends, family and churches who contribute financially. Other YWAMers rely partially on their own savings or even--in the case of some of our older staff--pension income.

YWAM has purposely chosen to emphasize personal support raising as the primary means of funding for our staff. Although we recognize there are many other valid ways of financing ministry, the way we have chosen is based on Biblical principles and has enabled us to include tens of thousands of people each year from over 130 countries in the task of fulfilling the Great Commission.

It's also a financial model that enables many important ministries to exist in our world today. Just as the staff of a church or a community service organization relies on donations to pay their salary, so our staff also rely on financial partners to meet their financial needs.

We believe, and have experienced over and over, that personal support raising provides many benefits to our staff. It often creates a close bond between the financial partner and the worker on the field, it helps our workers experience God's faithfulness in tangible ways, and when combined with a commitment to pray as well as to give, it provides powerful teamwork that results in encouragement for our workers and supernatural blessing on our ministries.

More information about Youth With A Mission can be found on the International website at: www.ywam.org

YWAM Victoria

Youth With A Mission Victoria, B.C., Canada is one of about 24 YWAM locations in Canada. We have been in operation for over 10 years in the city of Victoria on Vancouver Island off the west coast of Canada. It is our purpose to come alongside the local church to serve, train, disciple, equip and mobilize the family of Christ. Our aim is to first love and know God through Jesus Christ so that we may be empowered to make His Gospel known in word and deed throughout Victoria, Vancouver Island, Cuba and other target areas. We desire to accomplish this by developing leaders and fostering and nurturing mature leadership in the lives of the Youth With A Mission staff, who in turn will be able to mentor and train others in the Body of Christ. We are committed to building bridges and promoting unity in all Christian denominations and ministries so that the world may be won to Jesus Christ.

We run a number of schools and outreaches every year including: a Discipleship Training School, a 3 month School of Intercessory Prayer and one-week seminars on prayer, and downtown and First Nations outreaches in the summer. As well, our First Nations ministry has a full-time presence in one nearby community, and ongoing involvement in a second.

More information about the YWAM Victoria, BC, Canada location can be found on our website: www.ywamvictoria.com.

If you have any questions about how YWAM operates, the programs and schools we offer, how you can be involved as a supporter, student or staff, or any other questions, please contact us at:

Email: info@ywamvictoria.com

Phone: **1 – 250 – 386 – 4040**

Fax: **1 – 250 – 386 – 4044**

Mail: **Box 30040 Saanich Center PO
Victoria, BC, Canada
V8X 5E1**

Name of Applicant _____

Applying for – Discipleship Training School

How long have you known the applicant? _____

Relationship to applicant (please circle your selection): Pastor, youth pastor, church elder

Evaluation of Applicant's emotional and spiritual maturity

On this team the applicant may have to adjust herself / himself readily to different living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

Physical Condition

- frequently incapacitated
- somewhat below par
- fairly healthy
- good health

Christian Experience

- relatively superficial
- over-emotional
- genuine but mild
- rich and glowing
- warmly contagious

Leadership

- makes no effort to lead
- tries but lacks ability
- has some promise
- unusual ability to lead

Emotional Resilience

- gets angry, impulsive
- withdraws
- gets discouraged easily
- meets challenge constructively

Achievement

- starts, but does not finish
- does only what is assigned
- meets average expectations
- superior creative ability

Intelligence

- learns and thinks slowly
- average mental ability
- alert, has a good mind
- brilliant, exceptional

Willingness to Serve

- reluctant to serve
- motives confused
- usually willing to serve
- eager to serve as needed

Responsiveness

- slow to sense how others feel
- reasonably responsive
- understanding, thoughtful
- unusually responsive

Attractiveness

- avoided by others
- tolerated by others
- liked by others
- well liked by others

Teamwork

- frequently causes friction
- insists on having own way
- usually cooperative
- works well with others

Ministry suitability

- definitely not suitable
- suitable, but will need mentoring
- well suited for ministry
- mature Christian leader

YWAM suitability

- not suitable for YWAM
- suitable, but will need mentoring
- well suited to YWAM ministry
- responsible YWAM leader

(If more space is needed to answer the following questions, please attach a separate page)

1. Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant. Please circle words which may pertain to the applicant, and give specific explanation to any circled words on a separate piece of paper.

- a) impatient, intolerant, argumentative, domineering, arrogant/proud, critical of others
- b) easily embarrassed, offended, or discouraged
- c) frequently worried, anxious, nervous, tense, given to moods
- d) prejudiced toward certain groups, races, nationalities
- e) given to exclusive and absorbing infatuations
- f) lacking in humor, unable to joke
- g) unable to cope with stress, erratic in attitudes or actions

2. Please comment briefly on the family and social background of the applicant.

3. Would you want this person on staff at your church? () Yes () No (please explain)

4. Does this person cooperate well with the church leadership? () Yes () No (please explain)

5. Do you bless and support their decision to attend a YWAM school? () Yes () No (Please explain)

6. As far as you know is the applicant financially responsible? () Yes () No (please explain)

7. Please describe any physical limitation the applicant may have.

8. On a separate sheet of paper, please explain any psychiatric treatment or counseling that the applicant may have gone through.

9. Please use a separate sheet of paper to elaborate if the answer is "Yes" to this question: To your knowledge, has the outreach applicant ever been involved in drug abuse, homosexuality, or the occult? () Yes () No

Do you feel that the applicant being on this team will be beneficial to both themselves and the team?

- () definitely not
- () not at this time
- () yes, but I have some reservations
- () yes, (average prospect)
- () yes, (above average prospect)
- () yes, (exceptional prospect)

Signature Please print name Date

Full Address

() _____ () _____
Phone Fax Email

Thank you, for your attention to this form. Please mail this form immediately to:

Youth With A Mission – DTS Director
Box 30040, Saanich Center PO
Victoria, BC V8X 5E1, CANADA
Ph.# (250) 386-4040 Fax# (250) 386-4044
Email: info@ywamvictoria.com

Name of Applicant _____

Applying for - Discipleship Training School

How long have you known the applicant? _____

Relationship to applicant (please circle your selection): Teacher, employer, spiritual leader.

Evaluation of Applicant's emotional and spiritual maturity

On this team the applicant may have to adjust herself / himself readily to different living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

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- well suited to YWAM ministry
- responsible YWAM leader

Name of Applicant _____

Applying for - Discipleship Training School

How long have you known the applicant? _____

Relationship to applicant (please circle your selection): Mentor, friend.

Evaluation of Applicant's emotional and spiritual maturity

On this team the applicant may have to adjust herself / himself readily to different living conditions and new social situations. Adjustments may have to be made as to diet, social customs, climate etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check under each of the following categories:

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- d) prejudiced toward certain groups, races, nationalities
- e) given to exclusive and absorbing infatuations
- f) lacking in humor, unable to joke
- g) unable to cope with stress, erratic in attitudes or actions

2. Please comment briefly on the family and social background of the applicant.

3. Would you want to employ or work alongside this person? () Yes () No (Please explain)

4. Do you support their decision to attend a YWAM school? () Yes () No (Please explain)

5. As far as you know is the applicant financially responsible? () Yes () No (Please explain)

6. Please describe any physical limitation the applicant may have.

7. On a separate sheet of paper, please explain any psychiatric treatment, or counseling that the applicant may have gone through.

8. Please use a separate sheet of paper to elaborate if the answer is "Yes" to this question: To your knowledge, has the outreach applicant ever been involved in drug abuse, homosexuality, or the occult? () Yes () No

Do you feel that the applicant being on this team will be beneficial to both themselves and the team?

- () definitely not
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- () yes, but I have some reservations
- () yes, (average prospect)
- () yes, (above average prospect)
- () yes, (exceptional prospect)

Signature Please print name Date

Full Address

() _____ () _____
Phone Fax Email

Thank you, for your attention to this form. Please mail this form immediately to:

Youth With A Mission – DTS Director
Box 30040, Saanich Center PO
Victoria, BC V8X 5E1 CANADA
Ph.# (250) 386-4040 Fax# (250) 386-4044
Email: info@ywamvictoria.com

Waiver and Release of Liability (adult)

The undersigned represents to **Youth With A Mission Victoria Society** (herein referred to as **YWAM**), a religious nonprofit society, undersigned does hereby consent to taking part in noted activity, with full understanding in so far such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does assume the risk of such and expense, and does hereby wholly release **YWAM** from any responsibility or liability; waives any claims or causes of action against **YWAM** or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such undersigned and agrees to hold harmless **YWAM** in event any claim should arise; and the undersigned does agree to abide by the rules and regulations, supervision, and discipline set and applied by **YWAM** and its agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless **YWAM** from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

I have read the above Release of Liability and agree to its provisions.

Applicant:

Name:(please print)_____

Signature:_____

Date:_____

Witness:

Name:(please print)_____

Signature:_____

Address:_____

Date:_____

Waiver and Release of Liability (minor - under 19)

The undersigned represents to **Youth With A Mission Victoria** Society (herein referred to as **YWAM**), a religious nonprofit society, that he/she is the natural parent or guardian of the named child; and the undersigned does hereby consent to such minor taking part in noted activity, with full understanding in so far such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the under- signed does on behalf of such minor assume the risk of such and expense, and does hereby wholly release **YWAM** from any responsibility or liability; waives any claims or causes of action against **YWAM** or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agrees to hold harmless **YWAM** in event any claim should arise; and the undersigned does agree to abide by the rules and regulations, supervision, and discipline set and applied by **YWAM** and its agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless **YWAM** from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

I have read the above Release of Liability and agree to its provisions.

Name of Applicant: _____

Parent or Legal Guardian:

Name:(please print) _____

Signature: _____

Date: _____

Witness:

Name:(please print) _____

Signature: _____

Address: _____

Date: _____

Application Process

We can not process your application until ALL of the below items are received.

Step 1:

Send in:

- ✓ Application form, page 1,2 and 3,
- ✓ Recent photograph of yourself,
- ✓ Background Questions, on a separate sheet of paper,
- ✓ Confidential Health Evaluation- Form A (incl. Health insurance information) and Form B,
- ✓ Non-refundable registration fee (\$50/Couple, \$30/Individual)
- ✓ Applicable Waiver and Release of Liability Form

Step 2:

Have each of the following Confidential Evaluations completed and sent to the address below:

- ✓ Form 1: Pastor, Youth pastor, or elder.
- ✓ Form 2: Teacher, employer, or spiritual leader.
- ✓ Form 3: Mentor or friend.

Please send completed forms to:

Youth With A Mission – DTS Director

Box 30040

Saanich Center PO

Victoria BC

V8X 5E1

Canada

Ph.#: (250) 386-4040 Fax#: (250) 386-4044

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