

Dear friend,

Here is the application form for the DTS "All Nations All Generations" in Cévennes, France 2010. We realize that it will take you some time to fill this out, so we thank you in advance for helping us get to know you and how we can best to pray for you in this journey.

If you need more space to answer questions, you can use an extra sheet of paper (please write down the number of the question you're answering.)

Before returning the forms, please check that:

- you have fully completed and signed the application including the "Medical Consent" form.
- your physician has completed the medical information form.
- you have given the 2 appropriate reference forms to 2 people who know you well, excluding family members. These documents should be return by email or postal mail and **must** be sent separately from your application; otherwise, they will be considered invalid.
- you have given the reference forms to your pastor or spiritual leader who must also return them directly to us.

- you have enclosed **4 passport photos** and the **70 Euros** non-refundable registration fee to cover administrative costs (*checks made to: JEM Cévennes*).

We highly recommend that you do not apply to several YWAM bases but rather that you take time to think and pray before filling in an application, so that you can wisely choose the place where you think God wants you to be.

Bless you as you follow Him in His adventures for your life!

Dudley and Janet Weiner
DTS Leaders

PS: Our receipt of your application is not a guarantee of your enrollment. We will get back in touch with you within three weeks of receipt of all elements of your application.

Please return to:

Janet Weiner
Jeunesse en Mission Cévennes- DTS
Lieu dit Montredon
30110 Les Salles du Gardon
FRANCE

E-Mail: janet.weiner@gmail.com

General Information:

"All Nations All Generations" DTS
Sept. 10, 2010 – Feb. 13, 2011

For the young of heart of all ages who desire to go deeper with God and to walk in His destiny taking His truth and love to the nations.

You'll find lifelong friendships during the first 3 months of teaching where you learn about God's character, His word, His will and His ways. You will have different international speakers every week, intense times of worship, prayer and ministry preparation that will get you and your team ready for the challenging adventure of taking the gospel around the world.

Classroom Phase: «To Know God more»

- * Teachings on: discipleship, God's character & nature, intercession, missions, evangelism, the Cross, relationship and other themes crucial to your walk with the Lord.

- * Personal devotions, (one on one with God) each day.

- * Small groups where you learn from one another and can interact with students and staff on a personal level.

- * Intercession & prayer - a radical time of pursuing the heart of God and receiving His word that prepares us to "go out".

- * Academic studies - books to read (a few short book reports), Biblical character studies, verses to memorize, etc.

Outreach Phase « Making Him known »

Going beyond your comfort zone, beyond borders and beyond the "status quo" of your spiritual walk... outreach is where the action steps up.

You will get to share from what you have learned, stepping out in evangelism, worship, intercession and sometimes, depending on the destinations, humanitarian work. During this time you will learn a lot about yourself and about what God can do through you. Lives will be changed forever - yours may be one of them.

Once back from this mission trip, we will have a time of debriefing together before receiving the certificate of the University of the Nations of Youth With A Mission.

This school is the foundational & required step for those who want to continue their education with the **University of the Nations** and *also for working with YWAM long-term.*

The University of the Nations

Youth With A Mission has developed its work with two objectives:

1 - "Go and preach the Good News to all creation" - To be the light of the world, to spread the Gospel to each people group, nation, ethnic and linguistic group, to work alongside and develop relations with the local church.

2 - "Make disciples of all nations" - Be the salt of the earth, to influence society and the world, take an active part in society and model a lifestyle with a different approach and alternatives to the problems that face society today. For this, YWAM has developed the University of the Nations with a range and quality of training that one can follow in almost all the world (in more than 100 countries on 5 continents).

This university concept, which has the call to serve the nations of the world, is unique in that the idea of education is not just data, but it is much more personal, leading to growth in attitude and understanding of the world from a Christ-centered view.

If you would like further information: www.uofn.edu

APPLICATION

LAST NAME: FIRST NAME :
CURRENT ADDRESS
Street:
Post Code:
Town:
Country:
Phone:
Email:
Birth Date (day / month / year): Sex: F M
Place of birth:
Nationality:
Marital Status (Single, Engaged, Married, Separated, Divorced):
Since when?
Children, number and Birth Dates:
Profession:
Do you currently work in your profession? Yes No
If not, what is your occupation?

PASSPORT

Country: Number:
Expiration Date:
MEDICAL INSURANCE
Company Name: Policy Number:

IN CASE OF EMERGENCY CONTACT

Last Name: First Name:
Street:
Post Code: Town:
Country: Phone:
Relationship:

WHAT CHURCH DO YOU CURRENTLY ATTEND?

Name of the church:
Pastor's Name:
Street:
Post Code: Town:
Country: Phone:
Does your pastor know that you are applying for this school?

WHAT LEVEL OF EDUCATION HAVE YOU REACHED?

Where?

When?

Date of graduation:

Type of degree:

Other areas of study:

WHAT ARE YOUR SKILLS, TALENTS AND SPECIAL INTERESTS?

WHAT LANGUAGES DO YOU SPEAK OR READ?

(Please indicate your fluency: 1-fluent 2-average 3 very little)

DRIVING LICENSE

Number:

Type(s) :

Date(s):

Have you had any accidents?

MILITARY SERVICE: YES NO date:

MEDICATION

Are you taking any medication at present?

If yes, please state type of medication:

Since when?

On prescription?

PHYSICAL HEALTH

Do you have any physical disability? YES NO

If so, what?

DIET

Do you have a special diet?

If so, what?

PSYCHOLOGICAL & EMOTIONAL HEALTH

Have you ever received any psychiatric treatment? YES NO

If so, where & when?

YOUTH WITH A MISSION

Have you applied for this school at any other YWAM centers? YES NO

If so, where & when?

(Please print this page, have it filled out and signed by your doctor and return with your application form)

To the Physician

NAME: _____ FIRST NAME: _____

has applied for service with YOUTH WITH A MISSION.

This is a short-term missionary service which may include some strenuous physical exertion.

Please answer the following questions about the applicant's health:

1. Would he/she be able to walk four or five miles a day?

2. Is he/she underweight or overweight?

If so, how many pounds/kilos?

3. Is he/she under medical supervision at this time or taking any medication? _____

4. Would you consider him/her to be in generally good health?

5. Is he/she free from all contagious diseases?

6. Please give any comment about the applicant's health, any physical or emotional handicaps, etc. that might be helpful to us:

The physician certifies that the applicant's tetanus vaccination is up to date.

Doctor's stamp: _____

Place & Date: _____ Doctor's Signature : _____

MEDICAL CONSENT FORM

(Please print this page, fill it out and return it completed with your application form)

NAME: _____ FIRST NAME: _____

Address:

Post Code: _____ Town: _____

Country: _____

I / We do hereby release Youth With A Mission, its agents, employees and volunteer assistants, from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by me during the course of my involvement with Youth With A Mission.

I / We do hereby agree to the performance of such treatment, transfusion, anesthetics, and operations that in the opinion of the attending physician are deemed necessary for me.

Although it is most unlikely that anyone would pass away during their time of participation in YWAM activities, existing laws regarding burial make it necessary to consider this possibility prior to travel a broad. In many countries in which YWAM works, burial must take place within 24 hours of death, making it impossible to make arrangements for returning the body to the home country, and burial therefore taking place in the region.

In those instances in which arrangements to repatriate the body can be made it is invariably very expensive, some countries requiring that a person accompany the deceased. For this reason, we cannot guarantee repatriation, and would ask you to consider the following:

In the event of my death, I give my permission to be buried in the country of my death unless my family wishes to repatriate the body at their own expense. If, on the contrary, I desire to bear this expense myself, I agree to take an insurance covering this eventuality.

PLACE AND DATE: _____ **SIGNATURE:** _____

(If under 18 years old, a parent or responsible party must sign here)

MEDICAL INSURANCE

Youth With A Mission is a voluntary organization and cannot provide medical insurance.

However, during your stay in France, it is essential that you have medical insurance coverage.

We would encourage you therefore, as soon as possible, to check with your local Social Service Department (or Medical Insurance Company) whether you are entitled to medical social security insurance during a stay abroad. Otherwise if you already hold a private medical insurance do make sure that this can be extended to cover you while abroad. There might also be the possibility to take out a travel insurance for 6 months with your plane ticket.

YOU MUST BRING A CERTIFIED COPY OF YOUR MEDICAL INSURANCE CERTIFICATE WITH YOU.

10. What are your reasons for wanting to participate in this school and what are your hopes and expectations?

11. Do you have any debts that will not be paid before the school starts?

12. If not, how much do you have and how will you pay for the remainder of the school?

13. Are you engaged? YES NO
If so, since when?

14. If you have children, do they have an illness or physical handicap?
Which kind?

15. Do you smoke? YES NO

16. Is there anything else that you would like to tell us about yourself or your circumstances?

17. Do you have any questions?

18. Please give the names and addresses of two mature people, who know you well (one must be your pastor or spiritual leader):

1:

2:

Please give each of these people one of the enclosed "Confidential Information" forms and **ask them to return them as soon as possible-directly** to: Janet Weiner, Jeunesse en Mission Cévennes- DTS

"I have completed all forms concerning my registration with YWAM, and if I am accepted, I commit myself to respect the regulations & the spirit of this school."

Place and Date: _____ **Signature:** _____

Reference Form (Confidential Information)

(to be filled out by spiritual leader or friend)

APPLICANT

LASTNAME: _____ FIRSTNAME: _____

The person mentioned above has applied to do a Discipleship Training School with YWAM. In order to know the applicant better, we would like to ask you to answer a few questions concerning him/her. Please answer on this form (legibly!) or on a separate sheet of paper if necessary, and return it to us when it is properly filled in. Thank you for your help.

1. What is your relationship with the applicant? (Leader, friend, etc.) :

2. Would you say that he/she has had a real conversion experience, and how would you describe his/her relationship with God?

3. Describe briefly his/her relationship with his/her parents and his/her family background:

4. What is his/her relationship with his/her church? To what extent is he/she involved in the church?

5. Do you think the applicant has a specific call to serve the Lord? To missions? If yes, please explain:

6. Would you like to add other comments?

7. In the following areas, please indicate what would describe the applicant best:

Health:

Often ill _____
Average health _____
Good health _____

Emotional stability:

Impulsive _____
Secretive _____
Easily discouraged _____
Reacts intelligently _____

Work:

Takes initiative _____
Good worker _____
Does only what is asked _____
Does not finish what he/she starts _____

Responsibility:

Takes responsibility _____
Inconsistent in his/her responsibilities _____
Negligent _____

Maturity:

Teachable _____
Open to correction _____
Listens to others _____
Overly sensitive _____
Arrogant _____

Openness:

Accepts counsel _____
Accepts it sometimes _____
Accepts it difficultly _____

Servant heart:

Likes to serve _____
Generally available _____
Has unclear motives _____
Serves little _____

Co-operation:

Works easily with others _____
Only with certain people _____
Can cause friction _____
Uncooperative _____
Avoids group activity _____

Leadership qualities:

Has leadership qualities _____
Has the potential, but not yet developed _____
Is capable, but feels inferior _____
Does not have the capacity _____

8. In your opinion, what are the applicant's motives for applying for a DTS ?

Desire to share the Gospel _____
Christian service/ministry _____
To strengthen his/her relationship with God _____
To be changed and trained in order to give more to others _____
Desire to help others _____

9. Do you recommend that YWAM accept his/her application?

Yes _____ No _____

(In capital letters, please)

Your LAST NAME: _____ FIRST NAME:

ADDRESS:

POST CODE: _____ TOWN: _____

COUNTRY: _____ PHONE: _____

Place and Date: _____ Signature: _____

Thank you for your time in completing this form.

Please send directly to:

Janet Weiner
Jeunesse en Mission Cévennes- DTS
Lieu dit Montredon
30110 Les Salles du Gardon
France

Email: janet.weiner@gmail.com

Phone: 33.(0)9.81.73.75.74

Reference Form (Confidential Information)

Please print & return the completed copy by mail.
To be filled in exclusively by the pastor or spiritual leader.

APPLICANT

LAST NAME: _____ FIRST NAME: _____

The person mentioned above has applied to do a Discipleship Training School with YWAM. In order to know the applicant better, we would like to ask you to answer a few questions concerning him/her. Please answer on this form (legibly!) or on a separate sheet of paper if necessary, and return it to us when it is properly filled in. Thank you for your help.

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Desire to help others____

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Yes ___ No___

(In capital letters, please)

Your LAST NAME: _____ FIRST NAME:

ADDRESS:

POST CODE: _____ TOWN:_____

COUNTRY:_____ PHONE: _____

Place and Date:_____ Signature:_____

Thank you for your time in completing this form.

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