



YWAM Croatia

Discipleship Training School

April 1st, 2017 – September 2nd, 2017

Application Information

VERY IMPORTANT - PLEASE READ CAREFULLY

Before your application can be processed, we must receive **all** of the following items:

1. Application form

The application should be typewritten or completed in dark ink. You may submit the application by e-mail, but please mail us a printed copy which has your signature on the place where instructed **or** scan and email a copy with the signature.

All questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided.

Married couples enrolling as students must each complete their own application and we must receive a complete set of reference forms for each spouse.

2. Photograph

Please attach a photograph of yourself to the front of the application form. If you submit the application by e-mail, please send the photo as an attachment with your name as the filename.

3. Two (2) Friend / Co-worker Reference Forms

The reference form is included at the end of this document. Please print out 2 copies or email the form to two friends or co-workers who are mature Christians and whom you know well. **We must receive these reference forms directly from those who complete them to ensure confidentiality. We cannot accept reference forms sent to us by the applicant.**

4. Pastor / Elder Reference Form

The reference form is included at the end of this document. Please print out a copy or email the form to your pastor or an elder of your church. **We must receive this reference form directly from the person who completes it to ensure confidentiality. We cannot accept reference forms sent to us by the applicant.**

Please direct all forms to: Rebecca Graham
Vladamira Stude 9,
Kaštel Novi,
CROATIA
21217

Phone: +385-(0)-21-234-899
E-Mail: dts@ywamcroatia.com



**YWAM Croatia
Discipleship Training School**

Application Form



PERSONAL INFORMATION

Name: _____
Last/Family Name First Middle Name you prefer to be called

Present Address: _____
Phone: _____ Fax: _____ E-mail: _____

Permanent Address: _____
Phone: _____ Fax: _____ E-mail: _____

Birth Date (DD/MM/YYYY): _____ Birthplace: _____ Sex: Male ___ Female ___

Your Mother's Maiden Name _____
Last/Family Name First

Nationality: _____ Passport No.: _____ Expiration Date (DD/MM/YYYY) _____

Have you ever been refused a visa? Yes ___ No ___ If yes, give nation and details _____

Marital Status: Single ___ Engaged ___ Married ___ Widowed ___ Separated ___ Divorced ___ Remarried ___

Name of Spouse or Fiancé: _____ Is your fiancé applying for this DTS? Yes ___ No ___

Date of Marriage or prospective date if engaged (DD/MM/YYYY): _____

CHILD INFORMATION

Please supply the following information for children who will accompany you on the DTS:

Name	Birth Date	Age	Sex
Name	Birth Date	Age	Sex
Name	Birth Date	Age	Sex

List any other children you have who will not be accompanying you and please give the reason: _____

HEALTH AND EMERGENCY INFORMATION

Age: _____ Height: _____ Weight: _____ Blood Type: _____

In case of emergency contact: _____

Relation: _____ Address: _____

Phone: _____

How would you rate your health? Excellent ___ Good ___ Average ___ Fair ___ Poor ___

Are you presently taking any medication or are you under a doctor's treatment? Yes ___ No ___

If yes, please explain: _____

Are you pregnant? Yes ___ No ___ If yes, when is the baby due? (DD/MM/YYYY) _____

Are you allergic to any medicines? Yes___ No___ If yes, please specify: _____

Do you have any other allergies? Yes___ No___ If yes, please describe: _____

Do you have any physical disabilities? Yes___ No___ If yes, please describe: _____

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders)

Describe: _____

Are you on any kind of special diet? Yes___ No___ If yes, please describe: _____

Do any of your children who will be accompanying you have any disabilities? Yes___ No___

If yes, please describe: _____

Do you presently use tobacco? Yes___ No___

Do you presently have health insurance? Yes___ No___

If yes, please the name of insurance provider: _____ Policy No. _____

Will your insurance cover you during the DTS? Yes___ No___

Is there anything else to do with your health that you feel we should know about? _____

HOME CHURCH

Name of Church: _____

Name of Pastor/Elder: _____ Phone: _____ Email: _____

Church Address: _____ Phone: _____

Does your pastor approve of you attending a YWAM school? Yes___ Yes, with some reservation___ No___

How long have you attended this church? _____ How would you describe your relationship with your pastor/elder? _____

Please give the contact information of two mature Christian friends or co-workers who know you well and can write a reference for you. Please have them return the enclosed reference form directly to us as soon as possible.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

EDUCATION AND WORK EXPERIENCE

What schooling have you received? (e.g. high school, university, etc.)

Name Dates attended Certificate/Degree

Name Dates attended Certificate/Degree

Name Dates attended Certificate/Degree

Please describe your past and current work experience:

Position Company Name/Organization Dates (from - to)

Position Company Name/Organization Dates (from - to)

Position Company Name/Organization Dates (from - to)

Position Company Name/Organization Dates (from - to)

What is your present occupation? _____

What languages do you speak and in what proficiency? _____

Please indicate your gifts, including any musical or artistic talents you have and your hobbies: Gifts:

_____ Feel free to also describe some achievements you feel are highlights over your lifetime so far:

CHRISTIAN EXPERIENCE

Please prayerfully answer the following questions on a separate page (you may print or type). Everything in your application will be treated with confidentiality.

1. Explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. How would you describe your Christian life and your relationship with the Lord at the present time?
5. What do you feel are some of your strengths and weaknesses?
6. Describe the relationships within your family. Are they in favour of you attending this school?
7. Briefly describe your childhood and youth. What significant circumstances in your life shaped your childhood and youth and influenced who you are today?
8. Why do you want to do a DTS and what is your reason for applying for this particular DTS? What are your hopes and expectations for the DTS? What would you like to gain? How would you like to grow? What goals, dreams, or desires do you have that this DTS might help to fulfill?
9. What are your plans following the DTS?
10. Are there any personal issues that you feel you need to work through during this time?
11. Is there anything else that you feel would help us to know you better?

CHURCH AND MISSIONS

Please list the churches you have attended for any considerable length of time from childhood to the present:

_____ Church	_____ City	_____ Dates Attended	_____ Member? (yes/no)
_____ Church	_____ City	_____ Dates Attended	_____ Member? (yes/no)
_____ Church	_____ City	_____ Dates Attended	_____ Member? (yes/no)

Please list any leadership experience you have had (work or ministry), including your responsibilities and length of time involved: _____

Do you have a desire to reach a particular nation, group or sphere of society (business, arts, youth etc)? Please explain.

What mission exposure/experience/training have you had? (Include YWAM) _____

Have you ever lived in or visited other countries? If so, how long for and where? _____

Do you believe you could live in pioneer situations (different food and culture, dormitory housing, or small quarters for families)? _____

We value and celebrate cultural diversity. Are you willing to live in an environment where you'll need to adapt and embrace other people's cultures? In what ways might this be stretching for you? _____

Do you have any other questions or comments? _____

FINANCES

Please read the enclosed Financial Policy sheet for details regarding the tuition for this course.

How much money do you have at the present time to go toward your fees? _____

How much has been pledged by friends/family/church (but you still don't have yet)? _____

How much do you still lack toward your fees (that haven't been pledged)? _____

How do you plan to raise the amount you still need? _____

List any financial obligations you have presently and how you expect to fulfill them. _____

STUDENT POLICIES

- A. The use of tobacco and drugs are prohibited during the DTS.
- B. Each student is responsible for his/her own financial commitment as described in the Financial Policy sheet.
- C. The Outreach and Debrief week are vital parts of the DTS experience and are required for successful completion of the DTS.

RELEASE OF LIABILITY

I do hereby release Youth With A Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of loss, injury, damage, or loss of life which I may sustain during the course of involvement with Youth With A Mission.

CONSENT OF TREATMENT

I do hereby agree to the performance of such treatments, anesthetics, and operations which, in the opinion of the attending physician, would be deemed necessary for myself in the event of a life threatening medical emergency.

I have read the Student Policies, the Financial Policy sheet, the Release of Liability, and the Consent of Treatment statements agree to abide by them. I also confirm that the information given in this application is accurate and complete.

Name _____ Date _____

Applicant's Signature _____

(If submitting this application by e-mail, please print and sign a copy of the signature forms and mail to us or email a scanned copy.)

Rebecca Graham
Vladamira Stude 9,
Kaštel Novi,
CROATIA
21217

Phone: +385-(0)-21-234-899
E-Mail: dts@ywamcroatia.com



DTS Financial Policy Sheet

Each student is responsible for his/her own financial obligations.

Below is the price break down for the DTS. **If you are from an Eastern or Central European Country or from another less economically developed country, please contact us as we are hoping to have a scholarship fund. Please don't let the price stop you from applying.**

	<u>Cost</u>
Lecture Phase	€ 2,400
Outreach Phase	€ 1,400 - 2,000*¹
TOTAL COST	€ 3,800 – 4,400

*¹ The cost outreach will be determined by the location chosen for the outreach.

The above costs include housing, food, and all other costs associated with the school for the entire DTS. They do **not** include transportation to and from Croatia, personal health insurance, nor any personal expenses such as postage, visas, personal travel, snacks, etc.

One of the themes you will be challenged to learn and grow in throughout the DTS is trusting in God's provision. We believe that "where God guides, God provides." We have seen this happen over and over again for our DTS Students. While we can't guarantee the outcome or how God will specifically provide for you, our staff is committed to walk through the process with you offering encouragement, faith, prayer, and practical assistance. We invite you to take a step of faith and trust God to provide for your needs on this DTS. We encourage personal responsibility coupled with a radical trust in the Lord's provision and faithfulness. It's important to count the cost and do what we can do as we wait on God to do what only He can do.

Payments:

Lecture Phase: Before coming to the school, we expect you to have earned or raised the entire amount needed for the lecture phase of the DTS, unless otherwise approved by the School Director before your travel to Croatia. This amount must be paid on the first day of class.

Outreach Phase: We do not require that you have all of your money for the Outreach before coming to the DTS. We trust that God will continue providing during the school but it must be understood that the student is responsible for fulfilling his/her financial obligation.

Methods of Payment: The cost of the school is set in Euro (EUR). Payment for the lecture phase may be made in Euro cash or the equivalent in Croatian Kuna. We will email the methods of payment at a later date.

Bank Fees: Your bank and exchange bureaus may charge processing fees, which will be your responsibility to pay in **addition to** the DTS fees.

DTS - QUESTIONS & ANSWERS

The DTS is a 22-week program that includes three phases:

Lecture Phase:

The first phase will take place in Croatia. The primary mode of learning will be through classroom lectures, however students will have various learning experiences and ministry opportunities outside of the classroom to supplement the lectures. Teachers will include YWAM speakers plus a variety of international speakers from other ministries.

Outreach:

During this phase, the students will divide into smaller teams and leave Croatia for a 9-week outreach. YWAM staff will lead the outreach teams. Outreach locations might not be determined until the lecture phase has started. First-hand mission experience combined with relevant teaching will enable the student to put into practice the principles learned in the lecture phase.

Debriefing:

This phase takes place back in Croatia as the members of the outreach teams reunite for a final debriefing and graduation. Additional teaching will be given to help prepare the students for a successful re-entry back to their church and home context. Students will also be exposed to further opportunities for study and mission work within YWAM.

1. What topics will be covered in the school?

Lectures will cover many different topics. The curriculum falls into the following six categories: God's Nature and Character - God's Intention for Individuals, Peoples and Creation - God's Redemption: Sin & the Cross - God's Family: His Children & His Church - God's World: His Call & His Commission - and YWAM: A Response to God. Some of the possible topics within these categories are: Discipleship, The Word of God, Identity in Christ, The Character and Nature of God, The Cross, Spiritual Warfare, Prayer and Intercession, Relationships, Cross-Cultural Missions, Evangelism, Worldview, Worship, Destiny & Calling, and The Father Heart of God.

2. What will be included in the daily and weekly schedule?

The DTS week is typically very full and dynamic with a lot of variety. Activities will include lectures, intercession and worship times, work duties, individual and group learning activities, small group discussion, outreach ministry in the area, local church, special events in the area, and of course time to rest and recreate. As this DTS is using sailing as a tool during the lecture phase, we will be incorporating this in the weekly schedule with the possibility of gaining a certificate in sailing theory. The DTS schedule is designed around a 50-hour work/study week. Some evenings will be free while others will be scheduled.

3. Do I need to be able to speak Croatian?

You do not need to speak Croatian as the DTS will be taught in English. Lectures may be translated if necessary. We will help and encourage you to learn some basic words and phrases. This can go a long way and is very much appreciated by the locals.

4. What kind of housing will be provided?

Students will be living together in a community environment. This will mean rooming with other students in a dormitory setting with shared bathrooms. Couples and families will have their own rooms.

5. What about meals?

Good food is a high value for us! Though we are on a limited budget, we strive to prepare tasty, healthy, and good quality meals. Students will get to try various types of dishes and styles of cooking. Students are often involved in menu selection, shopping, and preparing meals as part of their work duties. The cost of meals is included in the school tuition.

6. Should married couples attend the DTS together?

Yes. Both husband and wife are expected to attend together. We are open to families with children and welcome you to apply!

7. Do I need a visa for Croatia?

Visitors from many foreign countries (including North America) are automatically allowed to stay in the Croatia for 90 days out of a 180 day period without any special visa. You should check to see what requirements or restrictions pertain to your particular nationality. You may contact us if you need help determining that. Croatia is not yet in the Schengen area but is planning to join some time in 2015. If they have joined by the time the DTS begins then the 90 rule will apply for the whole Schengen area, not just Croatia. Please read Below.

Important! We carefully plan the DTS dates in order to conform to the above mentioned requirements (i.e. Lecture phase and Debrief must not exceed 90 days). Therefore you may not be free to travel in Europe (specifically the Schengen Area) directly before or after the DTS. This will depend on the country of your passport and will also depend on how many of the 90 days will be “used up” for the DTS. Failure to comply with the legal visa regulations could have significant consequences including deportation from the Schengen Area and/or not being able to complete the DTS. Please contact us before making your travel plans if you are considering extra days in Europe before or after the DTS. *For more information about the Schengen Area you may visit:

http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/borders-and-visas/schengen/index_en.htm

8. How far in advance do I need to apply for my passport?

You will need a valid passport to enter Croatia and to go on Outreach. If you do not already have a passport valid for the dates of the DTS (plus an additional three months) you will need to apply for a new one. Begin the application process as soon as possible as it can take up to 10 weeks in some cases.

9. What about medical insurance?

It is required for the student to provide their own medical insurance valid throughout the duration the DTS. Insurance information must be written on the DTS application and students should bring a copy of their insurance card or confirmation of coverage when they come to the DTS. In the case that the student's insurance policy is not valid for the Outreach phase, short term coverage will be purchased and provided by YWAM at the student's additional expense. We can suggest information about obtaining short-term coverage upon your request.

10. What about my home church?

We believe that it is very important for the pastor and/or elders of your home church to know about your desire and intentions to attend the DTS. It is best if they are supportive of your plans. The spiritual covering that your church can provide is important, especially when you are away from home on a missions project. If you plan to come to the DTS and have not yet communicated your intentions to your pastor and/or elders, we urge you to consult with them soon. This might also be a good time to ask them to fill out the Pastor's reference form.

Unfortunately not all pastors or churches are supportive of those wishing to attend a DTS. It is still important that you respect their spiritual leadership and do all that you can to honor them. Your asking them to fill out the reference will hopefully communicate your respect and might cause them to be more open. If they are unwilling to fill out your reference form then consider another spiritual leader/elder in your life whom you might ask to provide the reference.

11. What if I am thinking of joining YWAM Croatia, or another part of YWAM after the DTS?

Many opportunities exist for those who would like to join YWAM as full-time members after completing their DTS. Completion of a DTS, however, does not ensure acceptance as YWAM staff. After the school the student must apply directly to the base to which he/she is interested in joining.



YWAM Croatia
Confidential Reference Form
FRIEND / CO-WORKER

Please return or email to:
Rebecca Graham
Vladamira Stude 9,
Kaštel Novi,
CROATIA
21217
E-Mail: dts@ywamcroatia.com
Phone: +385-(0)-21-234-899

NAME OF APPLICANT: _____

To the person filling out this form: The person named above has applied for participation in a Discipleship Training School (DTS) with Youth With A Mission (YWAM) Croatia. To help us better assess the applicant's readiness and ability to participate in this course we would greatly appreciate your thoughtful consideration to the questions below. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

How long have you known the applicant? From: _____ To: _____

What is your relationship with the applicant (teacher, friend, co-worker, etc.)? _____

How well do you know the applicant? _____ very well _____ well _____ casually

1. In what situations have you observed the applicant? (please check all that apply)

_____ at home _____ in a small group _____ in church relationships
_____ at work _____ in social activities _____ other (please explain)

2. Evaluation of applicant's overall characteristics. (please check one)

RESPONSIVENESS TO OTHERS

_____ slow to sense how others feel
_____ unusually sensitive and understanding
_____ reasonably responsive
_____ understanding and thoughtful

LEADERSHIP ABILITY

_____ strong ability to lead
_____ tries but lacks ability
_____ has some leadership promise
_____ makes no effort to lead

PHYSICAL CONDITION

_____ average health
_____ excellent health
_____ frequently ill

WILLINGNESS TO SERVE

_____ willing to serve
_____ reluctant to serve
_____ eager to serve as needed

INTELLIGENCE

_____ average mental ability
_____ excellent intellectual capacity
_____ learns and thinks slowly

TEAMWORK

_____ insists on having own way
_____ reasonably cooperative
_____ works well with others

RELATIONSHIPS

_____ sought out by others
_____ liked by others
_____ tolerated by others

ACHIEVEMENT

_____ meets average expectation
_____ starts but does not finish
_____ takes initiative

CHRISTIAN EXPERIENCE

_____ mild but genuine
_____ relatively superficial
_____ rich and growing
_____ over-emotional

ABILITY TO FOLLOW

_____ appropriately submissive
_____ follows blindly
_____ cooperative and supportive
_____ rebellious toward leadership

Comments:

3. How does the applicant **usually** react to trying situations? (please check one)

_____ withdraws _____ gets discouraged _____ gets angry
_____ meets constructively _____ accepts patiently _____ other (please explain)

Comments:

FRIEND / CO-WORKER REFERENCE FORM

4. Evaluation of applicant’s emotional maturity.

Due to the cultural context of the school, adjustments may have to be made as to diet, social custom, climate change, living arrangements, etc. Keeping in mind the challenge of these demands, please rate this applicant as to his/her emotional maturity and stability. (Please check one)

Outstandingly mature. Has proven his/her ability to operate under stress and pressure.

More mature and emotionally stable than average.

Possesses adequate emotional stability and maturity.

Doubtful. Experience has shown that the applicant might not be able to endure stress.

Comments:

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

Yes No Please comment on the applicant’s character:

6. Do you see potential in the applicant for future longer term Christian ministry? Please explain:

7. What are some of the applicant’s strengths? weaknesses?

8. Is there anything else you would like to share with us about the applicant that could be helpful for us to know?

9. Do you recommend this person to attend YWAM Discipleship Training School at this time?

Yes, unreservedly Yes, with hesitation No Please explain:

YOUR SIGNATURE _____ DATE _____

PLEASE PRINT YOUR NAME _____

YOUR STREET ADDRESS _____ CITY/STATE _____

POSTAL CODE / COUNTRY _____ E-MAIL _____

Your prompt handling of this form will speed the application process. Please return to:

Rebecca Graham
Vladamira Stude 9,
Kaštel Novi,
CROATIA, 21217

Phone: +385-(0)-21-234-899
E-Mail: dts@ywamcroatia.com



YWAM Croatia
Confidential Reference Form
PASTOR / ELDER

Please return or email to:
Rebecca Graham
Vladamira Stude 9,
Kaštel Novi,
CROATIA
21217
E-Mail: dts@ywamcroatia.com
Phone: +385-(0)-21-234-899

NAME OF APPLICANT: _____

To the person filling out this form: The person named above has applied for participation in a Discipleship Training School (DTS) with Youth With A Mission (YWAM) Croatia. To help us better assess the applicant's readiness and ability to participate in this course we would greatly appreciate your thoughtful consideration to the questions below. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

1. What is your position in the church? (pastor, elder, other) _____
2. How long has the applicant attended your church? _____
3. How long have you known the applicant? From: _____ To: _____
4. How well do you know the applicant? _____ very well _____ well _____ casually
5. Were you aware of the applicant's intention to participate in this training program prior to receiving this form?
_____ Yes _____ No Are you supportive of his/her intention? _____ Yes _____ No

Comments:

6. In what activities has the applicant participated since attending your church?
7. Has he/she shown faithfulness in these activities? _____ Yes _____ No

Comments:

8. In your association with the applicant, what has been the level of commitment you have seen exemplified?
_____ faithful _____ inconsistent _____ other

Comments:

9. Evaluation of applicant's overall characteristics. (please check one)

RESPONSIVENESS TO OTHERS

- _____ slow to sense how others feel
_____ unusually sensitive and understanding
_____ reasonably responsive
_____ understanding and thoughtful

PHYSICAL CONDITION

- _____ average health
_____ excellent health
_____ frequently ill

INTELLIGENCE

LEADERSHIP ABILITY

- _____ strong ability to lead
_____ tries but lacks ability
_____ has some leadership promise
_____ makes no effort to lead

WILLINGNESS TO SERVE

- _____ willing to serve
_____ reluctant to serve
_____ eager to serve as needed

TEAMWORK

average mental ability
 excellent intellectual capacity
 learns and thinks slowly

insists on having own way
 reasonably cooperative
 works well with others

RELATIONSHIPS

sought out by others
 liked by others
 tolerated by others

ACHIEVEMENT

meets average expectation
 starts but does not finish
 takes initiative

CHRISTIAN EXPERIENCE

mild but genuine
 relatively superficial
 rich and growing
 over-emotional

ABILITY TO FOLLOW

appropriately submissive
 follows blindly
 cooperative and supportive
 rebellious toward leadership

Comments:

10. Evaluation of applicant's emotional maturity.

Due to the urban and cultural context of the school, adjustments may have to be made as to diet, social custom, climate change, living arrangements, etc. Keeping in mind the challenge of these demands, please rate this applicant as to his/her emotional maturity and stability. (Please check one)

Outstandingly mature. Has proven his/her ability to operate under stress and pressure.

More mature and emotionally stable than average.

Possesses adequate emotional stability and maturity.

Doubtful. Experience has shown that the applicant might not be able to endure stress.

Comments:

11. How does the applicant **usually** react to trying situations? (please check one)

withdraws gets discouraged gets angry
 meets constructively accepts patiently other (please explain)

Comments:

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

Yes No Please comment on the applicant's character:

13. To your knowledge has the applicant been involved in drug or alcohol abuse, the occult, religious cults? If yes, please comment on what he/she has done to resolve the issue and find restoration.

14. Please comment on the family background and present family life of the applicant, if known.

15. Please check any of the following that you feel are motivating the applicant to be a student in this training program.

personal growth desire to spread the Gospel
 Christian service travel
 adventure desire to help others
 receive help or ministry for self receive teaching and discipleship
 get away from unpleasant situation at home share his/her Christian experience with others

Comments: _____ other

16. In your opinion, in which areas of ministry does the applicant seem gifted?

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> music | <input type="checkbox"/> preaching | <input type="checkbox"/> communication |
| <input type="checkbox"/> drama | <input type="checkbox"/> teaching | <input type="checkbox"/> secretarial work |
| <input type="checkbox"/> prayer | <input type="checkbox"/> discipleship | <input type="checkbox"/> carpentry |
| <input type="checkbox"/> pastoral | <input type="checkbox"/> counseling | <input type="checkbox"/> plumbing |
| <input type="checkbox"/> worship | <input type="checkbox"/> youth or children's work | <input type="checkbox"/> art |
| <input type="checkbox"/> evangelism | <input type="checkbox"/> administration | <input type="checkbox"/> other: |

Do you see potential in the applicant for future longer term Christian ministry? Please explain:

17. What are some of the applicant's strengths? weaknesses?

18. Is this person ready for Christian service? Yes No

If yes, please check the words that describe this applicant. (please choose as many as apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> clear calling | <input type="checkbox"/> well prepared | <input type="checkbox"/> well grounded in the faith |
|--|--|---|

Comments:

19. Do you recommend this person for admission to this training program?

- | | | |
|--|---|-----------------------------|
| <input type="checkbox"/> Yes, unreservedly | <input type="checkbox"/> Yes, with hesitation | <input type="checkbox"/> No |
|--|---|-----------------------------|

Comments:

20. As a pastor or elder, do you have any counsel which might aid us in working alongside the applicant?

21. Are there any more comments that you would like to add?

22. Would you like to receive more information about YWAM Croatia? Yes No

YOUR SIGNATURE _____ DATE _____

PLEASE PRINT YOUR NAME _____

YOUR STREET ADDRESS _____ CITY/STATE _____

POSTAL CODE / COUNTRY _____ E-MAIL _____

Your prompt handling of this form will speed the application process. Please return to:

Rebecca Graham	Phone: +385-(0)-21-234-899
Vladamira Stude 9,	E-Mail: dts@ywamcroatia.com
Kaštel Novi,	
CROATIA, 21217	