

# Youth With A Mission Thailand Ubon Ratchathani *Discipleship Training School Application*

Greetings from YWAM Ubon Ratchathani! Thank you for your interest in our DTS. We are excited that you are thinking of us for this school and will be happy to answer any questions you have. Email us at <u>encounterdtsubon@gmail.com</u>

## Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms. Children each have their own application.

□ Supplement Questions

We need each item to complete your application:

- □ Application Submitted (2 pages)
- □ Registration Fee
- □ Friend Reference
- Employer/Teacher Reference
- Pastor Reference
   Burial Statement

□ Medical Forms

🗆 Release Form

**Application:** Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

**Registration Fee:** Each applicant must pay a non-refundable registration fee of 1000 THB. Your application cannot be processed without it. Payments can be made via bank transfer or PayPal.

**Application Questions:** Please prayerfully answer the Applications Questions. This is your chance to recommend yourself to the DTS staff so you can make your answers as detailed as you like.

**Confidential References:** Three confidential references are enclosed. One reference should be given to each of the following: Pastor, Friend, Employer or Teacher. Please request that they fill it out and mail / email it directly to us.

**Medical Requirements:** The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of our staff due to living in such a close community together. Fill out the childhood immunization records as completely as possible. Any boosters should be received within the last five years.

Burial Statement: Please read and sign this form. If you are under 18, a parent/guardian must sign for you.

**Passport:** If you do not have a passport you must apply for one immediately. Each accompanying family member must have their own. You must have a passport that is still valid up to six months after the completion of the school. Each family member coming must have their own passport, including each child.

**IMPORTANT:** Completed International student applications should be submitted no later than 3 weeks prior to the start of the school. It is very important that the application is submitted, and the registration fee sent as soon as possible as this shows us how many people are interested in attending. Passport information may be emailed/mailed at a later date.

**VISA:** When accepted you will receive a special letter with which a formal application for a visa can be made at the Thailand Consulate or Embassy in your country. Full details will be given when accepted. Please DO NOT make any visa application without the acceptance letter and other visa documents.



**Please return this form to:** 25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand

## Tel: +66 (0) 88-369-0613 Email: encounterdtsubon@gmail.com

Important!

Attach recent photo here

(or email one to the Registrar)

I wish to attend the DTS beginning: /	Year
Name: Mr./Mrs./Miss / last name first name	/ / middle name prefer to be called
Present Address PO Box/Street	Permanent Address       Same as present       Different         PO Box/Street
Town City	Town City
State/Province Postal Code Country	State/Province     Postal Code   Country
Home Phone (include country code)	Home Phone (include country code)
Cell/Mobile (include country code)	Cell/Mobile (include country code)
Email	Email
<b>Emergency Contact</b> Same as present  Different Name	Home Church Name
Relationship	Pastor's Name
PO Box/Street	PO Box/Street
Town City	City State/Province
State/Province	Postal Code Country
Postal Code Country	Phone Number
Emergency Number	Church Email
Email	Length of Attendance
General Information         Age Country of Birth	Marital Status please circle one: Single Engaged Married Separated Divorced Widowed
City of Birth	Maiden Name
Date of Birth (DD/MM/YY) //	Spouse's Name
Country of Citizenship	Anniversary (DD/MM/YY) / /
Do you have a passport? $\Box$ Yes $\Box$ No $\Box$ In Process	Name of 1 <sup>st</sup> child
If yes, when does it expire (DD/MM/YY) / /	Birth date (DD/MM/YY) / /
	Name of 2 <sup>nd</sup> child
	Birth date (DD/MM/YY) / /

## Educational History:

Secondary/High Sch	ool or equivalent, from	which you gradu	ated/will grad	duate:
Name:		Locati	on	
Date of Graduation (	DD/MM/YY)	/	_/	□ I did not complete high school.
College / University	/ Vocational School / Se	eminary Attended	1:	
Name	Location		From	То
Name	Location		From	То
Occupational Skills	:			
Musical Ability or T	alents:			
Miscellaneous Info	ormation:			
How did you hear ab	out YWAM Ubon Ratcha	thani base?		
What reasons most i	nfluenced your decision	n to apply for the	DTS in Ubon	base?
Do you plan to pursu	e a University of the Na	itions degree?		
Financial Support				
Do you have your co	mplete school fees?	Yes 🗆 No / Wor	king on it.	
If no, how much do y	ou have at this time?		in Thai	Baht
If no, how do you pla	n to pay for your schoo	ling?		
Do you have any out	standing debt? (please e	explain)		
Please read then sigr	and date below in all 3	sections:		
of the school, all perso accepted in to the YW		ring my involvemen ill abide by the spiri	nt with the You it, rules and sch	t in a timely manner, prior to the completion th With A Mission training program. If I am edule of the school. e
	e Youth With A Mission, Inc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		sistants from any liability whatsoever arising g the course of involvement with Youth With
App	licant's Signature		Dat	e
Signature of Parent o	r Guardian if the applicant	t is under 18 years o	of age.	
Parent/Guar	dian	Date	Relati	onship
Consent for Treat				
	. I/we hereby agree to the hysician may deem necessa		ich treatment, i	including anaesthesia and surgery, that the
	licant's Signature	-	Dat	е
	r Guardian if the applicant			
Parent/Guar	dian	Date	Relati	onship



Application Question

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand **Tel: +66 (0) 88-369-0613 Email: encounterdtsubon@gmail.com** 

## Discipleship Training School Application Questions

Instructions: In order for us to get to know your better; please prayerfully answer the following questions in as much details as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on paper with the rest of your documents.

## PERSONAL HISTORY

- How long have you been a Christian? Please describe your Christian experience in 3 stages. 1) Pre-Conversion
   2) Conversion 3) Present relationship with God.
- 2. Describe your childhood and growing up years.
- 3. What kind of relationship do you have with your parents?
- 4. Are your immediate family members Christian?
- 5. Does your family understand your desire to participate in DTS? Are they supportive of your desire?
- 6. Have you ever engaged in drug or alcohol abuse, or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco)
- 7. Do you have any physical disabilities that we should be aware of?
- 8. Have you or do you currently suffer from any mental illness? i.e. learning disability, eating disorder or depression? If yes, please describe.
- 9. Are you presently taking any medication or under a physician's treatment?
- 10. Are you presently seeing a professional counsellor for any issues? Do you have a need for professional counselling at this time? If yes, for what issues?
- 11. Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
- 12. Do you have any special dietary needs? i.e. vegetarian, food allergies.
- 13. If you are married and/or have children, please list these family members with their full name, date of birth, and gender. Do they have any disabilities that we should be aware of?
- 14. Describe your serving gifts.
- 15. Please list your ministry and spiritual gifts and provide examples of how they have been used.
- 16. Please list areas of weakness, temptation and personal struggles both past and present.
- 17. Do you prefer to work with a team or as an individual? Please explain.
- 18. What is your short and long-term calling?
- 19. What is your purpose for attending the DTS? What areas of your character are you presently seeking God to further develop and improve?
- 20. Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your involvement in mission work?
- 21. Are there any other factors in your current situation that you would like to share with us or that we should be aware of?

## MISSIONS

- 1. Have your ever served cross culturally before? Where, how and when?
- Do you feel you have a call to missions? What is your specific commitment to missions short or long-term? Do you feel that you have a calling to another nation or culture?
- 3. Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small rooms for families?
- 4. Do you have any difficult situations to deal with in regard to attending the DTS? How can we pray for you?
- 5. If you were not accepted as part of this school, what would you do? (next step or alternatives)



YWAM UBON RATCHATHANI

## Confidential Reference Friend

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand **Tel: +66 (0) 88-369-0613** email: encounterdtsubon@gmail.com

To the applicant:	To the Friend filling out this form:
Name	Name
School you are applying for	Address
Address	
	Phone
I, the above named applicant, WAIVE any right to have or	Email
obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.	Signature
Signature	

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Ubon Ratchathani. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centres in over 800 locations in over 135 countries. Its purposes include training, challenging and channelling Christians to fulfil Christ's command: "Go therefore, and make disciples of all nations."

YWAM Ubon Ratchathani Base is a training base from which workers are sent out into the entire world.

It is important to us, as we evaluate our applicant, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this for is appreciated.

### Thank you!

### Relationship to the applicant

2. How long have you known the applicant? \_\_\_\_\_

4. Does the applicant know Jesus as their personal Lord & Savior and display Christ in everyday living? How?

5. Is the applicant a reliable friend? \_\_\_\_\_\_

6. Comment briefly on how the applicant responds to conflict in relationships \_\_\_\_\_

7. In the applicant's relationships, do they tend to lead or follow?

### **Character Evaluation**

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	<b>Below Average</b>	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Response to authority						
Health						

#### **Emotional Maturity**

Self-confidence				
Self-esteem				
Ability to deal with stress				
Accurate view of personal				
strengths & weaknesses				
Ability to deal with				
interpersonal problems				
Overall emotional maturity				

### **Spiritual Maturity**

Knowledge of Bible				
Consistency of Christian walk				
Able so share Christ with others				
Concern for others				
Assurance of God's calling				
Respects convictions of others				
Overall spiritual maturity				

#### **Leadership Potential**

Initiative				
Willingness to serve				
Decision making ability				
Organizational skill				
Ability to follow				
Ability to motivate others				

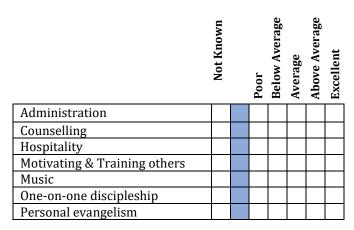
Social Adaptability	Not Known	Poor	<b>Below Average</b>	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

## Have you noticed these tendencies?

these tendencies?				
Critical				
Argumentative				
Domineering manner				
Procrastination				
Impracticality				
Irritability				
Anxiety / worry				
Moody				
Dependent relationships				
Homosexual relationships				
Eating disorders				
Drug abuse				
Close-minded				
Emotional instability				
Flirting				
Sexual immorality				
Easily embarrassed				
Easily discouraged				
Prejudice				
Impatience				
Gives in to peer pressure				
Arrogant				
Frequent exaggeration				
Lack of humor				
Infatuations				
Dishonest or questionable				
character				
Involvement with the occult				

## **Applicant's Giftings**

Please check the appropriate space for each gifting to your knowledge of the applicant. If you have not ovserved this trait, check "not known".



	Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration						
Counselling						
Hospitality						
Motivating & Training others						
Music						
One-on-one discipleship						
Personal evangelism						

#### Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". Extra space is available on the back for further comments.

- 1. How does the applicant respond to designated authority and standards?
- 2. Can the applicant take responsibility and demonstrate leadership? Give examples.
- 3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.
- 4. Please comment on the applicant's ability to establish close, healthy relationships with others.
- 5. How does the applicant deal with relationship with opposite sex? \_\_\_\_\_\_
- 6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_
- 7. Do you have any reservation concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_
- 8. Have you noticed alcohol or tobacco use? \_\_\_\_\_
- 9. Has the applicant ever been arrested? \_\_\_\_\_\_

10.	Please comment on the applicant's family background
11.	Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness.
12.	Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and
	comment if needed)
	UnsuitedAverage prospect
	At this time, he/she is unsuited Great prospect
	Good prospect, but I have reservations
Add	litional Comments
	I declare that the contents of this confidential reference form are correct to the best of my knowledge.
Na	ame :
Si	gnature : Date :



YWAM UBON RATCHATHAN

## Confidential Reference Pastor

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand **Tel: +66 (0) 88-369-0613** email: encounterdtsubon@gmail.com

To the applicant:	To the Pastor filling out this form:
Name	Name
School you are applying for	Address
Address	
	Phone
I, the above named applicant, WAIVE any right to have or	Email
obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.	Signature
Signature	

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Ubon Ratchathani. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centres in over 800 locations in over 135 countries. Its purposes include training, challenging and channelling Christians to fulfil Christ's command: "Go therefore, and make disciples of all nations." YWAM Ubon Ratchathani Base is a training base from which workers are sent out into the entire world.

It is important to us, as we evaluate our applicant, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this for is appreciated. Thank you!

### Relationship to the applicant

1.	My relationship to the applicant is:	🗆 Sr. Pastor	Youth Pastor	🗆 Small Group Leader	🗆 Mentor
<b>-</b> ·	ing relationship to the applicant ist			- oman aroup Beauer	

2. How long has the applicant attended your church? \_\_\_\_\_

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

	— <b>T</b> • · · ·	
🗆 Faithful	🗆 Inconsistent	🗆 Other

4. Did you know prior to receiving this form of the applicant's intention to attend this program?  $\Box$  Yes  $\Box$  No

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How?

6. Do you believe that the applicant has a call to missions at this time? \_\_\_\_\_\_

7. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain.

8. In what areas of ministry has the applicant participated at your church?

### **Character Evaluation**

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	<b>Below Average</b>	Average	Above Average	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Response to authority						
Health						

#### **Emotional Maturity**

Self-confidence				
Self-esteem				
Ability to deal with stress				
Accurate view of personal				
strengths & weaknesses				
Ability to deal with				
interpersonal problems				
Overall emotional maturity				

### **Spiritual Maturity**

Knowledge of Bible				
Consistency of Christian walk				
Able so share Christ with others				
Concern for others				
Assurance of God's calling				
Respects convictions of others				
Overall spiritual maturity				

#### **Leadership Potential**

Initiative				
Willingness to serve				
Decision making ability				
Organizational skill				
Ability to follow				
Ability to motivate others				

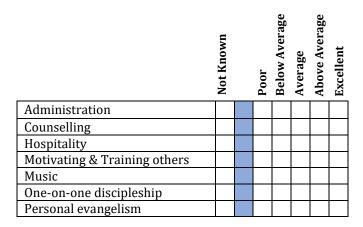
Social Adaptability	Not Known	Poor	<b>Below Average</b>	Average	Above Average	Excellent
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

## Have you noticed these tendencies?

these tendencies?				
Critical				
Argumentative				
Domineering manner				
Procrastination				
Impracticality				
Irritability				
Anxiety / worry				
Moody				
Dependent relationships				
Homosexual relationships				
Eating disorders				
Drug abuse				
Close-minded				
Emotional instability				
Flirting				
Sexual immorality				
Easily embarrassed				
Easily discouraged				
Prejudice				
Impatience				
Gives in to peer pressure				
Arrogant				
Frequent exaggeration				
Lack of humor				
Infatuations				
Dishonest or questionable				
character				
Involvement with the occult				

## **Applicant's Giftings**

Please check the appropriate space for each gifting to your knowledge of the applicant. If you have not ovserved this trait, check "not known".



	Not Known	Poor	Below Average	Average	Above Average	Excellent
Prayer						
Speaking / Teaching						
Working with adults						
Working with teens						
Working with children						
Worship						
Serving						

#### Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". Extra space is available on the back for further comments.

- 1. How does the applicant respond to designated authority and standards?
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3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

- 4. Please comment on the applicant's ability to establish close, healthy relationships with others.
- 5. How does the applicant deal with relationship with opposite sex?
- 6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_
- 7. Do you have any reservation concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_
- 8. Have you noticed alcohol or tobacco use? \_\_\_\_\_
- 9. Has the applicant ever been arrested? \_\_\_\_\_\_

10.	Please comment on the applicant's family background.
11.	Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness.
12.	Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and comment if needed)
	Unsuited Average prospect
	At this time, he/she is unsuited Great prospect
	Good prospect, but I have reservations
Add	litional Comments
	I declare that the contents of this confidential reference form are correct to the best of my knowledge.
Na	ame :
Si	gnature : Date :



## Confidential Reference

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand

Employer / Teacher

Tel: +66 (0) 88-369-0613 email: encounterdtsubon@gmail.com

### YWAM UBON RATCHATHANI

To the applicant:	To the employer/teacher filling out this form:
Name	Name
School you are applying for	Address
Address	
	Phone
I, the above named applicant, WAIVE any right to have or	Email
obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.	Signature
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### Thank you!

### Relationship to the applicant

1	My relationship to the applicant is:	🗆 Employer	Supervisor	🗆 Teacher	□ Mentor
1.	My relationship to the applicant is.				

2. How long has the applicant been your employee/student? \_\_\_\_\_\_

- 3. List any responsibilities the applicant had in your workplace/classroom?
- 4. Has the applicant been an asset to your business/class? (If no, please explain) \_\_\_\_\_\_

5. Is the applicant diligent in completing tasks given to him/her? (If no, please explain) \_\_\_\_\_\_

### **Character Evaluation**

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

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Response to authority						
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Consistency of Christian walk				
Able so share Christ with others				
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Overall spiritual maturity				

#### **Leadership Potential**

Initiative				
Willingness to serve				
Decision making ability				
Organizational skill				
Ability to follow				
Ability to motivate others				

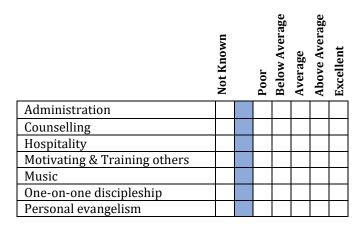
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Irritability				
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Eating disorders				
Drug abuse				
Close-minded				
Emotional instability				
Flirting				
Sexual immorality				
Easily embarrassed				
Easily discouraged				
Prejudice				
Impatience				
Gives in to peer pressure				
Arrogant				
Frequent exaggeration				
Lack of humor				
Infatuations				
Dishonest or questionable				
character				
Involvement with the occult				

## **Applicant's Giftings**

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	Not Known	Poor	Below Average	Average	Above Average	Excellent
Prayer						
Speaking / Teaching						
Working with adults						
Working with teens						
Working with children						
Worship						
Serving						

#### Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". Extra space is available on the back for further comments.

- 13. How does the applicant respond to designated authority and standards?
- 14. Can the applicant take responsibility and demonstrate leadership? Give examples.

15. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

16. Please comment on the applicant's ability to establish close, healthy relationships with others.

17. How does the applicant deal with relationship with opposite sex? \_\_\_\_\_\_

18. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_

19. Do you have any reservation concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_

20. Have you noticed alcohol or tobacco use? \_\_\_\_\_

21. Has the applicant ever been arrested? \_\_\_\_\_\_

22.	Please comment on the applicant's family background.
23.	Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness.
24.	Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and
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	Unsuited Average prospect
	At this time, he/she is unsuited Great prospect
	Good prospect, but I have reservations
Add	litional Comments
	I declare that the contents of this confidential reference form are correct to the best of my knowledge.
Na	ame :
Si	gnature : Date :



## Confidential Reference

**Health Form** 

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand

Tel: +66 (0) 88-369-0613 email: encounterdtsubon@gmail.com

#### YWAM UBON RATCHATHANI

To the Applicant: This information is treated as confidential

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

Name:		Date of Birth		/	_/
(last)	(first)		DD	ММ	YY
Permanent Address		Emergency Cont	act		
PO Box/Street		Name		_ Relationship	
Town City		PO Box/Street			
State/Province		Town		_ City	
Postal Code Country		State/Province			
Phone		Postal Code		_ Country	
Signature		Emergency Numb	er		

### **Physical Examination**

Height		Allergies	
Weight			
Over/Underweight		Have you ever had an	y of the following:
Blood Pressure		Chicken Pox	□ Yes □ No
Pulse		Measles (Rubella)	□ Yes □ No
Heart		Measles (Rubeola)	□ Yes □ No
Lungo		Mumps	□ Yes □ No
Lungs		Pertussis	□ Yes □ No
Abdomen		Scarlet Fever	□ Yes □ No
Neurological		Tuberculosis	□ Yes □ No
Skeletal System		If you answered YES	to any of the questions, please
Lymph Nodes		explain:	
Eyes			
Ears			
Skin			
Hearing			
Blood type	RH Factor		

I have specific need for counselling in the following area(s):	
1 0 0 0	

Are you taking any medication at this time? 🛛 Yes 🗆 No 🛛 If yes, please specify \_\_\_\_\_\_

## □ I have been vaccinated for the following:

□ Cholera □ Typhoid □ Yellow Fever

## □ I am choosing NOT to receive the recommended immunizations/injections

Childhood Record of Immunizations: Basic			Adult Immunizations: Booster			
	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Measles						
Mumps						

Date of the last DT (Diphtheria / Tetanus) booster: Day _	Month	Year
(Must be within the last 5 years)		

Physician's Recommendation (check one)		
Acceptable without limitations.		
Acceptable with limitations. (specify)		
Should remain in areas where adequate medical care is provided (specify)		
Not acceptable.		
Physician's Name:		
Address:		
Phone: Date:		
Physician's Signature:		



## Statement of Burial/Mediation

## Please return this form to:

25/3, Soi Chayangkun 10, Naimuang Muang Ubon Ratchathani 34000, Thailand **Tel: +66 (0) 88-369-0613** email: encounterdtsubon@gmail.com

### **Burial Statement**

We are Youth With A Mission of Ubon Ratchathani Base, encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study of service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With A Mission of Ubon Ratchathani Base does everything possible to protect staff and students while living at the Ubon Ratchathani base and while on outreach, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Youth With A Mission, Ubon Ratchathani Base cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike). If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while with Youth With A Mission, Ubon Ratchathani Base (in the country that the death and burial occurs) are the responsibility of the deceased's family.

Note: It is the responsibility of every individual or family (staff, student or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not Youth With A Mission of Ubon Ratchathani Base.

I agree that in case of my death, while in conjunction with Youth With A Mission of Ubon Ratchathani Base, that they may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With A Mission of Ubon Ratchathani Base, its staff and associates, from any responsibility for burial costs.

Applicant's Name:		
Signature:	_ Date:	
Chidren's Name(s):		
If applicant is under 18 years of age, the signature of a parent or responsibility party is required:		
Name:	Relationship:	
Signature:	_ Date:	