



# DTSEQUIP

TO EQUIP & EMPOWER DTS LEADERS & STAFF



Youth With A Mission  
Lakeside, Montana

Greetings from YWAM Lakeside, Montana! Thank you for your interest in DTS Equip. We are excited that you are thinking of us for this program and will be happy to answer any questions you have.

## Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the DTS Equip 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.**

### We need each item to complete your application:

- |  |  |
|--|--|
| <input type="checkbox"/> Application (first 2 pages) | <input type="checkbox"/> Medical Forms (including a TB test result)              |
| <input type="checkbox"/> \$35 Application Fee        | <input type="checkbox"/> Burial Statement  |
| <input type="checkbox"/> Application Questions       | <input type="checkbox"/> English Language Forms (International Applicants Only*) |
| <input type="checkbox"/> YWAM Leader Reference       | <input type="checkbox"/> \$200 SEVIS Fee (International Applicants Only**)       |

**Application:** Please fill this out completely and sign the application form. These pages will start your file.

**Registration Fee:** Each applicant must pay a non-refundable \$35 USD registration fee (\$50 per married couple). Your application cannot be processed without it. Please make checks/money orders (U.S. Dollars only) payable to 'YWAM' including a note saying who it is for.

**Application Questions:** Please prayerfully answer the application questions in the space provided.

**YWAM Leader Reference:** One confidential reference is enclosed which should be given to your YWAM leader. Please request that they fill it out and mail it directly to the Registrar. You may want to give them a stamped envelope with our address on it.

**Medical Forms:** The confidential health form must be completed by you and turned in. Fill out the childhood immunization records as completely as possible. **Any boosters should be received within the last five years.** A TB test is required of every student and family member coming to study here. This is for your safety and the safety of our staff due to living in such a close community together. **Documentation must clearly indicate the TB test was performed and the results.**

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

**\*English Language Forms:** If your first language is *not* English, we require these forms to complete your application. One is for you, and one is for your evaluator. You must return both before your application can be processed. These are available from the Registrar.

**\*\*\$200 SEVIS Fee:** A student visa is required for ALL international applicants. The visa application costs \$200 which is paid straight to the U.S. Visa Department, through us. We are registered to apply for the M-1 student visa and the documents we send to you after this fee is paid and your details given, are critical for your visa to be granted at your country's U.S Consulate/Embassy.

**Passport:** (only needed if you are an **international student** or **if you plan on traveling outside of the US during DTS Equip**). If you do not have a passport you must apply for one **immediately**. Each accompanying family member must have their own. Please include a copy of the identification page. If you are in the process of obtaining a passport, please send the copy of the identification page as soon as you receive your passport.

*If you require another copy of any of the forms please email the Registrar*

**IMPORTANT:** Applications for US citizens should be completed no later than 2 weeks prior to the start of the school. For non-US citizens, applications should be received 3 months prior to the start of the school (Canadians at least 1 month/ Africans at least 6 months). It is very important that at least the first page of the application and the registration fee be sent in as soon as possible, as this enables us to know how many people are interested in attending.

**INTERNATIONAL STUDENTS:** If you do not have it please ask for a copy of our 'International Student Application Process' document which includes special information pertaining to your application.

**Visas:** When accepted you will receive a special letter with which a formal application for an M-1 visa can be made at the US 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. You must have a passport that is still valid up to six months after the completion of the school.



**Youth With A Mission  
Lakeside, Montana Campus  
DTS Equip Application**

Please return this form to:  
YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818  
Phone: 1-406-844-2657  
Toll free within USA: 1-800-659-6815  
Email: registrar@ywammontana.org

**Important!  
Attach Recent  
Photo Here**  
(or email one to the Registrar)

I wish to attend DTS Equip beginning in June: \_\_\_\_\_  
year

Registration Fee enclosed:  Yes  No  
\$35 per adult or \$50 per married couple

Name:

Mr./Mrs./Miss \_\_\_\_\_  
last name first name middle name prefer to be called

**Present Address**

PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone (include country code) \_\_\_\_\_  
Cell /Mobile (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Permanent Address**

Same as present  Different:

PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone (include country code) \_\_\_\_\_  
Cell /Mobile (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency Contact**

Same as present  Different:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
Town \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Emergency Number (include country code) \_\_\_\_\_  
Email \_\_\_\_\_

**Home Church**

Name \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
PO Box/Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Church Email \_\_\_\_\_  
Length of Attendance \_\_\_\_\_

**General Information**

Age \_\_\_\_\_ Country of Birth \_\_\_\_\_  
City of Birth \_\_\_\_\_  
Date of Birth (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Do you have a passport?  Yes  No  In process  
If yes, when does it expire? (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full name and birth date as it appears on your passport:  
\_\_\_\_\_  
\_\_\_\_\_

**Marital Status** Please circle one:

Single Engaged Married Separated Divorced Widowed

Maiden Name \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Anniversary (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Number of children accompanying you \_\_\_\_\_  
Name of 1st child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process  
Name of 2nd child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process  
Name of 3rd child \_\_\_\_\_  
Birth date (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Passport?  Yes  No  In Process

**Educational History:**

Secondary/High School or equivalent, from which you graduated/will graduate:

Name \_\_\_\_\_ Location \_\_\_\_\_

Date of Graduation (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  I did not complete high school.

**College/University/Vocational School/Seminary Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**Occupational Skills:** \_\_\_\_\_

**Musical Ability or other Talents:** \_\_\_\_\_

**Financial Support:**

Do you have your complete tuition fees?  Yes  No/working on it. If yes, from where? \_\_\_\_\_

If no, how much do you have at this time? \$ \_\_\_\_\_ in U.S. Dollars

If no, how do you plan to pay? \_\_\_\_\_

Do you have any outstanding debt? (please explain) \_\_\_\_\_

*\*\*Please keep in mind that complete school fees for the lecture phase are due the first day of class.*

**Please read then sign and date below in all 3 sections:**

*I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Lakeside, Montana. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, rules and schedule of the school.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**

*I/we do hereby release Youth With A Mission, Inc. it's staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent for Treatment**

*In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_



**Youth With A Mission  
Lakeside, Montana  
Campus**

[www.ywammontana.org](http://www.ywammontana.org)

## **Application Questions**

Please return this form to:

YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818

Phone: 1-406-844-2657

Toll free within USA: 1-800-659-6815

Email: [registrar@ywammontana.org](mailto:registrar@ywammontana.org)

### **DTS Equip Application Questions**

*Please prayerfully answer these questions in the space provided*

1. When and where did you do your DTS?
2. Have you staffed a DTS before? How many?
3. Have you lead (school leader) a DTS before? How many?
4. What do you consider are your primary Spiritual Gifting(s)?
5. Please explain you Ministry/Vocational Calling (passions etc.)
6. Please describe your reason for attending DTS Equip? Do you have any specific goals for your training (e.g. about to staff a DTS, soon leading or pioneering a DTS, etcetera.)
7. How do you feel God is leading you in the future? (5 years out)

## **DTS Equip Application Questions *CONTINUED*...**

8. What other experience do you have in YWAM? (student, staff or otherwise)

9. What have you been doing over the last year?

10. Are you currently serving a commitment to a YWAM base or program? If yes, for how long?

# YWAM DTS or Base Leader Confidential Reference Form



Please return to: YWAM Registrar  
501 Blacktail Rd  
Lakeside, MT 59922  
U.S.A.

Email: registrar@ywammontana.org

## Applicant

Applicant Name: \_\_\_\_\_ DTS Equip applying for: \_\_\_\_\_  
Last First Middle year

### PLEASE READ:

The above applicant has applied to attend the DTS Staff and Leader training program called "DTS Equip", at YWAM's campus in Lakeside Montana. Please take the time to prayerfully and thoughtfully complete this reference form. This program is not a "second-round DTS". It is specifically for training key individuals working within DTS, or those called to discipling others and further leadership. Thank you for your role in the applicant's life already. Together we can equip and champion them for even greater influence.

An online survey for leaders exists on our website. Please consider taking 5 minutes and completing this for us. Your input is valuable and can help us form this training initiative. (Go to [www.ywammontana.org](http://www.ywammontana.org), look for "DTS Equip", "Leaders survey".)

**Important for department or base leaders...!** We have no intention of recruiting your staff away from your base/program. DTS Equip is a training resource program, not a recruiting tool for YWAM Montana. Should a participant enquire about staffing possibilities with us, we will always direct them back to their current commitment and leader for any initial conversation.

## YWAM DTS or Base Leader Information

1. My relationship to the applicant is:  YWAM DTS Leader  YWAM Base Leader

2. How long have you known the applicant? \_\_\_\_\_ (months/years)

3. During what time(s) was the applicant under your leadership? From \_\_\_\_\_ to \_\_\_\_\_

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

Faithful  Inconsistent  Other \_\_\_\_\_

5. Does the applicant respond well to authority?  Yes  No If no, please explain:

6. In your opinion, in which of the following areas of ministry is the applicant gifted?

<input type="checkbox"/> Communication	<input type="checkbox"/> Preaching	<input type="checkbox"/> Music	<input type="checkbox"/> Art
<input type="checkbox"/> Administrations	<input type="checkbox"/> one-on-one	<input type="checkbox"/> Prayer	<input type="checkbox"/> Teaching
<input type="checkbox"/> Ability to follow	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Worship	<input type="checkbox"/> Encourager
<input type="checkbox"/> Discipleship	<input type="checkbox"/> Counseling	<input type="checkbox"/> Pastoring	<input type="checkbox"/> Evangelism
<input type="checkbox"/> Youth Work	<input type="checkbox"/> Servant heart	<input type="checkbox"/> Children's work	<input type="checkbox"/> other _____

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

Yes  No If yes, please explain: \_\_\_\_\_

8. Please give any relevant information concerning home conditions or family background of the applicant:

9. In your opinion, would this person be a good discipler of others?  Yes  No Any comments:

9. Would you enjoy having this person work with you?  Yes  No Reasons: \_\_\_\_\_

10. Have you any knowledge that they have been reported to authorities for child abuse?  Yes  No

11. Please rate the following character qualities of the applicant:

	Excellent	Good	Fair	Poor	Comments
Personal Motivation					
Self-discipline					
Self-image					
Teamwork					
Seeks to serve					
Liked by others					
Tactfulness					
Creativity					
Workmanship					
Physical condition					
Personal appearance					
Planning & goal setting					
Communication skills					
Dependability					
Stability					
Faithfulness					
Responsibility					
Enthusiasm					
Judgment & common sense					
Adaptability & Flexibility					
Teachable					
Ability to follow orders					
Wisdom with money					
Industry & achievement					
Personal devotions					
Church attendance					
Perseverance					
Orderliness & tidiness					

12. Do you recommend this person for acceptance to DTS Equip at Youth With A Mission, Montana?  
 Wholeheartedly  With some reservation  With hesitation  Not at all

Reason: \_\_\_\_\_

13. Any further comments? \_\_\_\_\_

**Signature**

*"I declare that the contents of this confidential reference are correct to the best of my knowledge"*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Day Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Youth With A Mission  
Lakeside, Montana  
Campus**

**Confidential Health Form**

Please return this form to:  
YWAM Registrar  
501 Blacktail Road  
Lakeside, MT 59922  
USA

Fax: 1-406-844-2818  
Phone: 1-406-844-2657  
Toll free within USA: 1-800-659-6815  
Email: registrar@ywammontana.org

**This information is treated as confidential.**

Please print or type answers to ALL questions. Certain medical conditions may preclude acceptance. Less inclusive medicals done for other YWAM bases are not acceptable.

DTS Equip applying for: \_\_\_\_\_  
(year)

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(last) (first) (middle initial) MM DD YY

**Permanent Address**

P.O. Box/Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

**Personal History**

Please answer all questions as fully as possible. Comment on all positive answers in the space below, or on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

Have you ever had, or do you now have, any of the following:

Have you ever had any of the following communicable diseases?

Females Only:

	NO	YES
Skin condition		
Eye trouble		
Ear trouble		
Head injury		
Recurrent headaches		
Epilepsy		
Fainting spells		
Mental/Nervous disorders		
Weakness		
Paralysis		
Insomnia		
Shortness of breath		
Hay fever		
Asthma		
Hepatitis		
Recurrent diarrhea		
Kidney disease		
Venereal disease		
High blood pressure		

	NO	YES
Low blood pressure		
Allergy: Bee stings*		
Allergy: Penicillin		
Allergy: Sulfonamides		
Allergy: Serum		
Allergy: Food (specify)		
Tumor/Cancer		
Heart trouble		
Rheumatism/Arthritis		
Back problems		
Dislocation of joints		
Broken bones		
Stomach/Duodenal ulcer		
Gall Bladder problems		
Jaundice		
Intestinal troubles		
Diabetes		
Anemia		

	NO	YES
Chicken Pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Other (specify)		

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

If you answered yes to any of the questions, please briefly explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s): \_\_\_\_\_

Have you been tested for HIV?  Yes  No If yes, what was the result?  Negative  Positive

Male / Female \_\_\_\_\_ Height \_\_\_\_\_ (ft/inches) Weight \_\_\_\_\_ Underweight / Overweight? \_\_\_\_\_ By how much? \_\_\_\_\_

**Surgeries Performed**

Date (month/yr)	Type of surgery	Outcome & long-term effects

**X-Rays Performed**

Date (month/yr)	Type of X-ray	Result

Are you presently under a doctor’s care for any condition?  No  Yes If yes, please specify \_\_\_\_\_

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

Do you now have, or have you ever received, any compensation for disability from any sources?  No  Yes  
If yes, please specify: \_\_\_\_\_

**Tuberculosis Control**

*Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.*

	Date	Result	Examination Facility
Skin Test*			
Chest X-ray			

*\*If your skin test is positive, you MUST have a chest X-ray.*

**Family History**

Have any of your relatives ever had any of the following:

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			

*Please arrange to bring all necessary long-term medications with you.*



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## Statement of Burial/Mediation

### Burial Statement

We at Youth With a Mission of Montana, Inc., 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 or 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 Montana, Inc. does everything possible to protect staff and students while on the field, 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, Montana, Inc. 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 on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

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

I agree that in case of my death while on outreach in conjunction with Youth With a Mission of Montana, Inc., 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 Montana, Inc., its staff and associates, from any responsibility for burial costs.

Applicant's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children's Name(s) (print): \_\_\_\_\_

*If applicant is under 18 years of age, the signature of a parent or responsible party is required:*

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_