

YWAM MOMBASA DTS APPLICATION CHECKLIST

PO Box 96063, 80110 Likoni, Mombasa, Kenya.
Phone + 254 (0)702332190 (during office hours)

Email ywammombasa@gmail.com
Web site: www.ywammombasa.org

Thank you for applying to Youth With A Mission Mombasa – we are excited about what we can achieve together for Gods glory and the extension of His kingdom! Youth With A Mission is an international, interdenominational Christian missionary movement staffed by volunteers, brought together by the same goal and vision to present the gospel of the Kingdom of God, revealing Jesus to all nations through evangelism, training and mercy ministries.

If a question does not apply to you, write N/A after the question, please don't just leave a blank. Please feel free (if posting/ mailing) to write on separate sheets if your answers don't fit on the form – how you became a Christian will be an example of this. Some parts of the form can be e mailed back to us but some items **MUST** be mailed/posted to us or scanned and e mailed back. Don't forget that for the sections that require a signature, the signature must be present please don't just type in the name. If you are e mailing your forms to us you must arrange to send the non refundable application fee. Thank you

1. **DTS Application Form.** All dates should be written in the international format: day, month, year (i.e. 19th April 2008). The question about your salvation experience (how you came to be born again) in the Christian Experience section is very important – **your application will not be considered if you have not filled this in.** Please use extra sheets of paper for this question if you are posting the form back to us.
2. **Health form.** You are required to fill in the health forms. Form B must be filled in by a licensed Physician or Doctor – you may just fill in and e mail form A back to us but form B must either be posted/mailed or you can scan the form and e mail it back to us
3. **Reference forms.** After you have written your name at the top of the reference forms give one to someone in the church who knows you well - your Pastor, Youth Leader, Home Group Leader are examples. The second one should be given to a friend work colleague or relative (not parents or siblings) who knows your character and calling well. Ask the people you have chosen to complete their reference form and mail/post/e mail it back directly to YWAM Mombasa, the address is at the top of the page.
4. **Letter to cover school fee payment for all non Kenyan applicants** – When applying for the pupils pass we need a short letter from you saying that when you attend the school you will have the funds to cover the cost of your course. A form is attached for you to fill in and sign.

If you are e mailing back your application – please include:-

- DTS Application form - may be filled in and e mailed back to us
- Sections to scan and return - Medical form (Part B) with doctors signature/stamp, the release of liability form with your signature (not typed in name), letter of confirmation of school fee payment
- Reference forms – e mailed/posted to us by the referees
- Scanned copy of your birth certificate, a current photo of yourself (passport style), copy of your passport (if applicable), copy of your ID (for Kenyan students) - e mailed to us at the office@ywammombasa.org
- It is helpful to bring a copy of your passport and some colour photos with you if you are accepted

If you are posting/ mailing your application back to us - please include:-

- DTS application form including the release of liability form, health forms with part B being filled in by a licensed Physician or Doctor and the letter of confirmation of school fee payment
- Reference letters should be returned to us by the referees either by post/mail or e mail
- A photocopy of your birth certificate
- Four (4) passport size photographs (coloured)
- Two (2) copies of your passport (for non Kenyan applicants)
- Two (2) copies of your Kenyan ID (for Kenyan applicants)

Non refundable registration fee which is used for administration and to apply for your pupils pass must accompany your application. The fee is as follows:-

*500Ksh (Kenyan applicants) *700Ksh (East Africa applicants) *\$100(US) Rest of the world

Payment methods can include Mpesa (Kenyan/East African students), Moneygram or a wire transfer (e mail us for details). Please be aware that you are responsible for any transaction fees or charges (whichever option you choose) as we need to receive the full amount stated above into our bank account. Thank you for your understanding



YWAM MOMBASA DTS APPLICATION FORM

PO Box 96063, 80110 Likoni, Mombasa, Kenya. E mail – ywammombasa@gmail.com

Date of DTS you are applying for

Title Mr Mrs Miss Ms Dr. Rev. Other

Full Name

(first/middle/family name)

Address

Telephone - Home

Mobile

E Mail

Date of Birth

(day/month/year)

Please underline if you are:-

Single In a relationship Engaged Married Separated Divorced Widowed

For those who are engaged - would you still wish to come to the school if your fiancé(e) is not accepted?

Couples/Families (if applicable) please fill this section in even if your spouse/children are not attending the DTS

Name of Spouse

Names/Dates of birth of any children

Have you sought the Lord together concerning this application and are you in agreement about coming for this school?

If you have older children, have they been involved with the process of seeking God for direction and if yes are they at peace about the decision made?

If you have younger children what will you do with regards their schooling/care whilst you are attending the DTS?

Official Information - (according to your passport or Kenyan ID)

Nationality

Passport/ID Number

Date of Issue

(day/month/year)

Date of Expiry

(day/month/year)

Place of issue

Place/Country of Birth

Emergency Contact - for **all** applicants. - In case of an emergency who would you wish us to contact (i.e. next of kin)

Name

Relationship to you

Contact address

Phone/mobile

E mail

For applicants under 21 it is helpful to have information about your parents/guardians

Father's name

Mother's name

Name of Guardian (person who is responsible for you)

Contact Address

Do your parents/guardian approve of this application? (if not please explain)

Education and Skills (please write on a separate sheet if you are posting/ mailing this back to us and need more space for your answers)

Briefly describe your educational background (11-18 years) i.e. schools/colleges attended

If you have attended higher/further education (18+) please describe the establishments attended and qualifications received.

Have you received any training/apprenticeships or attained any professional qualifications?

What is your present occupation/employment?

Which languages do you speak in order of fluency?

1.

2.

3.

Do you feel confident that you will understand the lectures in English?

List any dramatic, musical or artistic talents you have.

List any particular areas of expertise you have.

List any interests or hobbies you may have.

Christian Experience - your DTS application will **not** be considered if you do not fill in the following questions

Please tell us about your conversion experience/how you came to be born again – if posting/ mailing please use an extra sheet of paper to answer this question

How many years have you been a committed Christian?

How would you describe your spiritual growth since then/how is your present relationship with the Lord?

What would you say is your vision or calling (if known)?

Christian Life

Name of your Pastor/Minister/Spiritual Leader

How long has he/she known you?

Are they aware of this application?

Do they support this application?

If not, please explain why

Name of your Church/Fellowship

Address

Telephone/Mobile

E mail

In which ways (if any) are you involved with your church i.e. youth work, music group etc?

List any spiritual giftings people have observed in you i.e. evangelist, teacher etc.

How did you first hear about YWAM Mombasa?

What do you hope to gain from this school?

Do you know what you plan to do after the DTS?

Have you had any previous involvement in missions? Is so, please give dates and places, describing your involvement briefly.

Name any Christian books (if any) besides the Bible, which have influenced your life.

Have you ever been involved in drug abuse, alcoholism, addiction to gambling, occult practices, smoking, religious cults, internet pornography or homosexuality?

If yes to any of the above, please describe the extent of your involvement i.e. how long you were involved in this lifestyle, if it is still a problem for you now.

Do you have any obvious body piercings (besides in the ear) or tattoos?

Have you ever lived outside of your own culture before i.e. Africans in the West, Westerners in Africa/Far East etc?

Do you have people committed to pray for you whilst you are here with us?

Should we be unable to accept your application for the time you specified, would you want us to hold on to it until the next school or would you prefer us to recommend you to another YWAM base?

YWAM Mombasa DTS Application - Confidential Health Form A

PO Box 96063, 80110, Likoni Mombasa, Kenya.

E Mail – ywammombasa@gmail.com

Please consult your doctor about any necessary immunisations/vaccines you will need to have as well as the malarial preventatives you will need to start taking before you travel to be with us. You should also get some form of medical insurance in case of any emergency. This can be done from Kenya - if you would like information about this please write and ask. This information is treated as confidential. Please answer all questions.

Form A is to be filled in by you and may be e mailed back to us. Form B however, must be completed by your doctor/physician and must be printed out and posted/mailed back to the above address. Thank you.

Name

(first/middle/last name)

Date of Birth

(day/month/year)

Nationality

Address

PERSONAL HISTORY

Please answer all questions and take both part A and B to your doctor. Please state yes or no to the following. Comment on any 'yes' answers in the space below. Have you ever had, or do you have the following?

Skin conditions

Eye Trouble

Ear Trouble

Head injury

Recurrent headache

Epilepsy

Fainting Spells

Nervous/emotional instability

Psychiatric problems

Depression

TB (Tuberculosis)

Shortness of breath

Hay Fever

Asthma

High Blood Pressure

Low Blood Pressure

Allergy to Penicillin

Sulphonamides

Serum

Specific foods

Other (please comment below)

Heart Trouble

Rheumatism

Arthritis

Back Problems

Dislocation of Joints (that are still a problems for you)

Broken Bones (that are still a problem for you)

Stomach/Duodenal Ulcer

Gall Bladder problems

Jaundice (apart from as a baby)

Hepatitis

Intestinal problems

Recurrent Diarrhoea

Diabetes

Kidney Disease

Anaemia

Venereal Disease

Tumour/Cancer

Ladies only

Irregular Periods

Severe Cramps

Excessive Flow

Are you pregnant

Comments on any 'yes' answers above

Are you under doctors care at this time

Yes (Please specify)

No

Are you taking any medication at this time

Yes (Please specify)

No

Are you able to walk up to six miles (10 Km) in a day?

Yes

No (Please specify)

Are you able to carry out reasonably strenuous physical work?

Yes

No (Please specify)

Are you presently in good health?

Yes

No (Please specify)

Is there anything else we need to know about your physical health?

Part B – Doctors/Physicians Evaluation

To the Doctor - please review the information in part A and notify us of any problems that you feel require treatment or follow up. Due to the environment here, certain conditions such as diabetes, epilepsy, heart disease and gross obesity may preclude from acceptance.

Height		Weight		Overweight
Blood pressure		Pulse		
E.C.G. (if over 40)				
Blood Group		RH Factor		
Visual Acuity	Right	Left		without glasses
	Right	Left		with glasses
Colour Perception	Right	Left		

Urinalysis

Are there any abnormalities of the following systems yes/no? If yes please describe fully.

E.N.T

Ophthalmological

Neurological

Cardiovascular

Respiratory

Musculoskeletal

Endocrine

Lymphatic

Dermatological

Hernial Orifices

Gynaecological

Urological

Psychiatric

Additional comments

Would you recommend this person :- (please tick one and comment if necessary)

- Without limitations
- Acceptable with limitations (please comment)
- Should remain in areas of good medical care
- Not to be accepted for school due to health concerns

Name and address of Doctor

Doctor's Signature

Date

Stamp

YWAM Mombasa DTS Application
SPIRITUAL LEADERS CONFIDENTIAL REFERENCE

PO Box 96063, 80110 Likoni, Mombasa, Kenya

E Mail – ywammombasa@gmail.com

This reference form needs to be e mailed or printed out and given to the referee of your choice for them to e mail or post/mail back to us at the above address. A Kiswahili reference form is available if needed.

Name of Applicant – please write your name here

(first/middle/last name)

Date of school applied for

This candidate has made an application to Youth With A Mission, Mombasa. He or she will be studying in a cross cultural environment with people from different nations in a location that can be spiritually challenging. For this reason, we would ask that you consider carefully the answers you put down and be as honest and open as possible so we can help them become all God wants them to be. Thank you for your assistance and co-operation in this matter.

Your Name and position
 (i.e. Pastor/Base Leader etc)

Contact Address

Telephone/Mobile

E Mail

How long have you known the applicant (years/months)

Character Profile of the Candidate - Please indicate whether the candidate is excellent, above average, average, below average or poor in the areas listed below, also feel free to comment if necessary.

Excellent (5) Above average (4) Average (3) Below average (2) Poor (1) Not known (0)

- Ability to follow
- Accountability
- Concern for others
- Grateful Spirit
- Health
- Judgement
- Leadership
- Personal Appearance
- Response to authority
- Response to Pressure
- Servant Heart
- Spiritual Growth Observed
- Teachable Spirit

Please tick which in your view, best describes the candidate. Please comment below if necessary.

	√		√		√
Mental Ability	Quick to comprehend		Average		Slow
Industry	Hard worker		Average		Lazy
Reliability	Meets obligations		Average		Unreliable
Co-operative	Works well with others		Average		Loner/Not co-operative
Flexibility	Open to change		Average		Inflexible
Christian Character	Well balanced/mature		Average		Unstable/immature

Disposition	Cheerful	√	Average	√	Depressed	√
Punctuality	Punctual		Average		Often late	
Financial responsibility	Honours obligations		Average		Financially irresponsible	
Diligence	Finishes what they start		Average		Will give up easily	
Temperament	Rarely loses temper		Average		Quick tempered	
Initiative	Self starter		Average		Needs constant help and direction	
Social Adaptability	Can mix with anyone		Average		Racist, intolerant of others	
Christian Walk.	Mature		Genuine and growing		Superficial.	

Further Explanation

Please comment on the following questions

Does the applicant display high moral standards?

If this applicant has children, please comment on their obedience, spiritual maturity and behaviour in general

Please comment on the applicant's family background (if known) i.e. Muslim, parents divorced etc

Please comment on the applicants character strengths i.e. patient, hardworking

Please comment on the applicants character weaknesses i.e. angry, doesn't listen to correction

Are there any specific spiritual giftings you have observed in the applicant i.e. evangelist?

In your opinion, what are the applicant's reasons for applying for the DTS?

To what extent is the applicant active in church (if known)?

Do you recommend the applicant for acceptance?

If not/with reservations of any kind please explain

(Pastors only) Is your congregation/fellowship standing behind the applicant with enthusiasm, prayer and finances?

Signed (if posting)

Date

We appreciate your assistance in filling out this form as honestly as possible - please return it back to us directly here at YWAM at the address at the top of the page (by post/mail or e mail).

Thank you

YWAM Mombasa DTS Application

Family member/ friend/work colleague **CONFIDENTIAL REFERENCE**

PO Box 96063, 80110 Likoni, Mombasa, Kenya

E Mail – ywammombasa@gmail.com

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√

√

√

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Punctuality	Punctual		Average		Often late	
Financial responsibility	Honours obligations		Average		Financially irresponsible	
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To what extent is the applicant active in church (if known)?

Do you recommend the applicant for acceptance?

If not/with reservations of any kind please explain

(Pastors only) Is your congregation/fellowship standing behind the applicant with enthusiasm, prayer and finances?

Signed (if posting)

Date

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Thank you

YWAM MOMBASA RELEASE OF LIABILITY FORM

I waive any right I have to read or obtain copies of my references knowing that this waiver is NOT required as a condition for acceptance

Signature _____ Date _____

Release of Liability

I do hereby release Youth with a Mission Ltd, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself during the course of my involvement with Youth with a Mission Kenya.

Applicants Signature _____ Date _____

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

Name (in capitals) _____ Relationship to the applicant _____
First name Middle name Last/family name

Signature of parent/guardian _____ Date _____

Consent for Treatment

In case of emergency where I am either sick, injured or urgently require medical attention, I hereby give the YWAM base leader Fridah Kambura, or any member of the leadership team (YWAM identity card will be shown) the authority to make any decision concerning my immediate treatment including anaesthesia, medication and surgery, as the attending doctor or physician may deem necessary or until such time as I am able to make the decision for myself.

Applicants Signature _____ Date _____

Signature of parent or guardian is required if the applicant is under 18 years of age.

Name (in capitals) _____ Relationship to the applicant _____
First name Middle name Last/family name

Signature of parent/guardian _____ Date _____

Consent for burial

In case of death whilst here in Mombasa, I hereby agree to release Youth With A Mission from all financial obligations. Should death occur whilst I am with YWAM Mombasa, my family/next of kin will be advised as soon as practicable and they will incur all costs of transport and burial etc. Please indicate your preference for burial.

Burial in Mombasa _____ Burial in my place/country of origin _____

Applicant's signature _____ Date _____

Name of next of kin /family member - (please write in capitals) _____
First name Middle name Last/family name

ContactAddress _____

Next of Kin to fill in their name and signature as agreement to the above

Name (in capitals) _____ Relationship to the applicant _____
First name Middle name Last/family name

Signature of next of kin _____ Date _____

I, the applicant certify that all information in this application is complete and accurate.

Signature _____ Date _____

Please give us the names and addresses of the two referees you have chosen.

1) Name Relationship to you i.e. Pastor

Contact Address

Telephone/Mobile E mail

2) Name Relationship to you i.e. friend/family member/colleague

Contact Address

Telephone/Mobile E mail

Reminder ...

Please ensure you have answered all the questions and returned everything to us

PO Box 96063, 80110 Likoni, Mombasa, Kenya.

E mail - office@ywammombasa.org

If you are e mailing back your application – please include:-

- DTS Application form - may be filled in and e mailed back to us
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- Reference forms – e mailed/posted back to us by the referees
- Scanned copy of your birth certificate, a current photo of yourself (passport style), copy of your passport (if applicable), copy of your ID (for Kenyan students)
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Thank you for filling in the forms – we are excited at what God will do during our time together at this school!