

Youth With A Mission - Flathead Reservation Montana

P. O. Box 784 • Ronan, MT 59864 • (406) 270 7765 • ywamflatheadreservationmt@gmail.com

DISCIPLESHIP TRAINING SCHOOL (DTS) APPLICATION

GUIDE TO COMPLETING APPLICATION

The following items must be submitted BEFORE your application can be processed. All questions must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate applications. If applicant is under the age of 18, parent's or guardian's consent must be provided. Contact us about any questions you have. God bless you as you seek His guidance in this process.

CHECK LIST

✓ APPLICATION FORM

Please fill out completely, attach a recent photo of yourself, and sign the application form.

Please return all forms to: YWAM–Flathead Reservation Montana, Admin. Office, P. O. Box 784, Ronan, MT 59864

✓ APPLICATION FEE

A non-refundable application fee of US \$35 for singles and US \$60 for couples is to be sent in with your application. Fees must be paid in US dollars ONLY. For checks, please make it payable to “YWAM-Flathead Reservation Montana.”

✓ PERSONAL HISTORY

Please prayerfully answer the following questions on a separate sheet of paper and attach to the application form. Your answers will be significant in the application process. Please write or type no more than 2 pages total.

- How long have you been a Christian? Describe your conversion experience and other significant spiritual experiences.
- Describe your present relationship with the Lord and the areas you are seeking to develop in your character.
- Describe your spiritual and ministry goals.
- Describe your relationship with your local church and areas of ministry within and/or outside of it.
- Describe your business, professional, or missions experiences.
- What influenced you to apply for DTS? Why at YWAM–Flathead Reservation Montana?
- Describe your relationship with your family and their feelings about your training at YWAM–Flathead Reservation Montana.

✓ HEALTH FORMS

Please complete all questions on the health form. Fill out the Health Form A for your personal history yourself, and then take Form A & B to your physician and have him fill out the Form B. A child health form must also be filled out and sent in for any children coming with you. Be sure to have the physician who performed the physical sign your Health Form. Be sure to fill out your childhood immunization records as completely as possible. You should have updated adult boosters (within the last 5 years, see Health Form for details). These things are very important, your application cannot be processed without a completed Confidential Health Form.

✓ REFERENCE FORMS

Three reference forms are enclosed. One reference form should be given to each of the following: 1) Employer/teacher, 2) Friend, and 3) Pastor/Ministry leader. Ask them to fill it out then mail directly to YWAM-Flathead Reservation Montana. Include a stamped envelope with YWAM-Flathead Reservation Montana address on it.

✓ COST

a. **\$6,000 for the 21-week school.** This covers tuition, housing and meals during the 12-week Training Phase as well as grounds fees for the 9-week Outreach Phase (visas and fees, transportation, housing, meals and mandatory travel insurance). \$1,500 is due before or upon arrival. The complete school fee needs to be paid prior to leaving on outreach.

DTS costs **are not tax-deductible.**

- Airfare** is an additional cost for the overseas outreach (estimated to be \$1,500 to \$2,000 but depends on destinations and fares available). Full payment of all DTS cost is due by week 6 of the training phase or by approved arrangement.
- Personal care items** - laundry money, souvenirs, extra activities, and personal snacks are the responsibility of the student during each phase. DTS Outreach contributions are **also not tax-deductible.**

Please keep in mind that before we can consider you for acceptance to DTS, We must receive all of the above.

YWAM-FRM DISCIPLESHIP TRAINING SCHOOL APPLICATION

School & Season Applying for: _____ Today's date: _____

Application fee enclosed? ___ \$35/single ___ \$60/couple

Are you pursuing a University of the Nations degree? ___ Yes ___ No ___ Not sure

*Please attach
a recent photo*

PERSONAL INFORMATION

Last Name: _____ Gender: ___ Male ___ Female

First Name: _____ Phone (home): _____

Middle Name: _____ Phone (cell): _____

Preferred Name: _____ Phone (other): _____

DOB (day/mo/yr): _____ Age: _____ Fax: _____

Birth Place (city, state/province, country): _____

U.S. Social Security #: _____ U.S. Driver's License #: _____

Email address (primary): _____

Online Community ID: _____ MySpace ___ Facebook ___ Other (_____)

Current Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Permanent Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

FAMILY INFORMATION

Marital Status: ___ Single ___ Engaged (Date _____) ___ Married (Date _____) ___ Separated (Date _____)
___ Divorced (Date _____) ___ Remarried (Date _____) ___ Widowed (Date _____)

If married, give spouse's information:

First Name: _____ DOB (day/mo/yr): _____

Middle Name: _____ Birth Place: _____

Last/Family Name: _____ Wedding Anniversary (day/mo/yr): _____

If accompanied by children, list names and ages:

Name: _____ DOB (day/mo/yr): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (day/mo/yr): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (day/mo/yr): _____ Age: _____ Sex: ___ M ___ F

Name: _____ DOB (day/mo/yr): _____ Age: _____ Sex: ___ M ___ F

EMERGENCY CONTACT

1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

2) Full Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

YWAM EXPERIENCE

Have you been involved with YWAM ministry activities (volunteer, intern, short-term outreach, seminar, etc.)?
____ Yes ____ No (If yes, please describe below.)

Dates: _____ Location: _____ Leader: _____

Role/Responsibilities: _____

CHURCH BACKGROUND

Church Name: _____ Denomination/Affiliation: _____

Pastor's Name: _____ Phone Number: _____

Address: _____

Email: _____ Fax Number: _____

Fellowship, Ministry, Home Group, etc.: _____

Leaders Name: _____ Phone Number: _____

Address: _____

Email: _____ Fax Number: _____

EDUCATIONAL DEGREES

High School/Secondary School/College/University/Seminary Attended:

d. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

e. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

f. Institution: _____ Location: _____

Dates Attended: _____ Major: _____ Degree: _____

____ I have a GED.

____ I have not completed high school/secondary school. My highest educational level completed is: _____

VOCATIONAL EXPERIENCE, SKILLS, INTERESTS, GIFTINGS

1. Previous Employment: _____ Dates: _____

Brief job Description: _____

2. Previous Employment: _____ Dates: _____

Brief job Description: _____

3. Previous Employment: _____ Dates: _____

Brief job Description: _____

Skill Experience Levels (leave blank if no experience): 1. Little 2. Some 3. Considerable 4. Extensive 5. Professional

<input type="checkbox"/> Cooking	<input type="checkbox"/> Baking	<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Computer Programming
<input type="checkbox"/> Clerical Work	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Leading worship
<input type="checkbox"/> Accounting	<input type="checkbox"/> Child Care	<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Sound Equipment	<input type="checkbox"/> Painting	<input type="checkbox"/> Heavy Equipment Operator
<input type="checkbox"/> IT Skills	<input type="checkbox"/> Graphic design	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Bus/Truck Driver
<input type="checkbox"/> Medical	<input type="checkbox"/> Journalism/Writing	<input type="checkbox"/> Fitness Training	<input type="checkbox"/> Architecture

Other skills & abilities not listed above _____

What musical instruments do you play and at what level? _____

Have you ever been convicted of a crime? _____ If so, please describe including dates: _____

ETHNICITY / LANGUAGES

Please specify ethnic background: _____

English Proficiency (please indicate proficiency using the number scale below): _____

- | | |
|-------------------------------------|----------------------------------|
| 1. Elementary Speaking | 4. Full Professional Proficiency |
| 2. Limited Word Proficiency | 5. Native Speaking Proficiency |
| 3. Minimum Professional Proficiency | 6. Mother Tongue |

Other Languages and Proficiency: _____

PASSPORT / VISA

NOTE: You need to have a passport that will be valid for 9 months minimum from the start of joining our staff.

Name as Listed on Passport: _____

Citizenship: _____ Birth Place (City, Country): _____

Passport Number: _____ Issue Date: _____

Issue Place (City, Country): _____ Expiry Date: _____

Do you have multi-citizenships? Yes No If yes, please give the same information on other than the one above on a separate paper and attach it.

I do not have a valid passport as required, but (circle one) applied / will apply for it on (day/mo/yr): _____

Non-U.S. Staff Only: U.S. Visa Type: _____ Multiple Entry Single Entry

Issue Date: _____ Issue Place (City, Country): _____

Expiry Date: _____ If you already in the U.S., U.S. Entry Date: _____

I-94 Expiry Date: _____ Have you ever been refused a U.S. visa? Yes No

If yes, state the reason given by U.S. Consulate: _____

PHOTO RELEASE

I, the undersigned, hereby give permission to Youth With A Mission—Flathead Reservation Montana to use my name and photographic likeness taken, while participating in any staff, ministry or community activity, in all forms of media for advertising, trade, and any other lawful purpose.

Print Name: _____

Applicant's Signature: _____ Date: _____

TRANSPORTATION

Do you drive? _____ Will you bring your own vehicle? _____ Year / Make / Model _____

Vehicle License Plate No. _____ Insurance Company? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payments of the required DTS tuition fees must be made in U.S. currency.

11-week Training Phase and 10 -week Outreach Phase (\$4,400 plus airfare): \$1,600 is due upon arrival, with the balance of \$2,800 due on by week 6 of the Training Phase or by approved arrangement.

Airfare cost (estimated \$1,500 – \$2,000): Due by week 6 of the training phase or by approved arrangement.

I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with YWAM–Flathead Reservation Montana.

If I am accepted by YWAM–Flathead Reservation Montana, I will abide by the spirit, rules, and schedule of the school.

Printed Name: _____

Signature: _____ Date: _____

Signature of parent or guardian required if applicant is under 18 years of age: Parent/Guardian

Signature: _____ Relationship: _____

Date: _____

Do you have your complete school fees? _____ Yes _____ No

If No, how much do you have at this time? \$ _____ From what source will they come? _____

Do you have any outstanding debt? If so, please explain _____

TUITION & OUTREACH REFUND POLICY

Training Phase Tuition Refund Policy

Should you have to leave school early for some unforeseen reason, the following tuition refund policy will determine the amount of money that will be refunded to you.

Week 1: you will receive 92% of your tuition

Week 4: you will receive 66% of your tuition

Week 2: you will receive 84% of your tuition

Week 5: you will receive 58% of your tuition

Week 3: you will receive 76% of your tuition

Week 6: you will receive 50% of your tuition

NOTE: There will be no tuition refunded to you after week 6 in the event that you must leave the school early.

Outreach Phase Refund Policy

Before outreach, any money that you have paid in toward outreach that can be refunded to you will be. If airline tickets or visas have already been purchased and for some reason cannot be refunded in whole by the agency of purchase, you will only be refunded the money that the purchasing agent will refund.

If you are on outreach and have to return home for an emergency, you will be refunded any housing or food money that you have already paid in and will not use. Airline tickets will not be refunded at this point. You will be responsible for any additional costs to fly you home early.

I have read the above Tuition & Outreach Refund Policy and agree to its provisions. Should it become necessary to leave the school or outreach early for any reason, I agree to the refund amount stated in the above policy of YWAM–Flathead Reservation Montana.

Printed Name: _____

Signature: _____ Date: _____

Signature of parent or guardian required if applicant is under 18 years of age: Parent/Guardian

Signature: _____ Relationship: _____

Date: _____

CONSENT FOR TREATMENT

I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of attending physicians.

Printed Name: _____

Applicant's Signature: _____ Date: _____

RELEASE OF LIABILITY

I do hereby release University of the Nations and Youth With A Mission–Flathead Reservation Montana, its 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 University of the Nations/Youth With A Mission–Flathead Reservation Montana.

Printed Name: _____

Applicant's Signature: _____ Date: _____

STATEMENT OF BURIAL AND MEDIATION

We, at Youth With A Mission–Flathead Reservation Montana, encourage each YWAM staff and volunteer to seriously consider some possible consequences of missions work. Death is extremely rare in service with Youth With A Mission, nevertheless it is 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. We, also, strongly advise that you make out a will and file a copy with your family and YWAM-Flathead Reservation Montana. In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. YWAM–Flathead Reservation Montana does everything possible to protect staff and volunteers while on the field, but death is something that can occur. In these countries, burial is often a real problem. We endeavor to maintain a Christian view of death, in that we believe it is not the final step, but just a passage. The person is not in the coffin, but only his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In the case of death, YWAM–Flathead Reservation Montana cannot commit to covering the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) 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. 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–Flathead Reservation Montana.

I agree that in the case of my death while serving with Youth With A Mission–Flathead Reservation Montana on outreach or extended service in a foreign field, that they may carry out the burial in the location of my death. If my family desires to see my body shipped home, they agree to cover all expenses incurred. I hereby absolve YWAM–Flathead Reservation Montana, its staff and associates from any responsibility for burial costs.

Printed Name: _____

Applicant's Signature: _____ Date: _____

PERMISSION TO OBTAIN A BACKGROUND CHECK

In the interest of safety and security, I, the undersigned applicant (also known as "consumer"), authorize Youth With A Mission - Flathead Reservation Montana to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to YWAM Flathead Reservation Montana, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Print Name (First Middle Last): _____

Other names used (alias, maiden, nickname): _____

Current address: _____

Dates at current address: _____

Former address: _____

Dates at former address: _____

Social Security Number: _____ Date of birth: _____

Driver's License Number: _____ State of Issuance: _____

Gender: _____ Daytime phone number: _____

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL HEALTH FORM A: PERSONAL HISTORY

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to ALL questions in English. Although your responses to these questions will not necessarily affect acceptance considerations, certain medical conditions may preclude acceptance. Form B must be completed by your physician or physician's assistant. (Other health forms done for other YWAM bases are not acceptable.)

First Name: _____ DOB: _____

Middle Name: _____ Birth Place: _____

Last/Family Name: _____

Please rate your health: ___ Excellent ___ Good ___ Fair ___ Poor

Do you have medical insurance? ___ Yes ___ No If Yes, Name of Insurer:

Insurance #: _____ Insurer Phone: _____

Type of Coverage (briefly): _____

Please answer all questions. **Take both Form A and Form B to your physician.** Comment on all "yes" answers 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 any of the following?

Please explain any other illnesses, conditions, or surgeries you have had or are going through currently: _____

Are you presently under a doctor's care for any condition? ___ Yes ___ No Specify: _____

Are you presently taking any medication? ___ Yes ___ No Specify: _____

Are you allergic to any medication/drugs? ___ Yes ___ No Specify: _____

Do you have a history of emotional instability or psychiatric treatment? ___ Yes ___ No

If "Yes", when: _____ For how long: _____ Still in treatment? ___ Yes ___ No

Please explain: _____

Do you have any history with:

Eating disorders: ___ Yes ___ No ; Drug or alcohol abuse: ___ Yes ___ No ; Sexual issues: ___ Yes ___ No

If "Yes" to any above, when: _____ For how long: _____

Currently? ___ Yes ___ No

Please explain: _____

Do you have any physical impairments, handicaps, or health conditions which require special attention? ___ Yes ___ No

Specify: _____

Have you been tested for HIV/AIDS? ___ Yes ___ No

Have you been diagnosed as having HIV/AIDS? ___ Yes ___ No

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL HEALTH FORM B: PHYSICIAN'S EVALUATION

Applicant's Name: _____ Date of Application: _____

TO THE PHYSICIAN: Please review the information in Form A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

TO THE APPLICANT: All the following immunizations MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT YWAM–Flathead Reservation Montana: Diphtheria, Tetanus, Typhoid, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B. (Due to the varied outreach locations, other immunizations, injections and malaria medication may be required and can be obtained before outreach.) Please be prepared financially to cover the cost of additional injections. You need to have a Diphtheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles.

Diphtheria (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Hepatitis A (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Hepatitis B (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Measles (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Mumps (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Polio (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Rubella (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Tetanus (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____
 Typhoid (day) _____ (month) _____ (year) _____ (day) _____ (month) _____ (year) _____

_____ Chest X-ray Date: _____ Result: _____ Examination Facility: _____

_____ TB Skin Test* Date: _____ Result: _____ Examination Facility: _____

Height: _____ / _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Urinalysis: _____ A1C _____

Last Mammogram: _____ Last Pap Smear (not compulsory): _____

Visual Acuity: (without glasses) R _____ L _____ (with corrective lenses) R _____ L _____

Auditory Acuity: R _____ L _____ Other _____

NO YES

Recurrent Headaches
 Fainting Spells
 Shortness of Breath
 Weakness
 Heart Trouble
 Hepatitis
 Jaundic
 Recurrent Diarrhea
 Intestinal Troubles
 Kidney Disease
 Diabetes
 Venereal Disease
 Anemia
 High Blood Pressure
 Low Blood Pressure
 Rheumatism/Arthritis
 Paralysis
 Back Problems
 Dislocation of Joints

Insomnia
 Tumor/Cancer
 Skin Condition
 Eye Trouble
 Ear Trouble
 Allergy: Food (specify)
 Allergy: Bee Stings
 Allergy: Penicillin
 Allergy: Serum
 Allergy: Sulfonamides
 Asthma
 Hay Fever
 Head Injury
 Mental/ Nervous Disorders
 Gall Bladder Problems
 Stomach/Duodenal Ulcer
 Epilepsy
 Broken Bones
 Surgeries

NO YES

COMMUNICABLE DISEASES:

Have you ever had any of the following?
NO YES

Chicken Pox
 Measles (Rubella)
 Measles (Rubeola)
 Mumps
 Pertussis
 Scarlet Fever
 Tuberculosis
 Other (specify) _____

FEMALES ONLY:

Do you currently have any of the following?
NO YES

Irregular Periods
 Severe Cramps
 Excessive Flow
 Pregnant? Due date _____

Are there any abnormalities of the following systems? Please describe fully.

E. N. T. _____
Ophthalmological _____
Teeth _____
Neurological _____
Cardiovascular _____
Respiratory _____
Musculoskeletal _____
Endocrine _____
Lymphatic _____
Dermatological _____
Hernial Orifices _____
Urological _____
Psychiatric _____
Other: _____

Recommendations For Follow-up Tests / Treatment: _____

Would he/she be able to walk 3 – 4 miles per day? Yes No Comment: _____

PHYSICIAN'S RECOMMENDATION: Acceptable w/o Limitations Not Acceptable Should Be Where Adequate Medical

Care Is Provided Acceptable with Limitations (specify) _____

Additional Comments: _____

How long has this patient attended your office? Years _____ Months _____ Weeks _____

PHYSICIAN'S NAME: (print) _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____ DATE _____

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL HEALTH FORM C: CHILD'S HEALTH

Please only fill this form out if you have children coming with you. PARENT INFORMATION: Please print or type answers to ALL questions in English.

Parent's Name: (First) _____ (Middle) _____ (Last/Family) _____

Child's Name: (First) _____ (Middle) _____ (Last/Family) _____

DOB: _____ Birth Place: _____ Child's Health: ___Excellent ___Good ___Fair ___Poor

Do you have medical insurance? ___Yes ___No If Yes, Name of Insurer: _____

Insurance No. _____ Insurer's Phone No. _____

Type of Coverage for Child (briefly): _____

CHILD'S PERSONAL HISTORY: Comment on all "yes" answers on a separate sheet of paper. Has your child ever had, or now have, any of the following:

<p>NO YES</p> <p>Recurrent Headaches Fainting Spells Shortness of Breath Weakness Heart Trouble Hepatitis Jaundice Recurrent Diarrhea Intestinal Troubles Kidney Disease Diabetes Venereal Disease Anemia High Blood Pressure Low Blood Pressure Rheumatism/Arthritis Epilepsy</p>	<p>NO YES</p> <p>Insomnia Tumor/Cancer Skin Condition Eye Trouble Ear Trouble Allergy: Food (specify) Allergy: Bee Stings Allergy: Penicillin Allergy: Serum Allergy: Sulfonamides Asthma Hay Fever Head Injury Mental/ Nervous Disorders Gall Bladder Problems Stomach/Duodenal Ulcer Paralysis</p>	<p>NO YES</p> <p>Back problems Dislocation of joints Broken Bones Surgeries</p> <p>COMMUNICABLE DISEASES: Have you ever had any of the following? NO YES</p> <p>Chicken Pox Measles (Rubella) Measles (Rubeola) Mumps Pertussis Scarlet Fever Tuberculosis</p> <p>Other (specify) _____</p>
---	---	--

Please explain any other illness, conditions or surgeries your child has had or is going through currently: _____

Is your child presently under a doctor's care for any condition? ___Yes ___No **Specify:** _____

Is he/she presently on any medication? ___Yes ___No **Specify:** _____

Is he/she allergic to any drugs not listed above? ___Yes ___No **Specify:** _____

Does he/she have any physical impairments, handicaps, or health conditions which require special attention? ___Yes ___No

Specify: _____

Is he/she underweight? ___Yes ___No Overweight? ___Yes ___No **If so, how much?** _____

Child's Blood Type: _____ O, A, B, AB (+ or -) Comment: _____

PHYSICIAN'S SIGNATURE: _____ Date _____

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL REFERENCE FORM A: EMPLOYER / TEACHER

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____

Current Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Course: _____ Date Applying For: _____

Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

The above applicant has applied to join the staff of YWAM–Flathead Reservation Montana. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please check the following and comment where necessary:

How long have you known the applicant? _____ How well do you know the applicant? ___Very Well ___Well ___Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

Superior Above Average Average Average Below Inferior

- Initiative
- Social Adaptability
- Concern for Others
- Ability to Follow
- Leadership
- Judgment/Decision-making
- Emotional Stability
- Health
- Personal Appearance

COMMENTS _____

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
Cooperativeness	Works well with others	Average	Avoids group activity
Flexibility	Open to change	Average	Unyielding
Christian Character	Well balanced	Average	Unstable
Disposition	Cheerful	Average	Passive
Punctuality	Punctual	Average	Often late
Financial Responsibility	Honors obligations	Average	Neglectful

COMMENTS _____

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? ___ Yes ___ No Comment: _____

Is he/she prejudiced against groups, races, or nationalities? ___ Yes ___ No Please explain: _____

With reference to his/her Christian service, do you consider the applicant to be:
___ Dedicated ___ Average ___ Casual Please explain: _____

In your consideration, which of the following best describes the applicant's Christian experience?
___ Mature ___ Contagious ___ Genuine and Growing ___ Over-emotional ___ Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points, including special abilities: _____

Please comment on the applicant's family background (if known): _____

In your opinion, what are the applicant's reasons for applying to the U of N? _____

What could the U of N do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them): _____

Would you recommend this person for acceptance as staff at YWAM Flathead Reservation Montana (minimum 2 year commitment)? ___ Yes ___ With some reservation (please explain) ___ No (please explain)

I have known _____ for _____ years. I believe that he/she possesses the qualities indicated above.

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Flathead Reservation Montana: ___ Yes ___ No

Please return to: YWAM-Flathead Reservation Montana • PO Box 784 • Ronan, MT • 59864
Email: ywamflatheadreservationmt@gmail.com • (406) 270 7765 • website: <http://www.ywamflatheadmontana.org>

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL REFERENCE FORM B: FRIEND

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____

Current Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Course: _____ Date Applying For: _____

Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

The above applicant has applied to join the staff of YWAM–Flathead Reservation Montana. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please check the following and comment where necessary:

How long have you known the applicant? _____ How well do you know the applicant? ___ Very Well ___ Well ___ Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Average Below	Inferior
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision-making					
Emotional Stability					
Health					
Personal Appearance					

COMMENTS _____

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
Cooperativeness	Works well with others	Average	Avoids group activity
Flexibility	Open to change	Average	Unyielding
Christian Character	Well balanced	Average	Unstable
Disposition	Cheerful	Average	Passive
Punctuality	Punctual	Average	Often late
Financial Responsibility	Honors obligations	Average	Neglectful

COMMENTS _____

To what extent is the applicant active in church work? _____

Does he/she display high moral standards? ___ Yes ___ No Comment: _____

Is he/she prejudiced against groups, races, or nationalities? ___ Yes ___ No Please explain: _____

With reference to his/her Christian service, do you consider the applicant to be:
___ Dedicated ___ Average ___ Casual Please explain: _____

In your consideration, which of the following best describes the applicant's Christian experience?

___ Mature ___ Contagious ___ Genuine and Growing ___ Over-emotional ___ Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points, including special abilities: _____

Please comment on the applicant's family background (if known): _____

In your opinion, what are the applicant's reasons for applying to the U of N? _____

What could the U of N do to aid in the applicant's personal development? _____

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them):

Would you recommend this person for acceptance as staff at YWAM Flathead Reservation Montana (minimum 2 year commitment)? ___ Yes ___ With some reservation (please explain) ___ No (please explain)

I have known _____ for _____ years. I believe that he/she possesses the qualities indicated above.

Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Flathead Reservation Montana: ___ Yes ___ No

Please return to: YWAM-Flathead Reservation Montana • PO Box 784 • Ronan, MT • 59864

Email: ywamflatheadreservationmt@gmail.com • (406) 270 7765 • website: <http://www.ywamflatheadmontana.org>

Youth With A Mission – Flathead Reservation Montana

CONFIDENTIAL REFERENCE FORM C: PASTOR / MINISTRY LEADER

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First) _____ (Middle) _____ (Last/Family) _____

Current Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Course: _____ Date Applying For: _____

Phone Number: _____ Email: _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature: _____ Date: _____

The above applicant has applied to join the staff of YWAM–Flathead Reservation Montana. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please check the following and comment where necessary:

How long have you known the applicant? _____ How well do you know the applicant? ___ Very Well ___ Well ___ Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Average Below	Inferior
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision-making					
Emotional Stability					
Health					
Personal Appearance					

COMMENTS _____

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
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COMMENTS _____

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Comments: _____

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Name (please print): _____ Position: _____

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Please send me more information about YWAM-Flathead Reservation Montana: ___ Yes ___ No

Please return to: YWAM-Flathead Reservation Montana • PO Box 784 • Ronan, MT • 59864

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