



# Youth With a Mission

P.O. Box 116, Juncos, PR 00777  
Tel. (787) 734-4788 / Fax (787) 734-2788  
E-mail: jucum\_pr@hotmail.com

## DISCIPLESHIP TRAINING SCHOOL

### REQUIREMENTS

- To be at least 18 years old or have a High School Diplomas or GED.
- To know God as your Lord and to have a personal relationship with Him
- Have a desire to be trained as a missionary.
- Have your parents and your pastors' authorization to attend the school.
- Willingness to live in obedience to God and according to the rules of YWAM (The schedule is intense and requires discipline).
- Complete and send this application along with \$25.00 for the application fee. The fee is non-refundable.
- Have a valid passport.

### DATE

- The School will begin on *February 21<sup>th</sup>, 2010* and will end on *August 7<sup>th</sup>, 2010*.
- The School has two phases: three months of classroom training and three months of outreach.

### COST

- The tuition of the Discipleship Training School is \$2,700.00. This includes: the teaching phase, housing and food for the duration of the school. This does not include the cost of the outreach phase, which is usually in Latin America or Asia.

### IMPORTANT

- The student will pay no less that 1/3 of his/her tuition the first day of school. The remainder needs to be paid prior to December 11, 2009. Students that fail to pay their entire tuition before this time will not be allowed to travel outside of Puerto Rico for his/her outreach.
- We do not accept anyone with out an updated, valid passport.



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## DISCIPLESHIP TRAINING SCHOOL

PHOTO 2X2

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Work Fax/ Mobile

E-mail Address: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month/Day/Year City State Country

Citizenship: \_\_\_\_\_ Visa Number: \_\_\_\_\_ Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expedition: \_\_\_\_\_ Expiration: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status:  Single  Engaged  
 Married  Divorced  
 Separated  Widowed  
 Second marriage

Dependants: Children that will be accompanying you: Quantity: \_\_\_\_\_

	Names	Date of Birth	Sex	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



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## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

                    Last                      First

Address: \_\_\_\_\_

                    Street                                      Apt.

Phone: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

                    City                                      Country                                      Postal Code

                                    Home                                      Celular                                      Work

## CHURCH INFORMATION

Name of the Church you attend: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Pastors' Name \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATION

Highest Grade Completed and Major: \_\_\_\_\_

Further Training: \_\_\_\_\_ Languages : \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Other occupational abilities: \_\_\_\_\_

### Please check your abilities and talents:

- |   |                                      |                                       |                                       |
|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> musical        | <input type="checkbox"/> theatrical  | <input type="checkbox"/> medical      | <input type="checkbox"/> computer     |
| <input type="checkbox"/> mechanical     | <input type="checkbox"/> cooking     | <input type="checkbox"/> accounting   | <input type="checkbox"/> teaching     |
| <input type="checkbox"/> administration | <input type="checkbox"/> secretarial | <input type="checkbox"/> counseling   | <input type="checkbox"/> translation  |
| <input type="checkbox"/> maintenance    | <input type="checkbox"/> carpentry   | <input type="checkbox"/> electrical   | <input type="checkbox"/> agricultural |
| <input type="checkbox"/> sports         | <input type="checkbox"/> landscaping | <input type="checkbox"/> construction | <input type="checkbox"/> reception    |

## PREVIOUS EXPERIENCE IN JUCUM

Have you ever participated in a Youth with a Mission Program?

Yes     No    Which? \_\_\_\_\_    Where? \_\_\_\_\_

Leaders Name: \_\_\_\_\_

PLEASE TYPE ANSWERS TO QUESTION ON ANOTHER PAPER

1. Describe your conversion experience and present relationship with the Lord.
2. Please mark an X next to the following have you participated in (even if only once):  

<input type="checkbox"/> White Magic	<input type="checkbox"/> Fetishes
<input type="checkbox"/> Hypnosis	<input type="checkbox"/> Cults
<input type="checkbox"/> Witchcraft	<input type="checkbox"/> Pre-Marital Sex
<input type="checkbox"/> Tarot Card Reading	<input type="checkbox"/> Atheism
<input type="checkbox"/> Heavy Rock Music	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Telepathy	<input type="checkbox"/> Horoscope
<input type="checkbox"/> Drugs	<input type="checkbox"/> Communism
<input type="checkbox"/> Homosexuality	<input type="checkbox"/> Black Magic
3. What areas of your character are you presently seeking God to further develop and improve?
4. Please describe your spiritual and/or ministry goals including missionary service goals.
5. Please describe you personal relationship with your church, i.e., areas of ministry, service, leadership experience, gifts and abilities.
6. Please describe your business, professional, missions or other significant experiences.
7. How would you describe your relationship with your family?
8. What are you plans alter completing the Discipleship Training School?  

<input type="checkbox"/> Continue Collage Studies	<input type="checkbox"/> Serve on the ships of Mercy Ministries
<input type="checkbox"/> Work	<input type="checkbox"/> More YWAM training
<input type="checkbox"/> To become YWAM staff	<input type="checkbox"/> Undecided
<input type="checkbox"/> To work in the church	<input type="checkbox"/> Other: _____
9. Do you or have you had a physical disability. Explain:
10. Are you a Vegetarian or do you need a special diet? Explain:
11. Is there anything else that you want us to know prior to participating in the Discipleship Training School?
12. Share the reason for which you chose our school.

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**SELF EVALUATION**

Please describe your experience/ability in each of the following areas:

**1 = Much Experience**

**2 = Some Experience**

**3 = Little or No Experience**

Adaptability

Leadership

Public Speaking

Service

Witnessing

Performance/Arts

Reading

Use of Spanish

Teamwork

Submission to Leadership

*I certify that the information on this application is true. If I am accepted to the Discipleship Training School I will adhere to the rules and hours established by Juventud Con Una Misión*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Health History

(To be completed by Applicant)

Name: \_\_\_\_\_

Residencial Address: \_\_\_\_\_

Postal Address : \_\_\_\_\_

Residencial Phone : \_\_\_\_\_ Cel. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex : \_\_\_\_\_ Social Security Number : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Health Insurance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please answer **Yes** or **No** to the following questions. Answers will be strickly confidential.

1- Are you in good health? \_\_\_\_\_ Yes \_\_\_\_\_ No

2- Do you or have you had any of the following? (Mark with a P )

Artificial Valves or defective Valves	Asthma
Congenitive Heart Disease	Skin eruptions
Cardiovascular illness, Heart attacks	Convultions
Chest pains during excercise	Diabetes
Shortness of breath	Hepatitis Type? : _____
Pacemaker	Arthritis
Allergies Explain : _____	Stomach Ulcers
Sinusitis	Gastritis
Problems with Kidneys	Dizzy Spells
Epilepsy	Hypoglycemia
Headaches	Abdominal Pains
Bruise easlily	Special Diet Explain: _____

3- Are you under medical care for any conditions? Explain: \_\_\_\_\_

4- Do you use any of the following:

\_\_\_\_\_ Glasses or Contact lenses                      \_\_\_\_\_ Braces  
\_\_\_\_\_ Hearing Aides    \_\_\_\_\_ Special Shoes  
Other : \_\_\_\_\_

6- Do you exercise? \_\_\_ Yes \_\_\_ No What type/ frequency?: \_\_\_\_\_

7- Are you taking any of the following medications? (please mark with a II)

\_\_\_\_\_ Antibiotics    \_\_\_\_\_ Tranquilizers  
\_\_\_\_\_ Cortisone    \_\_\_\_\_ Aspirin  
\_\_\_\_\_ Medicines for Depression                              \_\_\_\_\_ Insulin  
Others : \_\_\_\_\_

8-Do you have any allergies? (please mark with a II)

\_\_\_\_\_ Insulin    \_\_\_\_\_ Aspirin  
\_\_\_\_\_ Codine    \_\_\_\_\_ Antibiotics Specify: \_\_\_\_\_  
Others: \_\_\_\_\_

9- Type of Blood: \_\_\_\_\_

10- Women Only:

Are you Pregnant? \_\_\_ Yes \_\_\_ No Do you take birth control pills? \_\_\_ Yes \_\_\_ No

Do you have problems with your menstrual cycle? \_\_\_ Yes \_\_\_ No

11- Do you have any medical condition not mentioned that requires regular medical treatment? \_\_\_ Yes \_\_\_ No

Explain \_\_\_\_\_

12 - Evidence of Vaccination (Please present evidence of PVCA III)

a. Tetanus/Diphtheria      b. Hepatitis A (2 Doses)

***I certify that the information that I provided is correct and for my own benefit and that this information will be strictly confidential to be used by Juventud Con Una Misión staff.***

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent/Guardian (under 18)/Date



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## MEDICAL EXAM

\_\_\_\_\_ Is applying to be  
**Name of applicant**  
 accepted to Juventud con una Misión, an organization with intense activities and hours that  
 require good health. Conduct your evaluation on the following points:

	Normal	Abnormal	Explain
Head			
Ears			
Nose			
Throat			
Neck			
Thorax			
Cardiovascular			
Lungs			
Abdomen			
Genito-Urinary			
Musculo-skeletal			
Neurological			
Skin			
<b>** Laboratorios</b>	<b>Results</b>	<b>Date</b>	Does he/she have any contagious diseases? _____ Are they taking medication? Explain: _____ Are they able to walk three to four miles per day? _____ _____
Type of Blood			
Hgb + Hct			
Serology			
TB test or Chest X-ray			
Urinalysis			
Other (if needed)			

\*\* Please include copies of Lab Results

Name of Physician: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Address and Phone \_\_\_\_\_



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## REFERENCE FORM

NAME OF APPLICANT \_\_\_\_\_  
Last First

NAME OF REFERENCE \_\_\_\_\_  
Last First

Please check correct box:  Pastor  Friend  Teacher  Employer

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. Please mail directly to **JuCUM, P.O. Box 116 attn. DTS, Juncos, Puerto Rico. 00777**

## CHARACTER PROFILE

**3 = Expert      2 = Satisfactory      1 = Unsatisfactory**

<input type="checkbox"/>	Organized	<input type="checkbox"/>	Work in the church	<input type="checkbox"/>	Teachable Spirit	<input type="checkbox"/>	Godly Character
<input type="checkbox"/>	Decisive	<input type="checkbox"/>	Social Adaptability	<input type="checkbox"/>	Obedient	<input type="checkbox"/>	Emotionally Stable
<input type="checkbox"/>	Iniciative	<input type="checkbox"/>	Generous	<input type="checkbox"/>	Hard worker	<input type="checkbox"/>	Ability to submit
<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Family relationships	<input type="checkbox"/>	Perseverent	<input type="checkbox"/>	Honest
<input type="checkbox"/>	Healthy	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Loving to others	<input type="checkbox"/>	Spiritual Growth
<input type="checkbox"/>	Puntual	<input type="checkbox"/>	Responsable	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Thankful

2. What comments would you like to make concerning the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you recommend this person be accepted into JuCUM?

I \_\_\_\_\_ have known the applicant for \_\_\_\_\_ years.

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

Address: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

## **Instructions for Completing this Form**

- 1. Page 1 is Important Information Read and Keep.**
- 2. Pages 2 through 6 are to be completed by the applicant.**
- 3. Page 7 is to be completed by your Physician.**
- 4. Pages 8 make 3 copies and have each of the following complete:**
  - Pastor**
  - Friend**
  - Teacher**
  - Employer**

**When you give them your reference form to complete, please give them envelope that is stamped and addressed to:**

**Juventud Con Una Misión**

**Attn: DTS Office**

**P. O. Box 116**

**Juncos, Puerto Rico 00777**

**They will complete the reference form and mail them directly to us.**

- 5. Page 9 is to help you complete this form correctly.**

*If you have any questions please write us or e-mail us.*

*Jucum\_pr@hotmail.com*