



Youth With a Mission

Principles In Child and Youth Ministry Puerto Rico

March 21 – August 7, 2010.

Application

This application form is not complete in itself. Please also have a copy of your DTS diploma and three (3) reference forms (one from your DTS leader, one from the national KK ministry leader and one from your Pastor or Teacher).

Name: _____ Male Female

Permanent Address: _____

City: _____ Country: _____ Zip Code: _____

Phone : (____) _____ Nationality: _____ Birth date: _____

Marital Status: Single Married Separated Divorced Engaged

(If married), Husband's/ wife's name: _____

Name of the children coming with you:

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

In case of emergency, contact: _____

Address: _____ Phone (____) _____

YWAM DTS: _____ Year: _____ Leader: _____

Other YWAM experience: _____

Home Church: _____ Phone: (____) _____

Pastor's name: _____ Phone: (____) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What specific fields of ministry are you interested in?
2. What has been your experience in this area?
3. What are your objectives for coming to the PCYM and after the school?
4. Do you presently have all your finances for the school? Yes ___ No ___ If not, how do you plan to pay it?
5. How was your conversion experience?
6. Mark in which of these practices have you been involved:

| | | | |
|---|--|---|--------------------------------------|
| <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 |

Yes. I have enclosed my \$25.00 Non-refundable application fee (same for couples or singles.) The total amount of the PCYM **lecture phase** (March, April, May) is \$1,290 dollars (**this doesn't include the practical phase**: June, July, August). The cost for the practical phase depends on the outreach location.

Signature: _____ Date: _____



Youth With a Mission

Principles In Child and Youth Ministry Puerto Rico (PCYM)

March 21 – August 7, 2010.

Confidential Evaluation

Name of the Applicant: _____

The above applicant has applied for participation in Principles in Child and Youth Ministry School. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence and will not be shown to the applicant. Please mail completed form to the address listed below. Thank you so much for your time and assistance.

Your relationship to the applicant: Employer Teacher Pastor KK Leader YWAM Leader

How well do you know the applicant? Very Well Well Casually

Length of time of your acquaintance with the applicant: _____ years _____ months

Please check the following and comment as necessary.

| | Excellent | Very Well | Regular | Developing | Weak |
|---|-----------|-----------|---------|------------|------|
| Leadership | | | | | |
| Christian character (integrity, men or woman of word) | | | | | |
| Positive contagious spirit | | | | | |
| Ability to motivate others | | | | | |
| Ability to work with children and youth | | | | | |
| Self confidence | | | | | |
| Willing to serve/ responsible | | | | | |
| Emotional stability | | | | | |
| Communication skills | | | | | |
| Mental ability | | | | | |
| Financial responsibility | | | | | |
| Maturity and Integrity | | | | | |
| Assurance of God's calling | | | | | |
| Teachable (appreciate correction) | | | | | |

P.O. Box 116, Juncos, Puerto Rico 00777

Teléfono: (787)734-4788

E-mail: pcym@jucumpr.org

Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and growing Emotional Superficial

With reference to his/her Christian service, is the applicant: Dedicated Average Poor

Comments: _____

What role does the applicant generally take in a cooperative team effort? _____

Evaluation of applicant's skill/trade/profession: _____ Superior Average Regular Poor

Other skills: _____

Listed below are tendencies which may reduce the effectiveness of the Christian worker. Please check if one applies:

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Tense | <input type="checkbox"/> Infatuations |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Moody | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Lacking humor | <input type="checkbox"/> Dissuaded, isolated | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Arrogant |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Gossiper | <input type="checkbox"/> Critic |
| <input type="checkbox"/> Often discouraged | <input type="checkbox"/> Other: _____ | | |

To your knowledge, has the applicant ever been arrested for any offenses? Yes No

To your knowledge, has the applicant ever been involved in drugs homosexuality occult?

Is the applicant financially responsible? Yes No

Do you recommend that the applicant be accepted into the school? Yes No With some reservations

Explain: _____

Is there anything else which would be helpful for us to know? _____

Signature: _____ Date: _____

Please print: _____ Phone: (____) _____

Your address: _____

State: _____ Zip Code: _____ E-mail address: _____