



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 *September 19th, 2010* and will end on *March 5th, 2011*.
- 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 10, 2010. 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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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.

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			
** Laboratorios	Results	Date	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*