





14. What are your habits in regards to your devotional life? (everyday, on special occasions, hardly ever, only in church)

a. In regards to prayer:

b. In regards to reading and studing the bible:

15. What books and Christian magazines have influenced you most?

16. How would you describe your level of commitment with the Church, considering your attendance of meetings, your participation in programs and your attendance and offerings?  
Fervently                      Variable                      Other (explain)

***EDUCATION***

1. Last level accomplished in your education? (high school, technical, university, other)

2. List the schools, institutions, or educational centers which you have attended after completing High School:

School	City/Country	Year	Certificate/Diploma/Degree
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3. What is your maternal language?

Which other languages do you speak?

English	Spanish	French	Other:
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Understand:	Well	Regular	With Difficulty
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Speak:	Well	Regular	With Difficulty
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Write:	Well	Regular	With Difficulty
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## **HEALTH AND FAMILY**

1. Give a brief sketch of your family, who the members are, your relationship with them, the activities of each one, their relationship with God, and relevant family facts.
  
2. Do you have a special commitment to someone (girlfriend/boyfriend)?  
How long have you been together?  
Do you plan to attend the DTS together?
  
3. If you are divorced, separated, living with someone, or are a single parent, please give details of your situation including dates of wedding, divorce, separation, etc.
  
4. Have you ever used the following:  

	How long?	What amounts?	What years?
Tobacco?			
Alcohol?			
Drugs?			
  
5. Have you been involved with occultism, rock music, witchcraft, horoscope, hypnotism, witch doctors, palm reading, tarot cards, telepathy, clairvoyance spiritism, satanism, oriental religions, yoga, sects (Mormons, God Children, Jehovah Witness, International Road, Ajai), prostitution, etc.? If so, please circle or write the activities in which you have participated in even though it may have been just a game at the time.
  
6. Have you undergone psychiatric treatment? If yes, indicate the dates, treatment received, and your current situation.
  
7. How do you consider your health?      Good                  Normal                  Bad
  
8. Do you have a health problem or some physical limitation that could affect your participation in the school or in doing some necessary chores?  
If yes, please explain.
  
9. Do you have some contagious illness at the moment?      If yes, what is the name?
  
10. Do you require medication or some medical attention? If yes, what is the reason, the dose, and how frequently?
  
11. Has the doctor given you a special diet?

## ***LEGAL RECORD***

1. Are you involved in some trial or legal process? Do you have a military or police record? If yes, please explain.

## ***WORK EXPERIENCE***

1. What is your profession or educational knowledge? Example: automobile mechanic, nurse, administrator, locksmith, plumber, etc.
2. What is your current occupation?
3. Do you have some formation in music talent? If so, in what specifically.
4. Do you have some hobbies? What are they?

\*Note: Students will be assigned some practical chores as part of their character formation other than their regular responsibilities.

5. Please circle the areas in which you have been trained or have experience:  
Carpentry, electricity, bricklayer, painting, photography, printing, graphic art, secretary, accounting, cook, plumber, computers, dancing, car repair, repair of electrical devices, professional nursery worker/daycare, business, etc. Other?
6. Have you visited or lived in another country? If yes, where and when?

## ***FUTURE PLANS***

1. What is your missionary calling?
2. Do you have a personal commitment to meet after the school? If yes, please specify.
3. What are your future expectations or plans.

## ***A P P E A L***

It is required that the person applying be financially responsible to assume the costs of the DTS. Every member of the YWAM DTS staff trusts that God will provide him/her with the means to cover his/her payments and personal expenses for the school. The same is expected of each future student. If you do everything within your means (using your savings, working, selling things which are not needed, etc.), we believe that the Lord will make the impossible possible with His guidance. If you pray in faith and continue in the direction which He has planned for you then where God guides, He will also provide.

## ***F I N A N C E S***

1. Do you have debts or commitments to pay other than the DTS?  
If so, how do you plan to cancel those debts?
2. Are there people who depend on you financially? If so, who are they and to what degree is your commitment to them?
3. At this time, do you have all the finances for the DTS school? If not, are you working to gather the rest?

Please choose one of the following possibilities:

\_\_\_\_\_I will pay the total upon my arrival.

\_\_\_\_\_I have assured support and shall pay a percentage upon my arrival and the other percentage before the DTS outreach.

\_\_\_\_\_I have assured support and shall pay in monthly payments of US\$\_\_\_\_\_.

**All payments must be cancelled before the beginning of the missions outreach.**

I understand that payment is required by the DTS upon my arrival.

Yes                      No

## **Please READ CAREFULLY**

1. I agree in obeying the complete set of rules given by YWAM.
2. I agree on giving the down payment of the school and in the form agreed upon.
3. I understand that there may be difficult living situations and that I must adjust and submit to such areas as: the type of housing/lodge, the means of transportation, the particular foods, etc.  
**AND I AM WILLING.**

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SIGNATURE

*This application, when answered, must be mailed through regular via air mail. You may also send the application by fax to the following number: 011-56-65-633542, however, the original application must still be sent by regular air mail.*

Once completed please send to:

**YOUTH WITH A MISSION – CHILOE**  
**Discipleship Training School**  
**Casilla 359**  
**Castro, Chiloé**  
**Chile**

**Phone: 011-56-65-684726**

**E-mail: [misiones@jucumchiloe.org](mailto:misiones@jucumchiloe.org)**

DTS Director: Rosio Lopez Atarama