



**YOUTH WITH A MISSION - Stones Hope
Crossroad Discipleship Training School
P.O. Box 7, Newport
Manchester, Jamaica
West Indies
stoneshoperegistrar@gmail.com**

CDTS ENTRY APPLICATION

Name: Last: _____ First: _____

Middle: _____

Sex: Male Female

Permanent

Address: _____

Present

Address: _____

In case of emergency contact: _____

Relationship _____

Address _____

Telephone: _____

Email: _____

Home Church: _____ Pastor's

Name _____

Address: _____

Telephone _____ Email: _____

How long have you been a "born-again" Christian?

How long have you attended this church?

Are you an active member?

Date of birth: _____ Place of Birth: _____

Height: _____ Weight: _____

Citizenship: _____ Passport no: _____

Expiry Date: _____

Place of Issue _____

(PASSPORT IS REQUIRED FOR ADMISSION)

Marital Status: (circle one) Single Married Separated Divorced
Engaged Widowed

Names of children accompanying you: _____ Age _____
Grade _____

_____ Age _____
Grade _____

_____ Age _____
Grade _____

Occupational skills:

Statement of Burial

Although it is most unlikely that any YWAM'er will pass away during his/her time on the field, existing laws regarding burial make it necessary to consider this possibility prior to travel abroad. On many bases in countries in which YWAM works, interment must take place within 24 hours of decease. If death occurs, it is not always possible to make arrangements for returning the remains to the home country, and interment must take place on the field.

In those instances in which arrangements can be made to return the remains to the home country, it is extremely expensive and some countries require that a living person accompany the deceased. For that reason, we cannot guarantee the return of the body to the home country. Therefore, we would like you to consider the following and check one:

In the event of my decease, I give permissions for my body to be buried in the country of service.

In the event of my decease, I prefer to have my remains transported to my home country **if it is possible**. My family is prepared to be financially responsible.

Name _____ Signature _____ Date _____

State the family member who will be financially responsible

Name _____ Signature _____ Date _____

Address _____

Phone _____ e-mail _____

Name of witness _____

Signature _____ Date _____

Address _____

Phone _____ e-mail _____

Kindly return to:

**CDTS- YWAM
Personnel Coordinator
P.O. Box 7, Newport
Manchester
Jamaica**

**ACKNOWLEDGMENT OF
FINANCIAL RESPONSIBILITY**

I confirm that I understand that payment of my tuition must be made with 1/2 of the payment before the school starts and the other 1/2 the first week of school, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and my fellow student. I, therefore, promise to keep my word in paying in a timely manner all personal expenses incurred during my involvement with Crossroads Discipleship Training School.

I have completed all portions of this application. If I am accepted by Crossroads Discipleship Training School, I will abide by the Spirit, policies and schedules required of all CDTS students.

Applicant's Name (print) _____

Signature _____ Date _____

RELEASE OF LIABILITY

I/We do hereby release Youth with a Mission Jamaica, its agents, and volunteers from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of my involvement with Youth With A Mission.

Applicant's Signature _____ Date _____

CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's Signature _____ Date _____

Kindly return to: **Crossroads Discipleship Training School
Personnel Coordinator
P.O. Box 7, Newport
Manchester, Jamaica, W.I.**

**MEDICAL HISTORY AND
PHYSICAL EXAMINATION RECORD**

INSTRUCTION: A recent history and physical examination is required of each applicant. The history portion of this form should be completely filled out by you (the applicant) and the physical examination is to be filled out by your doctor.

PART 1: HISTORY (to be completed by applicant)

Name of applicant: _____

Date of birth: _____ Sex: ___ Male ___ Female

Address: _____

Family Physician: _____

In case of emergency please notify: _____

Phone: _____ Fax: _____ Email: _____

PERSONAL HISTORY OF DISEASES

(Please check the appropriate slots)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Measles
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Eye problems	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Ear trouble	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Polio
<input type="checkbox"/> Fainting/dizzy spells	<input type="checkbox"/> Back problems	<input type="checkbox"/> Malaria
<input type="checkbox"/> Skin trouble	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Stomach ulcer
<input type="checkbox"/> Constipation	<input type="checkbox"/> Joint trouble	<input type="checkbox"/> Dysentery
<input type="checkbox"/> Nasal obstruction	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Small pox
Other _____		

Are you allergic to any antibiotics or other medications? ___ Please specify _____

Are you under medical treatment? ___ if yes, what for? _____

Do you take medicine regularly? ___ if yes, what for? _____

Have you ever had a nervous breakdown? ___ Yes ___ No

Have you ever been treated for an emotional disorder? ___ Yes ___ No If yes, when? _____

Diagnosis: _____ Prognosis: _____

Health records, as with all other materials in application to YWAM, are considered confidential and are not available for general use. The applicant is to sign below

that he/she has read this statement and authorize the administrators to release necessary health information if they feel it is imperative to do so.

Signature of applicant: _____ Date _____

PART 2: PHYSICAL EXAMINATION (to be completed by a physician)

_____ has applied for training through Youth with a Mission Jamaica. This is a missionary training program in which there is some strenuous physical exertion. We appreciate your assistance and advisement in this matter.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANTS HEALTH:

Is the applicant able to walk 3-4 mile per day? _____

Is the applicant underweight? ____ If yes, by how much _____

Is the applicant overweight? ____ If yes, by how much _____

At the time of the examination, blood pressure is _____

Is the applicant under medical supervision at this time or taking any medication? _____

If yes, please explain _____

Would you consider the applicant in generally good health? _____

Do you certify the applicant to be non-contagious? _____

Is the applicant the carrier of any disease? _____

Doctor's name: _____

(Please Print)

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature _____ Date _____

Please return to:

**CDTS – YWAM
P.O. Box 7, Newport
Manchester, Jamaica
West Indies**

CDTS APPLICATION SUPPLEMENT

Under your name and address on a separate piece of paper, type or print the following information to the questions below.

1. Describe your conversion experience.
2. What changes in your life have been brought about since your conversion?
3. Describe your present relationship with the Lord.
4. How do you see God's call on your life?
5. Describe your present family relationship (broken home, Christian home, family, one parent, etc.)
6. Do you presently have counseling needs?
7. List any leadership experience you have had.
8. Specify any employment you have had and the responsibilities you held.
9. What church work experience have you had?
10. How did you hear about CDTS?
11. What is your purpose and desire in applying for this program?
12. List any talents, abilities or special skills that you have.
13. Please identify and indicate proficiency in English.
14. Give one of the enclosed reference forms to your **Pastor, Teacher/Employer**, and a **Friend** who knows you well. Please give them a self-addressed stamped envelope and have them mail the forms directly to us.
15. List the names, addresses and phone numbers of the persons you will be giving your reference forms to.
16. Please indicate your financial situation in relationship to the school for which you are applying.
17. What part do you see this training program playing in your plans or vision for the future?

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, CDTS MUST RECEIVE:

- A. The Entry Application, registration fee of \$40 US and Supplemental questions 1-19**
- B. A recent, clear photograph of yourself**
- C. Medical history and physical examination record form, acknowledgement of financial responsibility/release of liability/consent for treatment form, and statement of burial form.**
- D. Three confidential evaluation forms (from your pastor, past teacher/ employer and a friend who knows you well).**

PLEASE SEND YOUR FORMS TO:

**CDTS – YWAM
P.O. Box 7, Newport
Manchester, Jamaica, W.I.
(Tel) 1-876-965-7346
Email: stonshoperegistrar@gmail.com**

