



## **Crossroads DTS YOUTH WITH A MISSION**

### **How should I proceed ?**

You want to apply for a Crossroads DTS (DTS-C)  
These are the different steps you need to follow in order to complete your application.

#### **Step 1 The application form**

- Read the form and fill it in carefully.
- Please write legibly. If necessary, use an extra sheet of paper.
- Please remember the waiver of liability form.
- Send 2 recent identity photos.

#### **Step 2 Reference forms**

- YWAM Champagne requires 3 references :
  - One from your pastor or spiritual leader.
  - 2 from close friends.
- Please contact your chosen references and ask them to send the forms back to us directly.

#### **Step 3 Medical forms**

- The health questionnaire must be filled in and sent back with your application form.
- Ask your doctor to fill in the « Doctor's Assessment » and send it back with your application form.

#### **Step 4 Sending the forms**

- Send back all the forms (see checklist below) with the application fee of 50€ to:

**JEUNESSE EN MISSION-CHAMPAGNE  
EFD-C**

15, rue du Nozin  
51210 LE GAULT SOIGNY  
FRANCE

Telephone: 03 26 81 61 46

E mail : [efdc.jemchampagne@gmail.com](mailto:efdc.jemchampagne@gmail.com)

Web site : <http://www.jem-champagne.fr/efd-c-ecole-de-formation-de-disciples-carrefour/>

#### Concerning the application fee:

French applicants can simply send a cheque.

We ask other nationalities to pay by bank transfer. (Contact us for details).

**NB: Sending your application is not a guarantee of your acceptance. We will get in touch with you within 2 weeks of receiving all your forms. (application form, reference forms, medical forms).**



## Checklist

This checklist will help you to remember the required documents and speed up the application process.

(Tick off the squares as you go)

- Application form** : I re-read it and checked that I signed.
- Application fee**: Have I included or sent the application fee of 50 € ?
- Waiver of liability** : Have I read it carefully and signed ?
- Health Questionnaire** : Have I filled in the health questionnaire ?
- Doctor's Evaluation** : Has my doctor completed the assessment ?
- References** : Have I sent off the reference forms ? Have they been sent directly to Youth with a Mission ?
- Passport** : Have I checked that my passport is valid ? If it is no longer valid, you should still send us your forms and begin the renewal procedure as soon as possible.
- Insurance** : Have I checked that I have sufficient medical cover ?
- Photos** : Have I included 2 recent identity photos ?

**OK it's finished !**



## DTS-CROSSROADS Application Form



Identity photo

### NAME and CONTACT INFORMATION

LAST NAME :  FIRST NAME :

Current Address

  
  
  

Telephone

Land-line

Mobile

Email (Please write clearly and legibly)

### PERSONAL DETAILS

Date of Birth (day /month /year)  Sex

Age  Birthplace  Nationality



**MARITAL STATUS** (Encircle)

Single

Engaged\*

Separated\*

Widow/widower\*

Married\*

Divorced\*

\* Since when ?

If married : Name of spouse

Will your spouse accompany you during the school ?

YES/NO

If NO, please give the reason

**PASSPORT**

Country

Issue date of passport

Passport number

Expiry date of passport

Place of issue

**MEDICAL INSURANCE**

Do you have medical insurance which will cover the lecture phase at our base ?

YES/NO

Name of the insurance company

Type/Name of the insurance policy

National Insurance no. (If you have one)

Number of the insurance policy



Check that your sickness/ accident insurance is valid throughout your stay with YWAM, including in the country suggested for the outreach phase (if applicable).

There are 6-month medical insurance policies which are excellent value for money. You may be able to obtain medical insurance when purchasing your plane ticket or when using your bank card. Find out !

## **SKILLS**

What languages do you speak ? (Please specify your level 1- fluent, 2- quite good, 3- a little)

Your studies

Number of years at primary and secondary school

Did you obtain a diploma after secondary school ?

Number of years at University level ? Which degree/ diploma did you obtain ?

Other areas of study

Are you working professionally now?      YES/NO

What is your profession ? (How long have you been in this profession?)

What other professions have you exercised ? (The main ones)

**Do you have musical gifts ?**

YES/NO

If so, which ones ? (Singing, instruments, worship leading...)

What are your hobbies and interests ?



Do you have a French driving licence ?

YES/NO

If YES :

Number  Type (s)  Year

How many points do you have ?

Have you had any accidents for which you were responsible ? YES/NO

### **FINANCES**

Lecture phase : 2 100 € (may be subject to change)

Outreach phase: 2 400 € (may be subject to change)

Do you have the full amount for **the lecture phase**? YES  NO

If NO please specify the amount you have  and how you plan to obtain the funds you need.

Do you have the full amount for **the outreach phase**? YES  NO

If NO please specify the amount you have  and how you plan to obtain the funds you need.

### **PERSON TO CONTACT IN CASE OF EMERGENCY**

LAST NAME  First name

Full address

Telephone

E mail  @

What is your relationship with this person?

(Father, mother, brother, sister, friend...)



## **WHICH CHURCH ARE YOU ATTACHED TO ?**

NAME of the church

Full name of the pastor/ leader

Full address

Telephone

E mail

@

Have you informed your pastor of this application ?

YES

NO

## **GENERAL HEALTH**

### MEDICATION

Are you taking any kind of medication at present? YES  NO

If YES ... what kind of medication ?

Since when ?

On prescription ?

### PHYSICAL HEALTH

Do you have any physical disability ?

YES

NO

If YES please describe

During the outreach phase, you will have to sleep on an inflatable mattress. Is this possible for you ?

YES

NO

### DIET

Are you on any kind of diet (medical) ?

YES

NO

If YES what is the diet?

### PSYCHIATRIC / EMOTIONAL HEALTH

Have you been treated for a psychiatric disorder or depression ?

YES

NO

If YES, when ?

What was the nature of the disorder ?



## **CHRISTIAN LIFE**

Date of your conversion :

*Please answer the following questions. Please take the time to give a detailed response. (Answer on a separate sheet).*

### QUESTIONNAIRE

1. Describe your conversion
2. Describe your present relationship with the Lord.
3. Describe other spiritual experiences (positive or negative) you have experienced.
4. Describe your relationship with your parents or your close family. Do they agree with your decision to train with Youth with a Mission ?
5. Describe your relationship with your pastor or spiritual leader. How does he/ she view your desire to train with YWAM ?
6. In what ways have you been able to contribute to the life of your church?
7. Have you ever led a group ? Which one ? For how long ?
8. How did you hear about YWAM ?
9. Have you taken part in YWAM activities? Which ones ?
10. What are your reasons for wanting to participate in this school and what are your hopes and expectations?
11. Do you have any debts which will not be paid off at the beginning of this school ?
12. Do you smoke ? Do you have an addiction?
13. Is there anything else we ought to know about you ?
14. Do you have any questions for us?
15. Have you applied to other YWAM bases for the same school ?

## **CONFIDENTIAL INFORMATION**





### **FRIENDS**

Please give the names of 2 people with a mature attitude, who you know well, other than your pastor or spiritual leader.

1

2

Please give the « Confidential form for a friend » which you have received, to each of them and ask them to send it directly back to :

### **JEUNESSE EN MISSION-CHAMPAGNE**

#### **EFD-C**

15 rue du Nozin  
51210 LE GAULT SOIGNY  
FRANCE

### **PASTOR or SPIRITUAL LEADER**

Please give the « Confidential form for the Pastor or Spiritual Leader » to them and ask them to send it directly back to the above address.

**Thank you for having take the time to fill in this form. We will be praying for you as we wait to receive your complete application.**

I certify that I have completed the application form seriously and honestly. Therefore, if I am accepted, I commit myself to respecting the spirit, values and rules of YWAM.

Place :

Date :

Signature

Preceded by the handwritten words : « read and approved »



## DTS-Crossroads YOUTH WITH A MISSION Waiver of liability

### 1. Candidate's name

LAST NAME

FIRST NAME

### 2. Waiver of liability

I hereby release Youth with a Mission, its leaders, team-members, volunteers and collaborators, from every responsibility for injury or damage that may be sustained by me during my stay at the base or while travelling or on the outreach phase.

### 3. Medical Discharge

I consent to medical treatment, anesthesia, transfusion or any operation considered necessary by the doctor consulted in case of illness or accident.

### 4. In case of death

Obviously, we hope that no deaths will occur during the time of training, but we have to abide by the laws of the country where we are. According to these laws it is difficult or impossible to repatriate bodies. That is why we encourage you to pray and consider the following:  
In case of death, and if the local law compels me, I accept to be buried in the country where I die.

Otherwise, I agree that my family will take responsibility for the repatriation of my body and I will take out a repatriation insurance.

### 5. Financial responsibility

I confirm that I understand that payment of the training course and fees must be paid on arrival, unless another arrangement has been made with the leaders of the base. I commit to respecting this.

I also confirm that I am fully conscious of my financial obligations, to the Lord, to other students and staff of the school. I accept responsibility for these as well as for personal expenses incurred during my time with Youth with a Mission.

I understand and agree with the following procedure of reimbursement if I have to leave the school early for any reason (apart from the death of a close family member) :

1<sup>st</sup> week 70 %, 2<sup>nd</sup> week 60%, 3<sup>rd</sup> week ou 4<sup>th</sup> week 50 %, 5<sup>th</sup> week 0 %.

### 6 Declaration

I declare that I have read all the information contained in this document and accept it as being correct and complete to the best of my knowledge.

Signature + the handwritten words « read and approved »

Date:



## DTS- CROSSROADS Health Questionnaire (Confidential)

Note for the candidate : please answer all the following questions. Ask your doctor to complete the Doctor's Evaluation form. Please place these in a closed envelope and send them back with your application form. The information will remain confidential.

### NAME AND CONTACT DETAILS

LAST NAME :

FIRST NAME :

Current address

Telephone

Land-line

Mobile

Email (Please write clearly and legibly)

### 1- General Health

If you answer NO to the following questions, please explain and give details.

- |  |     |    |
|--|-----|----|
| a) Are you able to walk 7 miles per day ?              | Yes | No |
| b) Are you able to perform physically demanding work ? | Yes | No |
| c) Are you in good general health?                     | Yes | No |

Explanation and details



## 2- Medical History

1. Check/ tick the operations, illnesses you have had.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Eating disorder         | <input type="checkbox"/> Visual problems | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Head injuries       |
| <input type="checkbox"/> Migraines               | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Fainting           | <input type="checkbox"/> Paralysis           |
| <input type="checkbox"/> Kidney disease          | <input type="checkbox"/> Fractures       | <input type="checkbox"/> Sprained ankles    | <input type="checkbox"/> HIV Seropositive    |
| <input type="checkbox"/> Hepatitis A,B or C      | <input type="checkbox"/> Skin problems   | <input type="checkbox"/> Viral disease      | <input type="checkbox"/> Intestinal problems |
| <input type="checkbox"/> Regular diarrhea        | <input type="checkbox"/> Back problems   | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Tumor/Cancer            | <input type="checkbox"/> Heart disease   | <input type="checkbox"/> Rheumatism         | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Insomnia                | <input type="checkbox"/> Anemia          | <input type="checkbox"/> Appendicitis       | <input type="checkbox"/> Other (specify)     |
| <input type="checkbox"/> Abnormal blood pressure |  |   |  |

2. List any allergies you have : food, medicine etc.

3. Indicate any treatment you are receiving

4. List any medication you take regularly or as needed

5. Indicate any psychiatric disorder for which you are or have been treated (Anxiety, depression)

6. WOMEN ONLY:

- |                        |                              |                             |                    |                              |                             |
|------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Irregular Menstruation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Severe cramps ?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Excessive flow         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you pregnant ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you have answered YES to any of these questions, please give further details.

## 3- Declaration

I declare that all the information provided here is true, correct and complete to the best of my knowledge.

NAME

Signature

Date



## DTS-Crossroads YOUTH WITH A MISSION

### Doctor's assessment

Note for the doctor: The candidate has applied for one of our training sessions. Kindly complete this health questionnaire, which will remain confidential.

#### 1. Candidate's name

LAST NAME  FIRST NAME

#### 2. Physical assessment

Height (cm)  Weight (kg)  Blood pressure  Blood group

**Hearing** Left  Right

**Vision** (without correction) Left  Right

**Vision** (with correction) Left  Right

#### 3. Immunisation/vaccination

	Dates		Dates		Dates
<input type="checkbox"/> Typhoid	<input type="text"/>	<input type="checkbox"/> Cholera	<input type="text"/>	<input type="checkbox"/> BCG	<input type="text"/>
<input type="checkbox"/> Polio	<input type="text"/>	<input type="checkbox"/> Diphtheria	<input type="text"/>	<input type="checkbox"/> Tetanus	<input type="text"/>
<input type="checkbox"/> Measles	<input type="text"/>	<input type="checkbox"/> Whooping cough	<input type="text"/>	<input type="checkbox"/> Hepatitis	<input type="text"/>
<input type="checkbox"/> Mumps	<input type="text"/>	<input type="checkbox"/> Yellow fever	<input type="text"/>	<input type="checkbox"/> Hepatitis B	<input type="text"/>

#### 4. Physiological/Physical disorder

In your opinion does the candidate suffer from any physical or physiological disorder which would limit their ability to take a full part in studies or field missions, either locally or overseas ?

#### 5. Recommendation of the Doctor

Acceptable     Not acceptable

Acceptable with some limits

please specify

#### Contact information for the Doctor

NAME

Address/Stamp

Signature  date



## **DTS-Crossroads YOUTH WITH A MISSION**

### **Doctor's assessment**

Note for the doctor: The candidate has applied for one of our training sessions. Kindly complete this health questionnaire, which will remain confidential.

#### **1. Candidate's name**

LAST NAME  FIRST NAME

#### **2. Physical assessment**

Height (cm)	Weight (kg)	Blood pressure	Blood group
<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
<b>Hearing</b>		Left <input style="width: 80px; height: 25px;" type="text"/>	Right <input style="width: 80px; height: 25px;" type="text"/>
<b>Vision</b> (without correction)		Left <input style="width: 80px; height: 25px;" type="text"/>	Right <input style="width: 80px; height: 25px;" type="text"/>
<b>Vision</b> (with correction)		Left <input style="width: 80px; height: 25px;" type="text"/>	Right <input style="width: 80px; height: 25px;" type="text"/>

#### **3. Immunisation/vaccination**

	Dates		Dates		Dates
<input type="checkbox"/> Typhoid	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Cholera	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> BCG	<input style="width: 120px;" type="text"/>
<input type="checkbox"/> Polio	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Diphtheria	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Tetanus	<input style="width: 120px;" type="text"/>
<input type="checkbox"/> Measles	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Whooping cough	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Hepatitis	<input style="width: 120px;" type="text"/>
<input type="checkbox"/> Mumps	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Yellow fever	<input style="width: 120px;" type="text"/>	<input type="checkbox"/> Hepatitis B	<input style="width: 120px;" type="text"/>

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#### **5. Recommendation of the Doctor**

- Acceptable       Not acceptable
- Acceptable with some limits

please specify

#### **Contact information for the Doctor**

NAME

Address/Stamp

Signature  date



## Application Form: Discipleship Training School-Crossroads YOUTH WITH A MISSION

### Reference (to be completed by a friend)

Full name of the referee

Full name of the candidate

The person mentioned above has applied to train with YWAM in a Crossroads DTS.

YWAM is an international, interdenominational Christian organization dedicated to the proclamation of the Gospel, to mobilizing and equipping people who are willing to live out God's call on their lives in the service of His kingdom.

In order to get to know the candidate better, and to evaluate their skills and capacities in service we would be grateful if you could answer the following questions.

If the candidate is accepted your answers and commentaries will help us to better meet their needs and aspirations.

### **1. Relationship with the candidate**

- What is your relationship with the candidate? (friend, other ...)

- How long have you known the candidate?

- Give a number between 1 et 10 which describes how well you know the candidate  
(1=very little, 10=intimately)

1    2    3    4    5    6    7    8    9    10

### **2. Christian Life**

In your opinion, which of the following words best describes the Christian life of the candidate ?  
(Circle)

Mature / Communicative/ Emotional / Superficial / Authentic & Growing

### **3. Character**

Describe in your own words how you would evaluate the candidate in the following areas :

- Initiative

- Social Adaptability



- Personal hygiene
- Concern for others
- Financial responsibility
- Leadership capacity
- Emotional stability
- Ability to follow
- Flexibility
- Reliability
- Self-control
- Ability to handle stress
- Morality
- Temperament
- Punctuality
- Perseverance
- Ability to have critical judgement

#### 4. Problem areas

Please note that we seek to help and accompany the candidate in their development. Please tick the words or descriptions that best apply.

- Anxious
- Impatient
- Discouraged
- Intolerant
- Argumentative
- Authoritarian
- Tense
- Addictive behavior
- Unable to handle stress
- Often worried
- Moody





- Critical of others
- Over-sensitive
- Erratic in attitudes and behaviour
- Prejudices against groups / races / nationalities

If you have noticed one of these attributes in a pronounced way, please specify

### 5. Recommendation

What is your overall assessment of the candidate's ability to become a YWAMer ?

- Completely unsuitable
- Unsuitable for the time being
- A good candidate but I have a few reservations
- Average candidate
- Above average candidate
- Exceptional candidate

### 6. Responsibility

Is the candidate reliable in the responsibilities entrusted to them ?

Yes/ No

Please give further details

Does the candidate respond well to authority?

Yes/ No

Please give further details

### 7. Gifts and talents

What are the gifts and talents of the candidate ?



## 8. Family Background

Please give a brief comment on the candidate's family history (if known)

## 9. Additional Comments

Please add other comments which could be useful.

Would you like to speak with us on the phone about this application?

Yes/ No

If YES , when would be a good time to call you and on what phone number?

## 10. Details of the referee

I declare that the contents of this confidential reference are true and fair to the best of my knowledge

Full name (in capital letters)

Full Address

Telephone

E Mail

Date :

Signature

### **Please return to :**

JEUNESSE EN MISSION-CHAMPAGNE EFD-C

15, rue du Nozin 51210 LE GAULT SOIGNY

FRANCE



## Application Form: Discipleship Training School-Crossroads YOUTH WITH A MISSION

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Full Address

Telephone

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Date :

Signature

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JEUNESSE EN MISSION-CHAMPAGNE EFD-C

15, rue du Nozin 51210 LE GAULT SOIGNY

FRANCE



Le Gault Soigny

Dear Pastor or Spiritual Leader,

We have received an application for our Discipleship Training School (DTS) from a member of your community.

In our concern to work in collaboration with you, and in our desire to do the best for the candidate, we would be grateful if you could complete the enclosed form so that we can consider the application. Please let us know any comments you may have about this school.

In addition, because of Youth with a Mission's (YWAM's) call to missions for over over 30 years, it is possible that, during the training school, the candidate might feel called to stay and serve either short or long-term.

The candidate may also wish to continue their training with YWAM in the « University of the Nations », in schools such as the School of Biblical Counselling, the Biblical Studies School, the School of Communication etc.

On average 80% of students who have taken part in a DTS return to their home churches and take up their job or studies once again. The remaining 20% wish to prolong their commitment to YWAM for about a year.

We don't want your hopes for the candidate to be disappointed. For this reason we invite you to express your opinion about this. (on a separate sheet)

Thank you in advance for your collaboration. May the Lord bless you and your ministry.

**Jean Claude and Linda ANNA**



## Application Form: Discipleship Training School-Crossroads YOUTH WITH A MISSION

### Pastor or Spiritual's Leader's Reference

Full name of the referee

Full name of the candidate

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In order to get to know the candidate better, and to evaluate their skills and capacities in service we would be grateful if you could answer the following questions.

If the candidate is accepted your answers and commentaries will help us to better meet their needs and aspirations.

#### **1. Relationship with the candidate**

- What is your relationship with the candidate? (Pastor, Spiritual Leader, Other ...)

- How long have you known the candidate ?

- Give a number between 1 et 10 which describes how well you know the candidate  
(1=very little, 10=intimately)

1    2    3    4    5    6    7    8    9    10

- How long has the candidate been attending your church?

- From your interventions with the candidate, what would you say is his level of commitment?

Faithful / Unpredictable / Other

- Were you aware of the intention of the applicant to participate in the school before receiving this form?

Yes / No



- Can you recommend the candidate for work with children without any hesitation ?

Yes/ No

## 2. Christian Life

In your opinion, which of the following words best describes the Christian life of the candidate ?  
(Circle)

Mature / Emotional / Superficial / Authentic & Growing

## 3. Character

Describe in your own words how you would evaluate the candidate in the following areas :

- Initiative

- Social Adaptability

- Personal Hygiene

- Concern for others

- Financial Responsibility

- Leadership capacity

- Emotional Stability

- Ability to follow

- Flexibility

- Reliability

- Self-control

- Ability to handle stress

- Morality

- Temperament

- Punctuality

- Perseverance

- Ability to have critical judgement

-



#### 4. Problem areas

Please note that we seek to help and accompany the candidate in their development. Please tick the words or descriptions that best apply.

- Anxious
- Impatient
- Discouraged
- Intolerant
- Argumentative
- Authoritarian
- Tense
- Addictive behavior
- Unable to handle stress
- Often worried
- Moody
- Critical of others
- Over-sensitive
- Erratic in attitudes and behaviour
- Prejudices against groups / races / nationalities

If you have noticed one of these attributes in a pronounced way, please specify

#### 5. Recommendation

Would you encourage YWAM to accept the candidate ?

#### 6. Motivations

In your opinion what has motivated the candidate to apply for this school ?

- |  |  |
|--|--|
| <input type="checkbox"/> A desire to spread the Gospel         | <input type="checkbox"/> Christian service                             |
| <input type="checkbox"/> To deepen their relationship with God | <input type="checkbox"/> To be trained in order to give more to others |
| <input type="checkbox"/> A desire to help others               | <input type="checkbox"/> To escape from a difficult situation          |

#### 7. Responsibility

Is the candidate reliable in the responsibilities entrusted to them ?

Yes/ No

Please give further details



Does the candidate respond well to authority?

Yes/ No

Please give further details

**8. Family background**

Please give a brief comment on the candidate's family history (if known)

**9. Gifts and talents**

What are the gifts and talents of the candidate ?

**10. Additional Comments**

Please add other comments which could be useful.

Would you like to speak with us on the phone about this application?

Yes/ No

If YES , when would be a good time to call you and on what phone number?



**11. Details of the referee**

I declare that the contents of this confidential reference are true and fair to the best of my knowledge

Full name (in capital letters)

Full Address

Telephone



Email

Signature :

Date :

**Please send back to :**

JEUNESSE EN MISSION-CHAMPAGNE EFD-C 15, rue du Nozin 51210 LE GAULT SOIGNY FRANCE