

Please attach  
2 recent  
passport size  
photos of  
yourself

### 1. GENERAL INFORMATION:

A. Full Name: \_\_\_\_\_  
*surname first other preferred*

B. Permanent Address: \_\_\_\_\_ Current Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

C. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

D. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
*year/month/day*

E. National Citizenship: \_\_\_\_\_

F. Passport Number: \_\_\_\_\_ Valid until: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*year/month/day*

### 2. PERSONAL INFORMATION:

Give short answers to all the following questions on this application form and more detailed answers, if necessary, on a separate sheet of paper. Identify each answer by question section and number (for example: 3C). Please type or print clearly.

A. Marital Status:

single [ ]  
engaged [ ] (fiancé's name) \_\_\_\_\_ (proposed wedding date) \_\_\_\_\_  
married [ ] (spouse's name) \_\_\_\_\_ (date of wedding) \_\_\_\_\_  
Are you, or have you been widowed, separated or divorced? \_\_\_\_\_  
(If yes, please explain on a separate paper.)

B. List the names, gender and birth date of any children accompanying you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about the health of your child(ren) we should know? \_\_\_\_\_  
(If yes, please explain on a separate paper.)

C. Do you consider your health:      excellent [ ]    average [ ]    poor [ ]

D. Are you presently taking medication or under doctor's treatment? \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

Have you ever been under psychiatric care? \_\_\_\_\_

Have you ever had an eating disorder? \_\_\_\_\_

(If you answered "yes" to any of these question, please explain on a separate paper.)

E. Are you a carrier of a contagious disease? \_\_\_\_\_

(If yes, please explain.)

F. If you are on a special diet, please explain: \_\_\_\_\_

G. Have you ever engaged in drug, tobacco or alcohol abuse? \_\_\_\_\_

(Smoking, drinking and non-prescription drug use is NOT ALLOWED during the DTS.)

Have you ever engaged in occult practices? \_\_\_\_\_

(If you answered "Yes" to either of these questions, please explain on a separate paper.)

**3. WORK EXPERIENCE, HOBBIES & ACADEMIC INFORMATION:**

A. List the jobs you have had since finishing your schooling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. List your occupational/technical skills (carpentry, computing, mechanics, cooking, sewing, administration, receptionist, etc.) \_\_\_\_\_

\_\_\_\_\_

C. What are your hobbies? What instruments do you play? \_\_\_\_\_

\_\_\_\_\_

D. Do you have any special type of driver's license (bus, etc.)? If so, what type? \_\_\_\_\_

E. List certificates and/or degrees earned from secondary/high school onward:

\_\_\_\_\_

F. What is your mother tongue? \_\_\_\_\_

If English or Swedish is NOT your mother tongue please include a written statement, signed by a teacher or pastor, vouching that your English is good enough for intensive studies.

What other languages do you speak well enough to get by as a tourist? \_\_\_\_\_

\_\_\_\_\_

**4. CHRISTIAN EXPERIENCE:**

A. Name your church and denomination: \_\_\_\_\_  
How long have you attended? \_\_\_\_\_ If less than 2 years, please give previous

church's name, denomination and how long you attended: \_\_\_\_\_

B. Please list the name, address (e-mail also) and phone number of your current pastor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Does your pastor know that you are applying for this school? \_\_\_\_\_

Is you pastor in agreement with your plans? \_\_\_\_\_

If you don't have a pastor, please explain on a separate paper.

D. Describe any responsibilities or leadership roles you have had in your church: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Have you had any formal Bible training? \_\_\_\_\_ If so, list when, where and for how long:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

F. If you answer "yes" to any of the following questions, please explain in detail on a separate paper.

1. Have you served as a member of any other mission organization before? \_\_\_\_\_

2. Are you currently under appointment of any other mission organization? \_\_\_\_\_

3. Have you ever been dismissed from another mission organization? \_\_\_\_\_

G. On a separate paper, please explain in detail:

1. Your conversion experience.

2. Your spiritual growth and significant spiritual experiences.

3. What the Lord is doing in your life right now.

4. What your expectations are for this school, and what you would like to see the Lord do in your life through the school.

5. Your call for missions and/or evangelism.

6. Any previous involvement with YWAM.

7. How you heard about YWAM and YWAM Stockholm.

8. What your future plans are.

9. Describe your prayer, Bible reading and study habits.

10. (If married) how often do you have devotions with your spouse?

11. (If you have children) how often do you have devotions with them?

**5. RELEASE OF LIABILITY**

I hereby release Youth With A Mission, International and Youth With A Mission, Sweden, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability, or life which may be sustained by said person during the course of involvement with Youth With A Mission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**6. EMERGENCY INFORMATION:**

Whom should we contact in case of emergency?

Full name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address: \_\_\_\_\_ Phone numbers \_\_\_\_\_

**7. COSTS:**

The total cost of the school is SEK 34 000 (Swedish kronor). This includes your room, food, local travel and tuition. But it does NOT cover personal costs or the travel cost for outreach.

At the present time I have SEK \_\_\_\_\_ towards my school fee.  
My church, family and friends have committed themselves to support me with SEK \_\_\_\_\_ per month.  
I still need SEK \_\_\_\_\_ for my fees. THIS IS HOW I AM GOING TO GET THE MONEY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please mark one:  
\_\_\_\_\_ I WILL PAY THE TOTAL AMOUNT BEFORE/ON MY ARRIVAL  
\_\_\_\_\_ I HAVE DEFINITE SUPPORT & WILL PAY MONTHLY  
(to be paid in full before outreach)  
\_\_\_\_\_ OTHER WAY (explain)  
\_\_\_\_\_  
Signature \_\_\_\_\_

When you have completed this form, please send it to:

DTS  
YWAM Stockholm  
Gamla Landsvägen 6  
196 30 Kungsängen  
Sweden

Or scan the form and email it to [dts@ywamstockholm.se](mailto:dts@ywamstockholm.se)