



YWAM  
Antigua,  
Guatemala

Summer M.A.D.  
Program  
application

YWAM Antigua  
444 Brickell Ave  
Suite 53-85020  
Miami, FL 33131  
011-502-7834-0390  
email: [brutcho@hotmail.com](mailto:brutcho@hotmail.com)



# application instructions

---

Thank you for applying to the bilingual Summer M.A.D. Program with Youth With A Mission-, Antigua, Guatemala! **In order for us to process your application, we must receive all of the following completed forms and the application fee.**

\_\_\_ **1. M.A.D. Application Form**

Please answer all questions. For questions that do not apply to you, answer with: N/A

\_\_\_ **2. Application Fee**

Non-refundable \$20 Make all checks/ money orders payable to *Youth With A Mission*. There will be an additional fee of \$25 USD per person for those registering less than 30 days prior to the beginning of the school.

\_\_\_ **3. Personal History**

\_\_\_ **4. Health Form and Physician's Evaluation**

Please complete and have signed by a physician.

\_\_\_ **5. Release Form**

Please read and sign all portions.

\_\_\_ **6. Reference Form**

Give the form to your pastor

\_\_\_ **7. Photos**

Please include two recent photos of yourself:  
- at least one that is passport size

**Please mail all forms to:**

YWAM Antigua  
444 Bricknell Avenue  
Suite 53-85020  
Miami, FL 33131

**For more information:**

Phone: (011)502-7834-0390  
Fax: (011)502-7834-0390

## **Payment of Tuition**

Upon receiving a final letter of acceptance from Youth With A Mission- Antigua, Guatemala, the entire tuition of \$350 must be paid one month prior to the official start date of the program. Checks or Money Orders should be made payable to YWAM Antigua.

## **Refund of Tuition**

Each student is accepted with the understanding that he/she has registered for the entire length of training. If a student cancels enrollment in the program 30 days in advance a 75 % refund will be given. Cancellation between 15-29 days prior to the start date will be given a 50% refund. Students who cancel with less than 15 days remaining before the start date or begin the program but do not complete it will be given no refund.

(NOTE: We have done our best at keeping cost for the school as low as possible. For some people the costs are not a problem, for others they seem unattainable. Please don't be discouraged, we serve a big God and believe that if He is calling you here at this time He will provide. It is a time of increasing your faith in Him!)

## **Other Important Information**

### **A. Personal Finances**

It is difficult to cash checks in Guatemala, however ATM cards work fairly well. We recommend you have someone at home handle your finances and use the ATM to withdraw the money you need. (Money for tuition can be received by check in USD).

### **B. Insurance**

We recommend that you obtain an international insurance plan that covers you while in your training. If you are already insured, please check with your insurance company to ensure that you are also covered in Guatemala. Note that in the case of an accident, you may need to pay with cash or a credit card, and your insurance company will reimburse you later. If you need insurance, feel free to check into the following companies:

Insurance Services of America-[www.missionaryhealth.net](http://www.missionaryhealth.net)  
STM Services Int'l-[www.stmservices.com](http://www.stmservices.com)

### **C. Relationships**

Good relationships among all staff and students are encouraged; however we highly recommend that students do not begin any exclusive, romantic, or dating relationships during the M.A.D. program to allow for maximum personal growth. This is very important for you to receive the most that you can from the school and not to be distracted from what God may want to do in your life during this time.

### **D. Passport**

It is required that you have a passport before you arrive for training. Once you've applied, it can take up to 3 months to receive, so please begin this process early.

### **E. Immunizations**

For your own protection, please be sure that you have had the following immunizations before arriving to the school:

Tetanus, Hepatitis A and B

# YWAM Summer M.A.D. application



## Personal Information

Date of Application: \_\_\_\_\_  
Date of Program Applying for: \_\_\_\_\_ Application Fee Enclosed: \$ \_\_\_\_\_

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box

City State/Prov. Country Phone  
Permanent Address (if different from above): \_\_\_\_\_  
Street/P.O. Box

City State/Prov. Country Phone  
Email Address: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Passport Information

Name as listed on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_

City/Country where Passport was issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been refused a visa for any country? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Talents and Skills

Help us to get to know you better by telling us what some your interests and skills are:  
(Example: working on cars, singing on a worship team, photography, etc.)

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

## Home Church Information

Church's Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ How long have you attended? \_\_\_\_\_



# personal history

---

Please prayerfully answer the following questions on a separate sheet of paper. Include on the paper your name, address, and phone number. Please be as accurate and honest as possible.

- a. Describe your conversion experience.
- b. Describe your personal relationship with the Lord.
- c. What areas of your character are you presently seeking God to further develop and improve?
- d. Describe your relationship with your local church and any areas of service or leadership.
- e. What missions experience have you had?
- f. Explain your purpose for attending Summer M.A.D.
- g. Describe your relationship with your family and their attitude regarding your interest in attending Summer M.A.D.
- h. List anything else that we should know about your situation (special circumstances, work limitations, etc).



# health form

Date of Program Applying for: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_ No \_\_\_

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I also accept full responsibility for expenses related to medical care.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian is required if applicant is under 18 years of age.

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

### Personal Health History

Have you ever had, or do you have, any of the following?

Please check all that apply and comment in the space below, or on a separate sheet of paper.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergy             | <input type="checkbox"/> Low blood pressure    | <input type="checkbox"/> Venereal Disease      |
| <input type="checkbox"/> Medicine- specify   | <input type="checkbox"/> Weakness              | <input type="checkbox"/> HIV+                  |
| <input type="checkbox"/> Food- specify       | <input type="checkbox"/> Surgery- specify      | <input type="checkbox"/> Jaundice              |
| <input type="checkbox"/> Other- specify      | <input type="checkbox"/> Broken bones          | <input type="checkbox"/> Hepatitis             |
| <input type="checkbox"/> Skin conditions     | <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Kidney Disease        |
| <input type="checkbox"/> Eye trouble         | <input type="checkbox"/> Rheumatism/ Arthritis | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Ear trouble         | <input type="checkbox"/> Back Problems         | <input type="checkbox"/> Intestinal troubles   |
| <input type="checkbox"/> Recurrent headache  | <input type="checkbox"/> Paralysis             | <input type="checkbox"/> Recurrent diarrhea    |
| <input type="checkbox"/> Fainting spells     | <input type="checkbox"/> Head injury           | <input type="checkbox"/> Shortness of breath   |
| <input type="checkbox"/> Insomnia            | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Ulcer                 |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Anemia                | <input type="checkbox"/> Mental or             |
| <input type="checkbox"/> Heart trouble       | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> nervous disorders     |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Tumor: Cancer         | <input type="checkbox"/> Depression            |

Specifics/Other:

Are you presently taking any medication? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Do you have any physical disabilities? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Have you been under psychiatric care? Yes \_\_\_ No \_\_\_ If yes, please explain history:



# physician's evaluation

---

**To the Applicant:** Please have a physician complete and sign this form.

**To the Physician:**

\_\_\_\_\_ has applied to be admitted into the Discipleship Training School with Youth With A Mission in Antigua, Guatemala. Please answer the following questions regarding the applicant's health.

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_
2. Is he/ she underweight or overweight? Yes \_\_\_ No \_\_\_  
How much? \_\_\_\_\_
3. Is he/ she taking medication or under medical attention at this time?  
Yes \_\_\_ No \_\_\_  
If yes, what type? \_\_\_\_\_
4. Does the applicant have any contagious illness? Yes \_\_\_ No \_\_\_
5. Is the applicant on a special diet? Yes \_\_\_ No \_\_\_  
If yes, what type? \_\_\_\_\_
6. Would he/ she be able to walk 3-4 miles a day? Yes \_\_\_ No \_\_\_
7. Is the applicant in general good health? Yes \_\_\_ No \_\_\_

Note: Please use the following space to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

---

---

---

---

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



# release forms

---

## Release of Liability

I do hereby release Youth With A Mission- Antigua, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course of involvement with Youth With A Mission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian is required if applicant is under 18 years of age.

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

---

## Burial Statement

Although it is very rare that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to traveling abroad. YWAM does everything possible to protect its staff and students, but in many countries where disease is more prevalent burial may have to take place within 24 hours, or arrangements will be made to ship the remains home. In addition, all burial costs and transportation expenses are not the responsibility of Youth With A Mission- Antigua, its staff or associates.

**Therefore, in the event of my death, I give my permission to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial cost or transportation expenses.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian is required if applicant is under 18 years of age.

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

---

## Declaration of Commitment

I understand that this program is voluntary. I choose to commit myself to this intensive process of discipleship during the entire length of the program. I recognize that the school is full-time- seven days per week, 24 hours per day. I also understand that the purpose of the school is to develop my character, discipline, and relationship with God. I trust that God will use the Summer M.A.D. Program and the YWAM staff to work in areas of my character that need to grow, change, or be refined.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**I certify that all information in this application is complete and accurate and if accepted, I will abide by the spirit, rules, and schedule of the program.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# pastor's reference

---

**To the Applicant:**

Please complete the information below and provide a stamped envelope addressed to YWAM- , Guatemala for the person completing the reference.

Name of Applicant: \_\_\_\_\_ DTS Dates: \_\_\_\_\_

---

**To the Pastor:**

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational, Christian missionary organization. YWAM, founded in 1960, now has centers in over 500 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go therefore and make disciples of all nations." (Matt. 28:18)

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. Serious consideration will be given to your comments therefore, we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated.**

Your Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_ Very well \_\_\_ Well \_\_\_ Casually

	Superior	Above Average	Average	Below Average	Inferior
Initiative					
Social adaptability					
Teachable attitude					
Leadership					
Judgment/Decision making					
Emotional stability					
Health					
Personal appearance					
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Concern for others					
Willingness to serve					

Comments: \_\_\_\_\_

---

Mental ability \_\_\_ quick to comprehend \_\_\_ average \_\_\_ slow  
 Work Ethic \_\_\_ hard worker \_\_\_ average \_\_\_ lacks persistence  
 Reliability \_\_\_ Meets obligations \_\_\_ average \_\_\_ neglects obligations  
 Cooperativeness \_\_\_ works well with others \_\_\_ average \_\_\_ avoids group activities  
 Flexibility \_\_\_ open to change \_\_\_ average \_\_\_ unyielding

Christian Character    \_\_\_ well-balanced                    \_\_\_ average                    \_\_\_ unstable  
 Disposition            \_\_\_ cheerful                    \_\_\_ average                    \_\_\_ passive  
 Punctuality            \_\_\_ punctual                    \_\_\_ average                    \_\_\_ often late  
 Financial responsibility \_\_\_ honors obligations                    \_\_\_ average                    \_\_\_ neglectful

Comments: \_\_\_\_\_

Please choose 4 or 5 of the following words that best describe the applicant.

<input type="checkbox"/> Teachable	<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Humorous	<input type="checkbox"/> Easily Embarrassed
<input type="checkbox"/> Tolerant	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Moody	<input type="checkbox"/> Easily Offended
<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Nervous	<input type="checkbox"/> Fearful	<input type="checkbox"/> Dependable
<input type="checkbox"/> Committed	<input type="checkbox"/> Lacking Humor	<input type="checkbox"/> Domineering	<input type="checkbox"/> Self motivated
<input type="checkbox"/> Good Listener	<input type="checkbox"/> Prejudiced	<input type="checkbox"/> Flexible	<input type="checkbox"/> Patient
<input type="checkbox"/> Understanding	<input type="checkbox"/> Anxious	<input type="checkbox"/> Critical	<input type="checkbox"/> Wise
<input type="checkbox"/> Disciplined	<input type="checkbox"/> Stable	<input type="checkbox"/> Peaceful	<input type="checkbox"/> Apathy

Which of the following would best describe the applicant's Christian experience?

Mature     Contagious     Genuine and Growing     Over-emotional     Superficial

Comments \_\_\_\_\_

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?    \_\_\_ Yes    \_\_\_ No    If yes, please explain: \_\_\_\_\_

Does the applicant respond well to authority?    \_\_\_ Yes    \_\_\_ No    If no, please explain: \_\_\_\_\_

To what extent is the applicant active in Christian service? \_\_\_\_\_

With reference to his/her Christian service, do you consider the applicant to be:

dedicated     average     casual    Please explain: \_\_\_\_\_

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

<input type="checkbox"/> Personal growth	<input type="checkbox"/> Christian service	<input type="checkbox"/> Desire to help others
<input type="checkbox"/> Receive discipleship	<input type="checkbox"/> To spread the Gospel	<input type="checkbox"/> Receive help
<input type="checkbox"/> Travel	<input type="checkbox"/> Adventure	<input type="checkbox"/> Get away from unpleasant circumstances

Please comment on the applicant's family situation. \_\_\_\_\_

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). \_\_\_\_\_

Would you recommend the applicant for acceptance into the Discipleship Training School?

Yes     With some reservation (please comment)     No (please comment)

**I declare that all contents of this reference are correct to the best of my knowledge.**

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

Please send reference to: YWAM Antigua , 444 Bricknell Ave. Suite 5385320 Miami, FL 33131