

# YWAM Nicoya, Guanacaste

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## GUIDE TO COMPLETING DTS APPLICATION

Thank you for applying for training with YWAM Nicoya, Guanacaste, Costa Rica. May you know the Lord's grace as you seek His direction. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications.

1. **Main Application Form.** This form must be filled out for the DTS that you wish to apply for at the Youth With A Mission Nicoya, Guanacaste base in Costa Rica.
2. **Application Fee.** A non-refundable application fee of US \$40 for singles and US \$60 for a couple is to be sent in with your application. It must be sent in cash (please, put the money in between the application papers, so that it is not visible through the envelope). Your application will not be processed until the application fee is received.
3. **Personal History.** Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to the application form. Your answers will be significant in the application process.
  - a) Please describe your conversion experience and present spiritual relationship with the Lord. (Not more than one page.)
  - b) What areas of your character are you presently seeking God to further develop and improve?
  - c) How do you see God's call on your life? Do you feel God is leading you into any particular area?
  - d) Do you have any present counseling needs?
  - e) How would you describe your relationship with your parents/family?
  - f) How do your parents/family feel about your plans to enroll for training with YWAM in Costa Rica?
  - g) Do you have a calling or an attraction to any part of the world?
  - h) Does your Pastor know of your calling? Are they sending you out with their blessing?
  - i) One of our goals is to release people into ministry. Would you be willing to go into ministry?
4. **Health Form** Please complete this form and return it directly to the YWAM-Nicoya, Guanacaste base. These forms must also be submitted for any children who will accompany you.
5. **Reference Forms:** On each of the three reference forms enclosed write in your course and date, include your email address and phone number, and then sign it. Give one form to your pastor/youth pastor and two to friends/family members. Ask all your references to complete the form and mail it directly to the YWAM-Nicoya, Guanacaste base (provide them with an envelope with the address and postage paid). We must receive all 3 of these reference forms BEFORE we can process your application.

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# YWAM Nicoya, Guanacaste



## APPLICATION FOR DISCIPLESHIP TRAINING SCHOOL

Date of Application (DD/MM/YY) \_\_\_\_\_

Registration fee of \$40 US currency enclosed? Yes

DTS Applying for: \_\_\_\_\_

(DTS is a prerequisite for being on staff and for any other YWAM schools)

Starting Date (MM/YY) \_\_\_\_\_ Second Choice (MM/YY) \_\_\_\_\_

**IMPORTANT**

**PLEASE ATTACH  
RECENT PHOTO  
HERE**

### PERSONAL INFORMATION

Last/Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ This Address Good Until: (DD/MM/YY) \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country \_\_\_\_\_

Phone Number 1 \_\_\_\_\_

Phone Number 2: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Personal identification number or US Social Security Number: \_\_\_\_\_

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# YWAM Nicoya, Guanacaste



## FAMILY INFORMATION

### Marital Status:

Single    Engaged (Date \_\_\_\_\_)    Married (Date \_\_\_\_\_)    Separated (Date \_\_\_\_\_)  
Divorced (Date \_\_\_\_\_)    Remarried (Date \_\_\_\_\_)    Widowed (Date \_\_\_\_\_)

### Spouse's Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

### Dependent Children Accompanying You:

Name: \_\_\_\_\_ Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
Name: \_\_\_\_\_ Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
Name: \_\_\_\_\_ Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Will you be accompanied by other dependents? No Yes

If Yes please indicate below:

Name: \_\_\_\_\_ Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

## PASSPORT/ VISA INFORMATION

I do not have a valid passport. \_\_\_\_\_ I applied for a passport on \_\_\_\_\_ (date.)

Name as Listed on Passport \_\_\_\_\_

Country/Countries of citizenship \_\_\_\_\_

Birthplace: (City) \_\_\_\_\_ (State/Prov) \_\_\_\_\_ (Country) \_\_\_\_\_

City and Country Where Passport Was Issued \_\_\_\_\_

Passport # \_\_\_\_\_ Passport Expiry Date (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Visa Type \_\_\_\_\_

**(Non-U.S. students only: Do you have a visa for United States?)**

Date Visa Issued (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Visa Expiry Date (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

City and Country Where Visa Issued \_\_\_\_\_

Have you ever been refused a visa? No \_\_\_\_\_ Yes \_\_\_\_\_ (Give nation and details) \_\_\_\_\_

# YWAM Nicoya, Guanacaste



## EMERGENCY INFORMATION

### IN CASE OF EMERGENCY, CONTACT PERSON:

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

PO Box / Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Office: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### HOME CHURCH:

Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

PO Box / Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_

### STUDENT EMERGENCY INFORMATION:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type: \_\_\_\_\_ O, A, B, AB (+ or -)

Are you allergic to any drugs? No \_\_\_\_\_ Yes \_\_\_\_\_ (specify) \_\_\_\_\_

## EXPECTATIONS

How did you first hear of YWAM Nicoya, Guanacaste? \_\_\_\_\_

What reasons most influence your decision to apply \_\_\_\_\_

What expectations do you have for this DTS? \_\_\_\_\_

# YWAM Nicoya, Guanacaste



## EDUCATIONAL INFORMATION

I have not completed high school/secondary school. \_\_\_\_\_ Highest educational level completed: \_\_\_\_\_

High School/Secondary School/College/University/Seminary Attended:

Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**NOTE:** If you intend to pursue a U of N degree, transcript(s) of your record(s) at each High School /Secondary School or College/University /Seminary you have attended must be submitted to the U of N Registrar by the institution.

## PAST EMPLOYMENT HISTORY (Please list most recent jobs first)

\_\_\_\_\_  
Dates: \_\_\_\_\_

\_\_\_\_\_  
Dates: \_\_\_\_\_

\_\_\_\_\_  
Dates: \_\_\_\_\_

## WORK EXPERIENCE

Current Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Previous Work Position: \_\_\_\_\_ Organization/Company: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## LANGUAGES

English Proficiency (please indicate proficiency using the number scale below) \_\_\_\_\_

- |                                  |                                |                                     |
|----------------------------------|--------------------------------|-------------------------------------|
| 1. Elementary Speaking           | 2. Limited Word Proficiency    | 3. Minimum Professional Proficiency |
| 4. Full Professional Proficiency | 5. Native Speaking Proficiency | 6. Mother Tongue                    |

Spanish Proficiency (if you speak, please indicate proficiency using the number scale below) \_\_\_\_\_

- |                                  |                                |                                     |
|----------------------------------|--------------------------------|-------------------------------------|
| 1. Elementary Speaking           | 2. Limited Word Proficiency    | 3. Minimum Professional Proficiency |
| 4. Full Professional Proficiency | 5. Native Speaking Proficiency | 6. Mother Tongue                    |

Other Languages and Proficiency \_\_\_\_\_

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# YWAM Nicoya, Guanacaste

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## SKILLS AND ABILITIES

**Skill Levels:** (Leave blank if you have no experience in a category)

1. A little experience but would need constant supervision.
2. Some experience but would still need considerable supervision.
3. Considerable experience but would need help with tougher problems.
4. Extensive experience; can handle difficulties; can train others.
5. Professional training and experience.

___ Electrical	___ Cooking	___ Painting	___ Child Care
___ Auto Repair	___ Accounting	___ Graphics	___ Food Service
___ Landscaping/Gardens	___ First Aid/Medical	___ Carpentry	___ Data Entry
___ Cleaning	___ Plumbing	___ Desktop Publishing	___ Farm Animals
___ Illustration	___ Sound Equipment	___ IT skills	___ Computer Proramming

Do you play any musical instruments? \_\_\_\_\_ If yes, what? \_\_\_\_\_

With what type of work do you feel most confident? \_\_\_\_\_

Explain any difficulty you may have with any particular job: \_\_\_\_\_

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Is there anything else you would like to share with us about yourself? (Other talents/special giftings)?

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# YWAM Nicoya, Guanacaste



## CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

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

Signature of parent or guardian required if applicant is less than 18 years of age:

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

## FINANCIAL INFORMATION

Do you have your complete school fees? Yes \_\_\_ No \_\_\_

If No, how much do you have at this time? \$ \_\_\_\_\_ From what source the rest of the fees will come? \_\_\_\_\_

Do you have any outstanding debt? (If so, please explain): \_\_\_\_\_

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:** I understand that payments of the required school tuition fees must be made in U.S. currency prior to or upon arrival, unless otherwise approved in writing by the School Leader before my departure for Nicoya, Guanacaste, Costa Rica. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with Youth With A Mission Nicoya, Guanacaste and University of the Nations. If I am accepted by YWAM Nicoya, Guanacaste, I will abide by the Spirit, rules, and schedule of the base.

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

*"Lord, who may dwell in your sanctuary? Who may live in your holy hill? He...who keeps his oath even when it hurts..."*

*(Psalm 15:1, 4b)*

# YWAM Nicoya, Guanacaste



## RELEASE OF LIABILITY

I/We do hereby release University of the Nations, and Youth With A Mission Nicoya, Guanacaste, its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person(s) during the course of involvement with University of the Nations.

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

Signature of parent or guardian required if applicant is less than 18 years of age:

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

I certify that all information in this application is complete and accurate.

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

UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor, & Master), BUT IS NOT ACCREDITED BY ANY ACCREDITING AGENCY OR ASSOCIATION RECOGNIZED BY THE UNITED STATES COMMISSIONER OF EDUCATION.

University of the Nations (U of N) admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



# YWAM Nicoya, Guanacaste



## CONFIDENTIAL HEALTH FORM

TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL AND SEPARATE FROM YOUR ACADEMIC RECORDS

Please print or type answer to **ALL** questions **IN ENGLISH**. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. **Less inclusive medicals done for other YWAM bases are not acceptable.**

SCHOOL YOU ARE APPLYING FOR: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Permanent address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Personal identification number or US Social Security Number: \_\_\_\_\_

Citizen of: \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: (Last / First) \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Phone 2 (if available): \_\_\_\_\_

NEXT OF KIN: (Last / First) \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Phone 2 (if available): \_\_\_\_\_

Do you have medical insurance? No Yes Name of Insurer \_\_\_\_\_

Med. Ins. No. \_\_\_\_\_

Med. Insurance coverage (briefly): \_\_\_\_\_

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# YWAM Nicoya, Guanacaste



## PART A: PERSONAL HISTORY

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

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

**Have you ever had any of the following? No / Yes**

Skin Condition	Low Blood pressure
Eye Trouble	Allergy: Bee Stings*
Ear Trouble	Allergy: Penicillin
Head Injury	Allergy: Sulfonamides
Recurrent Headaches	Allergy: Serum
Epilepsy	Allergy: Food (specify)
Fainting Spells	Tumor/Cancer
Weakness	Rheumatism/Arthritis
Paralysis	Back Problems
Insomnia	Dislocation of Joints
Shortness of Breath	Broken Bones
Hay fever	Stomach/Duodenal Ulcer
Asthma	Gall Bladder Problems
Hepatitis	Jaundice
Recurrent Diarrhea	Intestinal Troubles
Kidney Disease	Diabetes
Venereal Disease	Anemia
High Blood Pressure	Heart Trouble

## COMMUNICABLE DISEASES?

Chicken Pox  
Measles (Rubella)  
Measles (Rubeola)

Mumps

Pertussis

Scarlet Fever

Tuberculosis

OTHER (specify) \_\_\_\_\_

## FEMALES ONLY:

Irregular Periods

Severe Cramps

Excessive Flow

Are you pregnant?

Previous pregnancies

Mental/Nervous Disorders                      \*If you are allergic to bee stings, you must bring your own up-to-date reaction kit

Other illnesses or conditions: \_\_\_\_\_

Are you at present under a doctor's care for any condition? No Yes Specify: \_\_\_\_\_

Are you taking any medication at this time? No Yes Specify: \_\_\_\_\_

PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU

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# YWAM Nicoya, Guanacaste



Are you allergic to any drugs? No Yes Specify: \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment? No Yes If "Yes", when: \_\_\_\_\_

For how long: \_\_\_\_\_ Still in treatment? No Yes

Please explain \_\_\_\_\_

Do you have any history with: Eating disorders? No Yes Drug or alcohol abuse? No Yes Sexual issues? No Yes

If "Yes" to any above, when: \_\_\_\_\_ For how long: \_\_\_\_\_

Currently? No Yes

Please explain \_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions which require special attention? No Yes

Specify: \_\_\_\_\_

Have you been tested for HIV? No Yes If "Yes", what were the results? Neg Pos

Your response to the above questions will not necessarily determine admission considerations.

## SURGERIES PERFORMED:

Date (month/year) \_\_\_\_\_ Type of Surgery \_\_\_\_\_

Outcome and long-term effects \_\_\_\_\_

Date (month/year) \_\_\_\_\_ Type of Surgery \_\_\_\_\_

Outcome and long-term effects \_\_\_\_\_

Please rate your health: Excellent Good Fair Poor

Do you wear contact lenses or glasses? No Yes Specify: \_\_\_\_\_

## FAMILY HISTORY:

Have any of your relatives ever had any of the following? No Yes Relationship

Tuberculosis \_\_\_\_\_

Diabetes \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Heart Disease \_\_\_\_\_

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# YWAM Nicoya, Guanacaste



Arthritis Asthma, Hay Fever \_\_\_\_\_

Stomach Disease Epilepsy, Convulsions \_\_\_\_\_

Hypertension Cancer \_\_\_\_\_

Other (specify) \_\_\_\_\_

**TO THE APPLICANT:**

All required immunizations **MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED** AT YWAM-Nicoya, Guanacaste. Due to the varied outreach locations, other immunizations, injections and malaria medication may be required and can be obtained before outreach. If you have ever been vaccinated for cholera, typhoid, or yellow fever, please bring that information with you. Please be prepared financially to cover the cost of additional injections.

You need to have a Diphtheria-Tetanus booster within the last 5 years. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles.

**CHILDHOOD RECORD OF IMMUNIZATIONS**

**ADULT IMMUNIZATIONS**

**BASIC**

**BOOSTER**

	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
Diphtheria	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Tetanus	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Pertussis	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Polio	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Rubella	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Measles	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___
Mumps	___	/	___	___	/	___	___	/	___	___	/	___	___	/	___

Date of last DT (Diphtheria/Tetanus) booster: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_ (must be within the last 5 years)

# YWAM Nicoya, Guanacaste



## PART B: PHYSICIAN'S EVALUATION

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

### TO THE PHYSICIAN:

Please review the information in PART A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

Height: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses) R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

Are there any abnormalities of the following systems? Please describe fully.

Ears/ Nose/ Throat \_\_\_\_\_

Ophthalmological \_\_\_\_\_

Teeth \_\_\_\_\_

Neurological \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymphatic \_\_\_\_\_

Dermatological \_\_\_\_\_

Hernial Orifices \_\_\_\_\_

Urological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Recommendations for Follow-up Tests / Treatment: \_\_\_\_\_

Would he/she be able to walk 3 – 4 miles (4-6km) per day? No Yes

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

How long has this patient attended your office? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_

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# YWAM Nicoya, Guanacaste



## PHYSICIAN'S RECOMMENDATION:

Acceptable Without Limitations / Not Acceptable / Should Remain In Areas Where Adequate Medical Care Is Provided

Acceptable With Limitations (specify) \_\_\_\_\_

PHYSICIAN'S NAME: (print) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

# **YWAM Nicoya, Guanacaste**



## **LEGAL CONSENT FOR MINORS:**

I hereby give my consent for (give complete name of minor) \_\_\_\_\_  
to travel outside the United States with Youth With A Mission.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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# YWAM Nicoya, Guanacaste



## STATEMENT of BURIAL and MEDIATION

Please mail signed form along with Application.

### BURIAL STATEMENT

We at Youth With A Mission Nicoya, Guanacaste encourage each YWAM student and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally, it is never the less an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. YWAM Nicoya, Guanacaste does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem.

We endeavor to maintain a Christian view of death, it is not the final step, but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for the living.

In case of death, YWAM Nicoya, Guanacaste cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike). We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey. If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well. **Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not YWAM Nicoya, Guanacaste.**

I agree that in case of my death while on outreach in conjunction with Youth With A Mission Nicoya, Guanacaste, that they may carry out the burial in the location of my decease. If my family desires to see my body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With A Mission Nicoya, Guanacaste, its staff and associates, from any responsibility for burial costs.

Applicant's Name: \_\_\_\_\_

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

If applicant is under 18 years of age, the signature of a parent or responsible party is required.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_



# YWAM Nicoya, Guanacaste



## FRIEND CONFIDENTIAL REFERENCE FORM

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the above address for the person filling out this form.

Last/Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Course Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

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

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1200 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Inferior</i>
Initiative	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____

COMMENTS \_\_\_\_\_

# YWAM Nicoya, Guanacaste



<b>Mental ability</b>	Quick to comprehend	Average	Slow
<b>Industry</b>	Hard worker	Average	Lacks persistence
<b>Reliability</b>	Meets obligations	Average	Neglects obligations
<b>Cooperativeness</b>	Works well with others	Average	Avoids group activity
<b>Flexibility</b>	Open to change	Average	Unyielding
<b>Christian character</b>	Well-balanced	Average	Unstable
<b>Disposition</b>	Cheerful	Average	Passive
<b>Punctuality</b>	Punctual	Average	Often late
<b>Financial Responsibility</b>	Honors obligations	Average	Neglectful

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent is the applicant active in church work? \_\_\_\_\_

Does he/she display high moral standards? Yes No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities? Yes No Please explain: \_\_\_\_\_

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

Please explain: \_\_\_\_\_

In your consideration, which of the following best describe the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

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

Overall, what do you consider to be the applicant's strong points? (Include special abilities) \_\_\_\_\_

Overall, what do you consider to be the applicant's weak points? \_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_

In your opinion, what are the applicant's reasons for applying to the U of N? \_\_\_\_\_

# YWAM Nicoya, Guanacaste



What could the U of N do to aid in the applicant's personal development? \_\_\_\_\_

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them): \_\_\_\_\_

Would you recommend the applicant for acceptance into the University of the Nations?

Yes With some reservation (please explain) No (please explain) \_\_\_\_\_

I have known: \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send me more information about YWAM. Yes / No

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# YWAM Nicoya, Guanacaste



## FRIEND CONFIDENTIAL REFERENCE FORM

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the above address for the person filling out this form.

Last/Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Course Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

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

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1200 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Inferior</i>
Initiative	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____

COMMENTS \_\_\_\_\_

# YWAM Nicoya, Guanacaste



<b>Mental ability</b>	Quick to comprehend	Average	Slow
<b>Industry</b>	Hard worker	Average	Lacks persistence
<b>Reliability</b>	Meets obligations	Average	Neglects obligations
<b>Cooperativeness</b>	Works well with others	Average	Avoids group activity
<b>Flexibility</b>	Open to change	Average	Unyielding
<b>Christian character</b>	Well-balanced	Average	Unstable
<b>Disposition</b>	Cheerful	Average	Passive
<b>Punctuality</b>	Punctual	Average	Often late
<b>Financial Responsibility</b>	Honors obligations	Average	Neglectful

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent is the applicant active in church work? \_\_\_\_\_

Does he/she display high moral standards? Yes No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities? Yes No Please explain: \_\_\_\_\_  
\_\_\_\_\_

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

Please explain: \_\_\_\_\_

In your consideration, which of the following best describe the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

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

Overall, what do you consider to be the applicant's strong points? (Include special abilities) \_\_\_\_\_  
\_\_\_\_\_

Overall, what do you consider to be the applicant's weak points? \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_  
\_\_\_\_\_

In your opinion, what are the applicant's reasons for applying to the U of N? \_\_\_\_\_  
\_\_\_\_\_

# YWAM Nicoya, Guanacaste



What could the U of N do to aid in the applicant's personal development? \_\_\_\_\_

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them): \_\_\_\_\_

Would you recommend the applicant for acceptance into the University of the Nations?

Yes With some reservation (please explain) No (please explain) \_\_\_\_\_

I have known: \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send me more information about YWAM. Yes / No

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# YWAM Nicoya, Guanacaste



## PASTOR CONFIDENTIAL REFERENCE FORM

**TO THE APPLICANT:** Please complete the information below and provide a stamped envelope addressed to the above address for the person filling out this form.

Last/Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Course Date Applying For: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

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

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 1200 locations on all six continents. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into the world.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

**Please check the following and comment where necessary:**

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

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Inferior</i>
Initiative	_____	_____	_____	_____	_____
Social adaptability	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
Ability to follow	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Judgment/Decision-making	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____

COMMENTS \_\_\_\_\_

# YWAM Nicoya, Guanacaste



<b>Mental ability</b>	Quick to comprehend	Average	Slow
<b>Industry</b>	Hard worker	Average	Lacks persistence
<b>Reliability</b>	Meets obligations	Average	Neglects obligations
<b>Cooperativeness</b>	Works well with others	Average	Avoids group activity
<b>Flexibility</b>	Open to change	Average	Unyielding
<b>Christian character</b>	Well-balanced	Average	Unstable
<b>Disposition</b>	Cheerful	Average	Passive
<b>Punctuality</b>	Punctual	Average	Often late
<b>Financial Responsibility</b>	Honors obligations	Average	Neglectful

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

To what extent is the applicant active in church work? \_\_\_\_\_

Does he/she display high moral standards? Yes No Comment: \_\_\_\_\_

Is he/she prejudiced against groups, races, or nationalities? Yes No Please explain: \_\_\_\_\_  
 \_\_\_\_\_

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

Please explain \_\_\_\_\_  
 \_\_\_\_\_

In your consideration, which of the following best describe the applicant's Christian experience?

- Mature     
  Contagious     
  Genuine and Growing     
  Over-emotional     
  Superficial

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

Overall, what do you consider to be the applicant's strong points? (include special abilities) \_\_\_\_\_  
 \_\_\_\_\_

Overall, what do you consider to be the applicant's weak points? \_\_\_\_\_  
 \_\_\_\_\_

Please comment on the applicant's family background (if known): \_\_\_\_\_  
 \_\_\_\_\_

In your opinion, what are the applicant's reasons for applying to the U of N? \_\_\_\_\_  
 \_\_\_\_\_

What could the U of N do to aid in the applicant's personal development? \_\_\_\_\_  
 \_\_\_\_\_

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them) \_\_\_\_\_  
 \_\_\_\_\_



# YWAM Nicoya, Guanacaste

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Would you recommend the applicant for acceptance into the University of the Nations? Yes With some reservation (please explain) No  
(please explain) \_\_\_\_\_

Is your congregation/group standing behind the applicant with enthusiasm and prayer? Yes No Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years  
and believe that he/she possesses the qualities indicated above.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send me more information about YWAM. Yes / No

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