



WHAT YOU SHOULD KNOW ABOUT THE TRAINING PROGRAM

Questions and Answers

• ***What is the training program?***

YWAM Cluj-Napoca offers a one year discipleship & missions training program. The first part of our training program is Discipleship Training School (DTS). The second part is the School of Ministry and Personal Development (SMPD).

• ***The Discipleship Training School (DTS)*** is a five month program which consists of three months of classroom teaching (Phase 1) followed by two months of practical ministry experience (Phase 2). Phase 1 will be held in Cluj-Napoca; Phase 2 will be both in and outside of Romania. Possible foreign locations for Phase 2 include Albania, Bulgaria, Republic of Moldova, Ukraine and Central Asia. At the conclusion of the school all the students will reunite at the training center in Cluj-Napoca for a week of debriefing and graduation. This final week will include additional teaching to prepare the student to return to their home church as well as further information about continued training and/or full-time work with YWAM.

• ***What topics will be covered in the DTS?***

There will generally be a different teacher each week of Phase 1, covering many different topics. Some will be targeted more toward inward spiritual growth, while others will have more of an outward focus toward the lost. Topics will include: the nature and character of God, hearing God's voice, relationships, forgiveness, biblical leadership, cross-cultural ministry, evangelism, prayer and spiritual warfare and so on.

• ***What is the SMPD about?***

Becoming equipped for a lifetime of Christian service is the goal of the SMPD. Students will learn to identify and develop the call of God on their lives, preparing to effectively serve the Lord among unreached people groups as well as within their own nations.

SMPD training includes evangelism, study of mission strategies, cross-cultural studies, biblical worldview, leadership development, learning to affect all areas of society with the Gospel and more.

• ***Do I have to do the entire year of training or can I do only the Discipleship Training School (DTS)?***

We strongly encourage students to complete the entire year program for their maximum growth and maturity. However, it is possible to attend only the DTS.

DTS graduates are welcome to apply for the SMPD.

• ***What will be included in the schedule?***

Because the emphasis of the DTS is Christian character development and not just the accumulation of knowledge, activities outside the lecture times allow for practical application of the principles learned. Daily activities include lectures, intercession, worship, work duties, small group interaction, personal devotions, and special events.

• ***Do I need to be able to speak Romanian?***

No. The DTS will be taught in English and Romanian.

• ***What kind of housing will be provided?***

Students will live together in a “community” environment. This will mean living with several other students in a dormitory setting. Couples and families will have rooms of their own. Meals are also provided.

• ***What are the school policies?***

Use of tobacco, alcohol and/or drugs on the YWAM premises is prohibited.

Each student is responsible for their own financial commitments as described in the financial policy sheet. Phase 2 is a vital part of the DTS experience and is required for successful completion of the DTS.

• ***Should married couples attend the school together?***

Yes. We believe it is important for couples to experience the DTS together. Therefore we suggest that both husband and wife attend together.

• ***Is child care provided for families?***

Yes. Child care will be provided during the lecture times.

• ***Do I need a visa for Romania?***

Yes. Americans can get a six-month to a year, multi-entry, tourist visa from the Romanian consulate in Cluj-Napoca for around \$200. Students from other Western nations should inquire about obtaining a tourist visa at the Romanian embassy in their home country.

• ***Do I need a passport?***

Yes. All students must have a passport upon arrival at the DTS.

• ***What about medical insurance?***

We ask that all Western students obtain medical insurance which includes emergency air lift before coming to the DTS. If needed, we may assist you in finding short-term insurance coverage here.

• ***What about my home church?***

We feel that it is important that the pastor and/or elders of your home church understand your sense of God’s leading you to the DTS. If you plan to come to the school and have not yet communicated your intentions to your pastor, we urge you to consult with him and/or your church eldership. We will take very seriously the pastor’s reference that accompanies your application. If you currently do not have a home church, you may submit the pastor’s reference form to another spiritual leader who has influenced your Christian walk.

• ***What if I am thinking of joining YWAM for long-term service after the DTS?***

Successful completion of a DTS is required for all full-time YWAM staff. World-wide opportunities exist in a great variety of ministries for those who would like to join YWAM as full-time staff members after completing their DTS. After the school, the student must apply directly to the YWAM ministry center in which he/she is interested in joining.

• ***Is there further training available after the DTS?***

Yes! DTS and SMPD are registered schools with YWAM’s University of the Nations (U of N). You may receive up to 20 U of N credits for the completion of a DTS. There is a \$25 fee to receive these credits, due the first week of class. There are many other opportunities for further training at the U of N which has 185 campus locations in 79 countries, but DTS is the prerequisite for all other classes. You may contact us for more information about the U of N.



Youth With a Mission, “Arise Romania!” Cluj-Napoca

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GUIDE TO COMPLETING APPLICATION

Please read carefully

Before your application can be processed, we must receive all of the following items:

1. Application form

The application should be typewritten or completed in dark ink.

All questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided.

Husbands and wives enrolling as students must complete separate application forms. (Blank forms may be photo-copied and used by others.)

2. Three recent passport-type photographs

Please attach one photograph to the front of the application form. Include the other two photographs with the application.

3. Two friend/co-worker reference forms

Please give the enclosed forms to two friends or co-workers who are mature Christians and who you well know. Ask them to complete the forms and send them directly to YWAM. We must receive these reference forms directly from the friends or co-workers who complete them to ensure confidentiality. We cannot accept reference forms sent to us by the applicant.

4. Pastor’s reference form

Please give the enclosed form to your pastor. Ask him to complete the form and send it directly to YWAM. We must receive this reference form directly from the pastor who completes it to ensure confidentiality. We cannot accept reference forms sent to us by the applicant.

Important: All students are encouraged to apply early to ensure adequate time for the application process.



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APPLICATION FORM

GENERAL INFORMATION

Name _____

Address _____

City/State _____ Zip Code _____ Country _____

Phone (home) _____ (work) _____ Fax and/or e-mail _____

Sex _____ Birth date _____ Occupation _____

Nationality _____ Citizenship _____

Place of birth _____ Passport No. _____ Date of expiration _____

Do you have a driver's license? Yes No If yes, what kind? _____

Medical insurance: Company _____ Policy No. _____

EMERGENCY CONTACT

Name _____

Address _____

City/State _____ Zip Code _____ Country _____

Relationship _____ Phone _____

SPECIAL INFORMATION

Do you have any physical handicap? (please specify) _____

Are you currently under medication or medical treatment? _____

What special skills or abilities do you have? (please specify) _____

CHURCH INFORMATION

Church name _____ Pastor's name _____

Mailing address _____ City/State _____

Country _____ Zip code _____ Phone _____

How long have you been attending? _____ Does your pastor know you are applying for this program?

Yes No

MARITAL STATUS

Circle one: Single Married Separated Divorced Widowed

Will you be accompanied by a child? Yes No If yes, please fill in the name, age and sex below

Name

Sex

Age

M F

M F

EDUCATION

What level of education have you completed? _____

Where? _____ When? _____

Type of degree _____ Major area of study _____

Other areas of study _____

Other education experience (technical, Bible school, seminary, etc.) _____

What language(s) do you speak? _____ _____ _____	Level of ability <i>Circle one:</i> Fluent Conversational Elementary <i>Circle one:</i> Fluent Conversational Elementary <i>Circle one:</i> Fluent Conversational Elementary
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FINANCIAL STATUS

Do you currently have any debts we should be aware of? Yes No

If yes, please explain: _____

Will you have the finances for your school on arrival?

Phase 1	Yes	No	Phase 2 (50% of the project cost)	Yes	No
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(Total fees are to be paid on arrival unless other arrangements are made with the school director.)

REFERENCE SECTION

Please give one of the reference forms to your pastor. Below, fill in the information about two people to whom you submitted the other reference forms (such as an employer, teacher, spiritual leader or friend). Have them complete the form and send it back directly to YWAM in Cluj-Napoca, Romania, attention Training Department. We cannot accept reference forms sent to us by the applicant.

First evaluation	Second evaluation
Name _____	Name _____
Your relationship to this person _____	Your relationship to this person _____
Address _____	Address _____
How well do you know him/her? <i>Circle one:</i> Casually Well Very well	How well do you know him/her? <i>Circle one:</i> Casually Well Very well

PERSONAL INFORMATION

Please answer the following questions on a separate sheet of paper:

1. Describe when and how you came to a personal salvation experience.
2. Describe your present relationship with God.
3. Are you a member of a church? If so, in what areas are you involved in the church activities? Please describe your relationship with your pastor.
4. How did you hear about this school?
5. Why do you want to do this school?
6. Have you had any other mission experience/training outside of YWAM? Have you worked with other Christian organizations?
7. At this particular time, what areas of ministry interest you most? (For example: teaching, children's evangelism, kitchen, secretarial, mercy ministries, administration, urban ministries, audiovisual, performing arts, music ministries, hospitality, counseling or other support ministries.)
8. Are you considering further training with YWAM? If so, please specify.
9. Do you have any present difficulties in your life relating to previous use of alcohol or drugs, or due to past experience with mental illness, sexual immorality or occultism? If so, please explain.
10. How would you describe your relationship with your parents and/or your family? Are they in favor of you attending this school?
11. Is there any other information that you think would be of help to us in considering your application?



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DTS FINANCIAL POLICY SHEET

Two different prices have been established for the lecture of the DTS (**Phase 1**), one for Eastern Europeans and one for non-Eastern Europeans*, as it follows:

Eastern European Student

\$1,500 (US dollars)

Non-Eastern European Student

\$2,300 (US dollars)

The cost of **Phase 2** will be determined when the outreach location is chosen.

Non-Eastern Europeans may pay the equivalent of the USD amount in any major currency. Romanians may pay the equivalent of the USD amount in lei.

*Most churches and many Christians throughout Eastern Europe are unaccustomed to supporting missionaries with their finances, thus making it very difficult for a young person to raise all the funds needed for the school. This is a challenge for us because at the very heart of our ministry is the desire to see Eastern Europeans (Romanians in particular) trained and send out as missionaries from their home country. The best solution YWAM has found is to charge more for those students from outside Eastern Europe so that we can make the Eastern Europeans cost more attainable.

The above costs (Phase 1 + Phase 2) include housing, food, outreach travel, and all other costs associated with the school for the entire six months. They do not include transportation to and from Cluj-Napoca, nor any personal expenses such as postage, visas (for Phase 1 or Phase 2), vaccinations, personal travel, snacks, etc.

Payments

Phase 1: The full amount of the tuition must be paid on the first day of class, unless you have made other arrangements with the school director.

Phase 2: We ask that you have at least 50% of the projected Phase 2 cost when you arrive at the school. You will have an opportunity to continue to trust the Lord and raise the rest of the finances during Phase 1. However, it must be understood that the student is responsible for fulfilling his/her financial obligations.

Room Deposit

After your application has been approved, your acceptance is provisional until we receive from you 10% of the Phase 1 tuition. This is your non-refundable room deposit fee. Because of the limited space available and the time factor involved, this amount is required to secure your room space and final acceptance. For families, only the husband must pay the room deposit. This is not additional cost for the DTS; it is an advance payment for part of the tuition.

Please complete and sign all of the following sections. You should understand that they are necessary to protect us from possible legal procedures.

DECLARATION

I confirm that I have read and understand my financial obligations during the time of this school. Therefore I assume responsibility to pay all personal expenditures during my time of involvement in YWAM.

I have completed all portions of the application for admission to YWAM, and if accepted, I will abide by the spirit, policy and schedule of YWAM.

Applicant's signature _____ Date _____

LIABILITY RELEASE

I/We hereby release YWAM, it's 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 YWAM.

Applicant's signature _____ Date _____

CONSENT FOR TREATMENT

In the case of an emergency, I/we hereby agree to the performance of such treatment, anesthetics and operations as is deemed necessary in the opinion of the attending physician.

Applicant's signature

Parent's or guardian's signature (for applicant's under 18)

Date

Date/Relationship



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CONFIDENTIAL EVALUATION

FOR THE APPLICANT: complete the following information. This is a confidential evaluation, therefore you will not have access to it once it is completed and submitted.

Name of applicant _____ Tel. _____
 Address _____ City _____ Zip Code _____

The above applicant has applied for admission to Discipleship Training School (DTS), a program of Youth With a Mission (YWAM). YWAM is an international, interdenominational Christian missionary organization founded in 1960. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. All evaluations are confidential and will not be shown to the applicant. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend Other _____

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

For how long? _____ years _____ months

Please check the answer you think is most appropriate and comment if necessary:

	Superior	Above Average	Average	Below Average	Inferior
Ability to receive correction	__	__	__	__	__
Self confidence	__	__	__	__	__
Ability to make decisions	__	__	__	__	__
Social adaptability	__	__	__	__	__
Concern for others	__	__	__	__	__
Ability to listen	__	__	__	__	__
Leadership	__	__	__	__	__
Willingness to serve	__	__	__	__	__
Emotional stability	__	__	__	__	__
Cooperativeness	__	__	__	__	__
Health	__	__	__	__	__
Appearance	__	__	__	__	__
Self confidence	__	__	__	__	__

Comments: _____

Mental ability	__ Quick to comprehend	__ Average	__ Slow
Industry	__ Hard worker	__ Average	__ Lacks persistence
Christian character	__ Strong	__ Average	__ Weak
Reliability	__ Meets obligations	__ Average	__ Neglects obligations
Teamwork	__ Works well with others	__ Average	__ Avoids group activity
Flexibility	__ Open to change	__ Average	__ Unyielding
Disposition	__ Cheerful	__ Average	__ Pessimistic
Punctuality	__ Punctual	__ Average	__ Often late
Financial responsibility	__ Honors obligations	__ Average	__ Negligent

Comments: _____

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

Mature Contagious Sincere and growing Over emotional Superficial
Comments: _____

2. Regarding his/her Christian service, do you consider the applicant to be: Dedicated Average Sporadic

Comments: _____

3. Does he/she display high moral standards? Yes No (please explain) _____

4. Is he/she prejudiced against groups, races or nationalities? Yes (explain) No

5. What do you believe are the applicant's motives for applying to this program?

Christian ministry Desire to spread the gospel To receive help Adventure
 Desire to help others To escape an unpleasant home situation Travel
 Other (explain) _____

6. Please comment of the applicant's family background (if known) _____

7. What do you believe are the applicant's strong points? (include special abilities) _____

8. What do you believe are the applicant's weak points? Is he/she aware of them? _____

9. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, etc.) _____

10. What can YWAM do to contribute to the applicant's personal growth? _____

11. (Pastors only) Is your congregation standing behind the applicant with enthusiasm and prayer?

12. Would you recommend the applicant for acceptance into this program?

Yes With some reservation (please explain) No (please explain) _____

Signature _____ Date _____

Name (please print) _____

Address _____

City _____ Zip Code _____ Country _____

Phone _____ Fax _____ E-mail _____



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HEALTH FORM

Name _____

In case of emergency, contact _____ Phone _____

PERSONAL HISTORY: Please answer all questions. Explain any "Yes" answer in the space below.

HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

	Yes	No		Yes	No		Yes	No
Skin conditions	___	___	Shortness of breath	___	___	Stomach/Duodenal Ulcer	___	___
Eye trouble	___	___	Hay Fever, Asthma	___	___	Gall bladder problems	___	___
Ear trouble	___	___	Heart trouble	___	___	Jaundice	___	___
Head injury	___	___	High blood pressure	___	___	Hepatitis	___	___
Recurrent headache	___	___	Low blood pressure	___	___	Intestinal troubles	___	___
Epilepsy	___	___	Rheumatism/Arthritis	___	___	Recurrent diarrhea	___	___
Fainting spells	___	___	Back problems	___	___	Diabetes	___	___
Mental/Nervous dis.	___	___	Dislocation of joints	___	___	Kidney Disease	___	___
Weakness	___	___	Broken bones	___	___	Anemia	___	___
Paralysis	___	___	Eating disorders	___	___	Venereal Disease	___	___
Insomnia	___	___	Anorexia Nervosa	___	___	Tumor/Cancer	___	___
Allergy	___	___	Bulimia	___	___	FEMALES ONLY		
Penicillin	___	___	Surgery	___	___	Irregular periods	___	___
Sulfonamides	___	___	Appendectomy	___	___	Severe cramps	___	___
Serum	___	___	Hernia repair	___	___	Excessive flow	___	___
Other (specify)	___	___	Tonsillectomy	___	___	Are you pregnant?	___	___
Food (specify)	___	___	Others (specify)	___	___	Previous pregnancies	___	___
Other (please explain)	_____							

Are you now under doctor's care for any condition? No Yes (specify) _____

Are you taking any medication at this time? No Yes (specify) _____

Any physical handicaps or conditions which require special attention? No Yes (specify) _____

Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

Are you overweight? underweight? Pounds over/under _____ Blood type _____

Would you rate your health conditions as Excellent Good Fair Poor

FAMILY HISTORY: Have any of your relatives ever had any of the following?

Yes	No	Relationship	Yes	No	Relationship
___	___	Tuberculosis	___	___	Arthritis
___	___	Diabetes	___	___	Stomach Disease
___	___	Kidney Disease	___	___	Asthma, Hay Fever
___	___	Heart Disease	___	___	Convulsions, Epilepsy
___	___	Hypertension	___	___	Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

Yes	No	Yes	No	Yes	No
___	___	Chicken pox	___	___	Pertussis
___	___	Measles (Rubella)	___	___	Scarlet Fever
___	___	Measles (Rubella)	___	___	Tuberculosis
					Mumps
					Other (specify)



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