

# Youth With A Mission HOCKEY

## Discipleship Training School Application Package



### INCLUDED IN THIS PACKAGE:

Application Form (4 pages)  
Personal Health Form (2 pages)  
Pastor or Spiritual Leader Referral (2 pages)  
Employer or Friend Referral (2 pages)  
Release Form (1 page)

### HOW TO APPLY:

1. Give the reference forms to your referrals.
2. Fill out the Application Form and the Personal Health Form.
3. Be examined medically and have your doctor fill out the appropriate section of the Personal Health Form.
4. Make sure your photo and application fee are included.
5. Sign the Release Form.
6. Mail the package to:

YWAM Hockey Registrar  
PO Box 57100  
2480 East Hastings Street  
Vancouver, BC  
V5K 5G6  
Canada

# Hockey DTS Application Form

**IMPORTANT**  
  
Attach a  
passport sized  
photo here

Registration fee of \$30 Canadian enclosed:

Date of DTS applying for: \_\_\_\_\_

**Personal Information:**

Full Name: \_\_\_\_\_ Sex: M/F

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_ Expires: \_\_\_\_\_

Marital Status: Single  Engaged  Married  Separated  Divorced  Remarried   
If you are married, please tell us about your spouse and/or any children on a separate piece of paper.

**Home Church:** \_\_\_\_\_ **Pastor:** \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Daytime Ph: \_\_\_\_\_ Evening Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Language Skills:**

\*It is imperative that you can speak, converse, comprehend, read and write in English for this course.

Languages spoken: \_\_\_\_\_

If English is not your mother language, for how long have you studied English? \_\_\_\_\_

Have you ever lived/studied/worked in an English-speaking country? Y/N If yes, for how long? \_\_\_\_\_

How proficient in English are you? Please rate from 1-10, 10 being fluent:

Reading \_\_\_\_\_ Speaking \_\_\_\_\_ Writing \_\_\_\_\_ Understanding \_\_\_\_\_

**Education, Job Experience & Skills:**

Have you completed high school/secondary school or equivalent? Y/N

High/Secondary and College/University/Seminary attended:

Name of Establishment	Dates Attended	Graduation Date & Major

Previous YWAM programs attended:

Program	Location	Leader's Name	Dates Attended

Significant job experience:

Occupation/Title	Location	Length of Employment

List some of your talents and skills: \_\_\_\_\_  
\_\_\_\_\_

**Hockey Skills Information:**

Hockey DTS is for male hockey players who have significant ice hockey experience (minimum of 5 years playing organized hockey) and possess good skating and hockey skills.

Explain your hockey background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your skating skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you played organized hockey? \_\_\_\_\_

List the last 5 hockey teams you have played with:

	Name of Team	Name of League/Division	Dates and Year
1			
2			
3			
4			
5			

Tell us the hockey skills in which you excel (i.e. skating, puck-handling, attitude, etc.): \_\_\_\_\_

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

Are you in good physical condition? Y/N What will you do to prepare physically for the Hockey DTS?  
\*You must arrive in good physical condition. Your fitness will be tested.

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

Are you coachable? \_\_\_\_\_

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

What is a highlight of your hockey career? \_\_\_\_\_

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

What is one of your disappointments in hockey? \_\_\_\_\_

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

How did you hear about YWAM Hockey? \_\_\_\_\_

\_\_\_\_\_

What most influenced your decision to apply for the Hockey DTS? Please explain:

- Lecture Phase Location                       Feel called to missions                       Hockey Focus  
 Outreach Phase Location(s)                       Need a new environment to grow
- 
- 

Do you have all the required fees for lecture phase? Y/N outreach phase? Y/N

If you do not have all the fees for either phase, how do you plan to raise these fees? \_\_\_\_\_

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**Additional Personal History & Information:**

Prayerfully answer the following questions on an additional piece of paper. Please type or print in English. Some of the questions may be sensitive for you to answer. **Please answer honestly.** We are interested in your growth and development and will prayerfully consider your application regardless of what some of your answers may be.

1. Describe your conversion experience. How did you come to believe in Jesus as your Saviour?
2. Describe your present walk with God.
3. Describe your present relationship with your home church.
4. Describe your experience in church work or other ministries.
5. Do you feel God is leading you into a particular area of ministry?
6. Tell us about your family (siblings, parents, etc.). Describe your relationship with your family.
7. Are you involved in a relationship that we should be aware of (boyfriend or girlfriend)?
8. What are 3 areas in which you want to see growth or improvement in your life?
9. Describe your greatest strength and your greatest weakness.
10. Have you ever been involved in: religious cults? use of drugs? alcoholism? homosexuality? If yes, please explain.
11. Have you ever been charged or convicted of a criminal offense in this country or abroad or do you have any cases pending? If yes, please explain.
12. Are there any mental health or learning challenges that would limit you in your participation in the DTS?
13. Can you foresee any events that would require your absence at any point during the DTS?
14. List anything else we should know about you and your situation.

# Personal Health Form

DO NOT RETURN THIS PAGE TO YWAM HOCKEY. PLEASE HAVE YOUR DOCTOR READ THIS PAGE, COMPLETE A MEDICAL EXAMINATION, AND FILL OUT THE APPROPRIATE SECTION ON THE NEXT PAGE.

Dear Physician,

This person is applying to attend a vocational school with Youth With A Mission Hockey in Vancouver, Canada. The school will be 5 months long. It consists of three months of lecture with practical Christian discipleship training, on-ice hockey skills training, and off-ice physical fitness conditioning, followed by a two month trip to a separate location to participate in cross-cultural missions work. The school is live/learn in nature and requires full-time commitment, including accommodation and meals.

Here is an overview of the physical demands of the course:

- ➔ On-ice hockey training and conditioning, 3 times per week.
- ➔ Off-ice fitness training, 1 time per week.
- ➔ Other sports such as basketball and volleyball.
- ➔ Physical duties such as cleaning, lifting, carrying a backpack and large hockey bag.
- ➔ Travel overseas to cold climate.
- ➔ Long haul plane travel.
- ➔ Community living environment, shared rooms, common meals.
- ➔ Lectures with periods of sitting for up to two hours.

Here are some other facts to consider:

- ➔ We have no trained medical personnel and are not qualified to manage medications.
- ➔ The school is a close living environment; existing communicable diseases will be a problem.
- ➔ There is very limited scope for providing for dietary limitations.

Please examine the patient based on the demands mentioned above and fill out the appropriate section on the next page (Personal Health Form - Page 2 of 2).

# Personal Health Form

THIS PAGE IS TO BE SENT WITH THE REST OF THE APPLICATION PACKAGE TO YWAM HOCKEY.

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

**This section to be filled out by the PHYSICIAN:**

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

Physician's Practice Name: \_\_\_\_\_

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

\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The above named applicant has undergone a medical examination and after having taken into account the information on the previous page, I declare that he/she is able to comply with the physical requirements of the Hockey Discipleship Training School.

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

Any comments? \_\_\_\_\_

\_\_\_\_\_

**This section to be filled out by the APPLICANT:**

Any medical conditions? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any dietary needs? \_\_\_\_\_

Any current medications? \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

List your most recent immunizations:

Immunization	Date	Immunization	Date	Immunization	Date
Diphtheria		Mumps		Rubella	
Tetanus		Yellow Fever		Rubeola	
Pertussis		Hepatitis A		Cholera	
Polio		Hepatitis B		Typhoid	

# Pastor or Spiritual Leader Referral

**This section to be filled out by the APPLICANT:**

Please leave this form with your referral and provide him/her with a stamped envelope addressed to:

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

Date of DTS applying for: \_\_\_\_\_

YWAM Hockey Registrar  
 PO Box 57100  
 2480 East Hastings Street  
 Vancouver, BC  
 V5K 5G6  
 Canada

**This section to be filled out by the REFERRAL:**

Dear Sir/Madame,

The above named applicant has applied for admission to Youth With A Mission Hockey, one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilizing as many as possible to help in this task and to training and equipping believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your answers to the questions on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the program. Therefore it is not in the applicant's best interest to give an unrealistically positive view of them. An honest, realistic appraisal of the challenges they will face will help, not hinder, their application.

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

2) How long has the applicant been under your spiritual care? \_\_\_\_\_

3) In what areas of ministry is the applicant participating/gifted in? \_\_\_\_\_

4) Provide a short commentary on the applicant's abilities in the following areas:

Oral Communication:	Diligence:
Written Communication:	Initiative:
Receiving Instructions:	Leadership:
Punctuality:	Team Work:
Time Management:	Self Discipline:

5) Are you aware of the applicant having any involvement or problems with smoking, alcohol or illicit drugs? If yes, please explain.

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- 6) If you have observed the applicant operating in any of the following behaviors to an extent where you think it should be brought to our attention, please describe them on a separate sheet of paper citing specific examples: impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behavior, erratic in attitudes.
- 7) Due to the cultural & environmental context of the school, adjustments have to be made as to diet, social customs, climate change, living arrangements, etc. Keeping in mind the challenge of these unusual demands, provide some short commentary on the applicant's ability to...

Adapt:	Cope with Stress:
Respond to Authority:	Handle Conflict:

- 8) Briefly describe what you consider to be the applicant's greatest...

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

- 9) Overall, how comfortable are you in recommending this applicant for our school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 10) Is there anything else you think we should know about this applicant? Please use an additional piece of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

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

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

We may need to contact you in regards to this referral. Please provide the following contact details (to be kept confidential).

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

Daytime Ph: \_\_\_\_\_ Evening Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like any further information about YWAM Hockey? Y/N

YWAM Hockey Registrar  
PO Box 57100  
2480 East Hastings Street  
Vancouver, BC  
V5K 5G6  
Canada

Phone: 1-778-228-1283  
Fax: 1-604-436-4466  
Email: [hockey@ywamhockey.com](mailto:hockey@ywamhockey.com)  
Web: [www.ywamhockey.com](http://www.ywamhockey.com)

# Employer or Friend Referral

MUST HAVE KNOWN APPLICANT FOR AT LEAST TWO YEARS AND BE UNRELATED

**This section to be filled out by the APPLICANT:**

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

Date of DTS applying for: \_\_\_\_\_

Please leave this form with your referral and provide him/her with a stamped envelope addressed to:

YWAM Hockey Registrar  
 PO Box 57100  
 2480 East Hastings Street  
 Vancouver, BC  
 V5K 5G6  
 Canada

**This section to be filled out by the REFERRAL:**

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

2) What is your relationship to the applicant? \_\_\_\_\_

3) Provide a short commentary on the applicant's abilities in the following areas:

Oral Communication:	Diligence:
Written Communication:	Initiative:
Receiving Instructions:	Leadership:
Punctuality:	Team Work:
Time Management:	Self Discipline:

4) Are you aware of the applicant having any involvement or problems with smoking, alcohol or illicit drugs? If yes, please explain.

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- 5) If you have observed the applicant operating in any of the following behaviors to an extent where you think it should be brought to our attention, please describe them on a separate sheet of paper citing specific examples: impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behavior, erratic in attitudes.
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Adapt:	Cope with Stress:
Respond to Authority:	Handle Conflict:

- 7) Briefly describe what you consider to be the applicant's greatest...

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

- 8) Overall, how comfortable are you in recommending this applicant for our school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 9) Is there anything else you think we should know about this applicant? Please use an additional piece of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

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

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

We may need to contact you in regards to this referral. Please provide the following contact details (to be kept confidential).

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

Daytime Ph: \_\_\_\_\_ Evening Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like any further information about YWAM Hockey? Y/N

YWAM Hockey Registrar  
 PO Box 57100  
 2480 East Hastings Street  
 Vancouver, BC  
 V5K 5G6  
 Canada

Phone: 1-778-228-1283  
 Fax: 1-604-436-4466  
 Email: hockey@ywamhockey.com  
 Web: www.ywamhockey.com

# Release Form

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

## Release of Liability

I hereby release YWAM Hockey and Youth With A Mission (BC) Society, 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 my involvement with YWAM Hockey and Youth With A Mission (BC) Society.

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

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

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

## Consent for Treatment

In case of emergency, I hereby agree to the performance of medical treatment, including anesthesia and surgery, as the attending physician may deem necessary.

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

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

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

## Acknowledgment of Financial Responsibility

I understand that payment of the required fees must be made in Canadian currency prior to or upon arrival or according to the schedule, unless otherwise approved by the DTS leader before the program's commencement. Further, I agree to meet in a timely manner, prior to the completion of the program, all personal expenses incurred during my involvement with YWAM Hockey.

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

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

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

## Application Declaration

I certify that all information in this application is complete and accurate. If accepted by YWAM Hockey and Youth With A Mission (BC) Society I will abide by the spirit, guidelines and schedule of the program.

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