

## Pneumatikos School of the Spirit Application

### IMPORTANT

Please attach a  
recent Passport  
size photograph  
of yourself

\_\_\_Registration Fee Enclosed (\$50)

Application is for \_\_\_(year) ☐ Fall

### GENERAL INFORMATION

☐ Male ☐ Female

Name **as on passport**:

Mr/Mrs/Miss \_\_\_\_\_  
(last/family) (first) (middle)

What do you like to be called? \_\_\_\_\_

Birth date (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Expiration Date: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Social Security No. \_\_\_\_\_

### PRESENT ADDRESS

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Permanent Address (if different from above):

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT

Full Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## **FAMILY**

\_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

If married, date of marriage \_\_\_\_\_ Spouses Name \_\_\_\_\_

***If divorced or separated, please give relevant history on a separate sheet of paper.***

Name(s) of Children	Birth Date	Sex	School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **DTS / CDTs / BLS**

When and where did you complete your DTS, CDTs, BLS or other Discipleship / Intern course?

Did you go on your outreach? \_\_\_\_\_ If so, where? \_\_\_\_\_

School Leader: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **EDUCATION**

Total years of primary and secondary school completed: \_\_\_\_\_

University/Seminary: Name \_\_\_\_\_ Location \_\_\_\_\_

Date Graduated \_\_\_\_\_ Qualification \_\_\_\_\_

List abilities or skills \_\_\_\_\_

Which languages do you speak? Please list in order of fluency and rate from 5 (PROFICIENT) to 1 (LIMITED)

Language	Rating
1. _____	_____
2. _____	_____
3. _____	_____

## **EMPLOYMENT**

Present Employer/Occupation \_\_\_\_\_ Since \_\_\_\_\_  
Employer/Type of work

If you have been employed at your present occupation for less than 2 years, please give details of the previous three places of employment.

Business Name	Position	Reason for leaving
_____	_____	_____
_____	_____	_____

## **HOME CHURCH**

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Denomination \_\_\_\_\_ Interdenominational \_\_\_\_\_ Non-Denominational \_\_\_\_\_

P.O. Box/Street \_\_\_\_\_  
(City) (State/Province) (Postcode/Zip)

Country \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Length of attendance at the above church \_\_\_\_\_

## **FINANCES**

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

If not, how much do you have at this time? \_\_\_\_\_

What is your plan for paying the remainder? \_\_\_\_\_

Do you have any outstanding debts? (Please explain) \_\_\_\_\_

***Please prayerfully answer the following questions on a separate sheet of paper, with date and signature.***

1. *What are your expectations in attending **Pneumatikos - A School of the Spirit**?*
2. *What types of ministry have you been involved in since your DTS/CDTS/BLS?*
3. *Name areas of Ministry you are gifted in, and rate yourself in these areas  
(1: limited - 5: efficient)*
4. *List areas of personal or ministry weakness.*
5. *What type or area of ministry do you feel God has called you to or given you a heart for?*
6. *Briefly describe your testimony experience and relationship with God. Describe your present relationship with God.*
7. *What spiritual gifts do you feel you have and are developing?*
8. *What areas in your life would you like to see God work in during School of the Spirit?.*
9. *Using your own words, define "**Ministry in the Spirit**".*

I certify that all information in this application is complete and accurate and if accepted by Youth With A Mission, I will abide by the spirit, guidelines and schedule of the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

THANK YOU



## *Tuition Policy*

1. Upon receiving notification of your acceptance, you are required to send a deposit of **\$500.00** (\$1000.00 per couple).
2. **Tuition (total \$2495.00) is due on or before the first day of school. Any student arriving without the full tuition or pre-arranged approval will not be permitted to attend.**
3. All payments must be made in U.S. Funds. Please do not send cash through the mail, checks are fine. If you live outside of the U.S.A., go to your bank and secure a bank check made payable to Youth With A Mission for U.S. dollars.
4. Student fees cover tuition, materials, meals and housing, supplies, literature, and expenses for visiting lecturers.
5. Any personal or medical expenses incurred while involved with YWAM are the responsibility of the student. Medical expenses in the U.S. tend to be costly so we encourage you to have health insurance. On outreach you will be fully responsible for any and all costs should you need health care or hospitalization.
6. Variations to these policies are rare and require written approval from the school director. If you desire to apply for an exception, please contact the school director for help in developing a suitable proposal.

If you are having difficulty in financing your school, please let us know so that we can be praying for you. Financial difficulty is an opportunity for you to exercise your faith by believing in God's ability to provide for you.

### **ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I understand that payment of the required school tuition fees must be made prior to or upon my arrival, unless otherwise approved by the school Director before my departure to Chico, CA. I further understand that payment must be made in U.S. currency. I also confirm that I am fully aware of my financial obligations in attending the PSOS. I therefore promise to keep my word by paying in a timely manner all personal expenses incurred during my involvement with Youth With A Mission.

I have completed all portions of this application for admission to the school of which I am applying, and if accepted by Youth With A Mission, I will abide by the spirit, policies, and schedules of the school.

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



## *Tuition Fees*

### **For School of the Spirit**

Lecture Phase including Outreach:

Per Person: \$2495.00, plus a \$50.00 Registration Fee

Couples: \$2,495.00 each, plus an \$80.00 Registration Fee per couple

\*Includes: Meals, Housing, Outreach, and Transportation for school activities.

### **Tuition For Children**

0 - 4 years.....no charge

K - High School:	First child.....	\$700.00
	Second child.....	\$500.00
	Third child.....	\$300.00
	Fourth child.....	\$100.00

We do not provide nursery or preschool facilities for children under Kindergarten age. If you have children under this age, it will be necessary for you to arrange a nanny for your child. Nannies have a separate room from the family. Food and housing per nanny is \$500.00 for the lecture phase. A nanny is not required during the outreach.



15850 Richardson Springs Rd  
Chico, CA, 95973  
www.ywamchico.com

## Confidential Health Form

Application is for \_\_\_\_\_(year) ☐ Fall

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

Address \_\_\_\_\_  
Street City State Zip/Post Code

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

If "Yes", name of insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

### Personal History:

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Blood type \_\_\_\_\_

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

	Yes	No		Yes	No		Yes	No
Allergy:			Surgery:			Jaundice		
Penicillin			Appendectomy			Hepatitis		
Sulfonamides			Tonsillectomy			Kidney Disease		
Serum			Hernia Repair			Gall Bladder problems		
Other-specify			Other-specify			Intestinal troubles		
Food-specify			Broken bones			Recurrent Diarrhea		
Skin Conditions			Dislocation of joints			Shortness of breath		
Eye trouble			Rheumatism/Arthritis			Stomach or Duodenal ulcer		
Ear trouble			Back problems			Mental or Nervous Disorder		
Recurrent headache			Paralysis			Depression		
Fainting spells			Head Injury					
Insomnia			Epilepsy			FEMALES ONLY		
Hay fever, Asthma			Anemia			Irregular periods		
Heart trouble			Diabetes			Severe cramps		
High blood pressure			Tumor: Cancer			Hysterectomy		
Low blood pressure			Venereal Disease			Are you pregnant?		
Weakness			HIV+			Have you ever been pregnant?		

Other \_\_\_\_\_  
\_\_\_\_\_

Please describe those to which you answered 'yes' \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs? No \_\_\_\_ Yes \_\_\_\_ (please describe) \_\_\_\_\_

Are you now a under a Doctor's care for any condition? No \_\_\_\_ Yes \_\_\_\_ (please describe)

Are you taking medication at this time? No \_\_\_\_ Yes \_\_\_\_ (please describe) \_\_\_\_\_

Do you have any handicaps? No \_\_\_\_ Yes \_\_\_\_ (please describe) \_\_\_\_\_

Do you now or have you ever had any involvement with smoking, drugs or alcohol?  
If "Yes", please list which ones, frequency of use, and most recent dates of involvement.

**Please attach a copy of your immunization records.**

**I declare that the contents of this health form are complete and accurate, to the best of my knowledge.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



*Release of Liability, Consent for  
Treatment, Acknowledgment of  
Financial Responsibility*

**RELEASE OF LIABILITY**

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

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

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

**CONSENT FOR TREATMENT**

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

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

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





## ***Raising Financial Support***

One area that students often find difficult to approach is raising the financial support needed for a DTS. Below are some suggestions that you may find helpful.

**God is our provider:** Phil 4:19, Mt 6:8, 7:8 – We must remember that God is committed to and responsible for our needs. He loves us and desires to give us good things. As we are obedient to His leading, we must trust Him to make the way for us. It is easy for us to look to others instead of God, putting pressures on those who are not responsible. We must keep in mind, God is our provider and we need to trust Him to provide in unexpected ways.

**Define your ministry:** Heb 2:2 – Before you can effectively share with others, you must know to what God is calling you. Pray over and define the vision and direction of your ministry, the circumstances that have led up to your call to DTS, and how you feel the DTS will affect what you hope to do short and long term. It will also be helpful for you to understand the vision of our base and why God is calling you to be a part of the Chico base. As you are aware of what God has called you to, there will be a confidence and excitement in what you share. People want to support those who will be fruitful; and make a difference.

The vision God has given this base is for seeing every Christian involved in a short-term ministry sometime during their life. We believe that as Christians go out short term, they will have a better understanding of God's administration over the "whole" earth. As we see what God sees and feel what He feels, we will become more involved with His work around the world through prayer, financial support, and possibly by going. As Christians go out short term, their lives and the local church will be enriched, as they better understand how they fit into God's overall plan to extend His kingdom on the earth.

**Share your need:** People are not likely to support you unless they are aware you have a need. Personal contact, whenever possible, is the most effective means of communication. A key to remember is: the more personal you can be, the better. Relationship is the key. As you share your vision and needs with others, commit yourself to seeing their needs met as well. Look for ways to serve and bless them. Your motivation must not be "What can I get?", but "What can I give?" Begin calling and setting up appointments with those you feel are interested in what you are preparing to do. Ask God to show you those He would have you contact. Be sure to have some information regarding Youth With A Mission on hand to share with them. As you share, remember that God is your provider. Do not make people feel responsible for your needs. Most likely, they already feel weighed down by their own needs and responsibilities. Giving should be a blessing for them, not a burden.

**Your Church:** Ask your Pastor if your church will designate you as a missionary. If so, ask if they will support you financially and if they will accept support gifts from family and friends. Church checks should be made payable to YWAM Chico and send to YWAM at 15850 Richardson Springs Rd, Chico, CA, 95973. **Please do not have them write your name on the check but attach a memo designating credit to your needs.**

**Practical things to do:** In obeying God, we must be willing to make sacrifices ourselves. Sometimes God wants to see just "how willing" we are to obey Him. Many YWAMers have earned money for their tuition and expenses by selling cars, home, furniture, stereo, etc. The rich young ruler was willing to serve God in a deeper way until Jesus asked him to sell his possessions. We must be willing to ask God if there are any possessions He would have us sell and we must be willing to obey.

### Helpful Books To Read:

- \* Friend Raising by Betty Barnett
- \* Daring to Live on the Edge by Loren Cunningham



**Pastor/Pastoral Staff Member**  
 YWAM-Chico  
**Pneumatikos School of the Spirit**  
**Confidential Reference Form**

**Please return to:**  
 Registrar  
 15850 Richardson Springs Rd.  
 Chico, CA. 95973  
  
 Ph: (530) 893 6750 Ext. 220  
 Fax: (530) 893 6759  
 1-800-841-0739  
 email: schools@ywamchico.com

Dear Pastor or Pastoral Staff Member,

The person who gave you this form (listed below) is applying to 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 the training and equipping of believers for their part in fulfilling the Great Commission. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

Name of Applicant _____					
Address _____					
(Street)	(City)	(State)	(Zip code)	(Country)	(Phone #)
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 _____					
Reference is for: <input type="checkbox"/> Fall (August)      Year _____					

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? very well \_\_\_\_\_ well \_\_\_\_\_ casually \_\_\_\_\_
3. How long has the applicant attended your church? \_\_\_\_\_  
 In your association with the applicant, what has been the level of commitment you have seen exemplified?  
 Faithful \_\_\_\_\_ inconsistent \_\_\_\_\_ Other \_\_\_\_\_
4. Were you aware of the applicant's intention to participate in this program prior to receiving this form? \_\_\_\_\_
5. In your opinion, in which of the following areas of ministry is the applicant gifted?
 

<input type="checkbox"/> Communication	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Preaching	<input type="checkbox"/> Prayer
<input type="checkbox"/> Administration	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Drama	<input type="checkbox"/> Servanthood
<input type="checkbox"/> Teaching	<input type="checkbox"/> Discipleship	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Encourager
<input type="checkbox"/> Children's Work	<input type="checkbox"/> Counseling	<input type="checkbox"/> Worship	<input type="checkbox"/> Hospitality

 Other: \_\_\_\_\_
6. In which of the above areas has the applicant participated in since attending your church? \_\_\_\_\_
7. Please rate this applicant by placing a check under each of the following categories:
 

Christian character	_____immature	_____growing	_____mature
Self Discipline	_____lacking	_____growing	_____very disciplined
Temperament	_____fun loving	_____reserved	_____easy going
Ability to cope with stress	_____poor	_____growing	_____responds well
Stewardship	_____needs guidance	_____growing	_____very responsible
Leadership	_____controlling	_____growing	_____mature
Punctuality	_____often late	_____growing	_____punctual
Reliability	_____not reliable	_____growing	_____dependable
Flexibility	_____rigid	_____growing	_____Very flexible
Initiative	_____needs direction	_____growing	_____self starter
Teamwork	_____independent	_____growing	_____cooperative
Concern for others	_____limited	_____growing	_____strong

8. Check any of the following, which you feel, are motivating the applicant to attend a YWAM school?

☐ Christian Service ☐ Escape an unpleasant home situation  
☐ Desire to learn more about prayer ☐ Desire to help others  
☐ Travel ☐ Adventure  
☐ Receive help, ministry and discipleship ☐ Other: \_\_\_\_\_

9. For discipleship purposes, would you please circle the words or descriptions that pertain to the applicant:

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody
Nervous or tense	Critical of others	Intolerant	Prejudice toward groups

10. Please answer the following to the best of your knowledge:

Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_\_ No \_\_\_\_

Has the applicant has been arrested for any offense? Yes \_\_\_\_ No \_\_\_\_

Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please explain \_\_\_\_\_

11. Does the applicant respond well to authority? Yes \_\_\_\_ No \_\_\_\_

12. Please comment briefly on the applicant's family background: \_\_\_\_\_

13. In your opinion, which of the following would best describe the applicant's Christian experience?

Mature \_\_\_\_ Contagious \_\_\_\_ Genuine and growing \_\_\_\_ Superficial \_\_\_\_ Over-emotional \_\_\_\_

14. Is your congregation standing behind the applicant's decision to attend this school? Yes \_\_\_\_ No \_\_\_\_

If "No", Please explain:

15. Would your church consider supporting the applicant financially? Yes \_\_\_\_ No \_\_\_\_

16. Would you please make any comments regarding the applicant that you feel could be helpful (use a separate sheet of paper if necessary): \_\_\_\_\_

17. What do you see this training program equipping that applicant for? \_\_\_\_\_

18. Would you recommend the applicant for the YWAM school, which he/she is applying for?

☐ At this time, he/she is unsuited

☐ Good prospect

☐ I have some reservations

☐ Great prospect

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zipcode) (Country)

**Day Phone:** \_\_\_\_ - \_\_\_\_ **Eve Phone:** \_\_\_\_ - \_\_\_\_

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

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

**I would like to receive more information about YWAM, Chico. Yes \_\_\_\_ No \_\_\_\_**



## DTS/BLS School Leader

YWAM-Chico

## Pneumatikos School of the Spirit Confidential Reference Form

### Please return to:

Registrar  
15850 Richardson Springs Rd.  
Chico, CA. 95973

Ph: (530) 893 6750 Ext. 220

Fax: (530) 893 6759

1-800-841-0739

email: schools@ywamchico.com

Dear DTS/BLS Leader,

The person who gave you this form (listed below) is applying to our School of the Spirit. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip code) (Country) (Phone #)

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** \_\_\_\_\_

**Reference is for August -Year** \_\_\_\_\_

disclosed to the applicant.

4. How long have you known the applicant? \_\_\_\_\_ When did the applicant attend your school? \_\_\_\_\_

5. How well do you know the applicant? very well \_\_\_\_\_ well \_\_\_\_\_ casually \_\_\_\_\_

3. Were you aware of the applicant's intention to participate in this program prior to receiving this form? \_\_\_\_\_

4. In your opinion, in which of the following areas of ministry is the applicant gifted?

- |                                          |                                       |                                     |                                      |
|------------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Youth Work   | <input type="checkbox"/> Preaching  | <input type="checkbox"/> Prayer      |
| <input type="checkbox"/> Administration  | <input type="checkbox"/> One-on-One   | <input type="checkbox"/> Drama      | <input type="checkbox"/> Servanthood |
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Encourager  |
| <input type="checkbox"/> Children's Work | <input type="checkbox"/> Counseling   | <input type="checkbox"/> Worship    | <input type="checkbox"/> Hospitality |

Other: \_\_\_\_\_

5. On a scale of 1-10, please rate the applicant's **Leadership ability** \_\_\_\_\_

6. Please rate this applicant by placing a check under each of the following categories:

Christian character	_____immature	_____growing	_____mature
Self Discipline	_____lacking	_____growing	_____very disciplined
Temperament	_____fun loving	_____reserved	_____easy going
Ability to cope with stress	_____poor	_____growing	_____responds well
Stewardship	_____needs guidance	_____growing	_____very responsible
Leadership	_____controlling	_____growing	_____mature
Punctuality	_____often late	_____growing	_____punctual
Reliability	_____not reliable	_____growing	_____dependable
Flexibility	_____rigid	_____growing	_____Very flexible
Initiative	_____needs direction	_____growing	_____self starter
Teamwork	_____independent	_____growing	_____cooperative
Concern for others	_____limited	_____growing	_____strong

7. Please **circle** the words or descriptions that pertain to the applicant:

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody

Nervous or tense	Critical of others	Intolerant	Prejudice toward groups
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8. Please answer the following to the best of your knowledge:

Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_\_ No \_\_\_\_

Has the applicant has been arrested for any offense? Yes \_\_\_\_ No \_\_\_\_

Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please explain \_\_\_\_\_

9. Does the applicant respond well to authority? Yes\_\_\_\_ No\_\_\_\_

10. Please comment briefly on the applicant's family background: \_\_\_\_\_

11. In your opinion, which of the following would best describe the applicant's Christian experience?

Mature\_\_\_\_ Contagious\_\_\_\_ Genuine and growing\_\_\_\_ Superficial\_\_\_\_ Over-emotional\_\_\_\_

12. How did the applicant respond to difficult or adverse situations during the DTS/BLS **lecture** phase?

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

13. How did the applicant respond to difficult or adverse situations during the DTS/BLS **outreach** phase?

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

14. Does the applicant work well in a team setting? Yes\_\_\_\_ No\_\_\_\_ If "no", please explain\_\_\_\_\_

\_\_\_\_\_

15. Would you please make any comments regarding the applicant that you feel could be helpful (use a separate sheet of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

16. What is your overall evaluation of the applicant as a BLS student?

\_\_\_\_ Definitely unsuited

\_\_\_\_ Average prospect

\_\_\_\_ At this time, he/she is unsuited

\_\_\_\_ Above average prospect

\_\_\_\_ Good prospect, but I have some reservations

\_\_\_\_ Unusually exceptional prospect

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zipcode) (Country)

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ Eve Phone: \_\_\_\_\_ - \_\_\_\_\_

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

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



**DTS Fellow Student  
YWAM-Chico  
Pneumatikos School of the Spirit  
Confidential Reference Form**

**Please return to:**  
Registrar  
15850 Richardson Springs Rd.  
Chico, CA. 95973  
  
Ph: (530) 893 6750 Ext. 220  
Fax: (530) 893 6759  
1-800-841-0739  
email: schools@ywamchico.com

Dear DTS Friend of Applicant,

The person who gave you this form (listed below) is applying to 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 the training and equipping of believers for their part in fulfilling the Great Commission. Your careful, succinct and thoughtful input is important to us in order to evaluate the applicant for admission. All information you provide will be kept in confidence and not disclosed to the applicant.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip code) (Country) (Phone #)

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** \_\_\_\_\_

**Reference is for:** ☐ Fall (August)      **Year** \_\_\_\_\_

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant? very well\_\_\_\_ well\_\_\_\_ casually\_\_\_\_
- Does he or she display high moral standards? Yes\_\_\_\_ No\_\_\_\_  
If No, please explain): \_\_\_\_\_
- In your opinion, in which of the following areas of ministry is the applicant gifted?
 

<input type="checkbox"/> Communication	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Preaching	<input type="checkbox"/> Prayer
<input type="checkbox"/> Administration	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Drama	<input type="checkbox"/> Servanthood
<input type="checkbox"/> Teaching	<input type="checkbox"/> Discipleship	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Encourager
<input type="checkbox"/> Children's Work	<input type="checkbox"/> Counseling	<input type="checkbox"/> Worship	<input type="checkbox"/> Hospitality

Other: \_\_\_\_\_

- Please rate this applicant by placing a check under each of the following categories:

Christian character	____immature	____growing	____mature
Self Discipline	____lacking	____growing	____very disciplined
Temperament	____fun loving	____reserved	____easy going
Stewardship	____needs guidance	____growing	____very responsible
Leadership	____controlling	____growing	____mature
Punctuality	____often late	____growing	____punctual
Reliability	____not reliable	____growing	____dependable
Flexibility	____rigid	____growing	____Very flexible
Initiative	____needs direction	____growing	____self starter
Teamwork	____independent	____growing	____cooperative

Concern for others                      \_\_\_limited                      \_\_\_growing                      \_\_\_strong

6. Would you please circle the words or descriptions that pertain to the applicant:

Easily embarrassed	Anxious	Discouraged	Frequently worried
Argumentative	Domineering	Unable to cope with stress	Insecure
Addictive behavior	Easily offended	Impatient	Moody
Nervous or tense	Critical of others	Intolerant	Prejudice toward groups

7. How does the applicant react in trying situations:

\_\_\_ Withdraws                      \_\_\_ Gets Discouraged                      \_\_\_ Gets Angry  
\_\_\_ Meets constructively                      \_\_\_ Accepts Patiently                      \_\_\_ Other \_\_\_\_\_

8. Does the applicant respond well to authority? Yes \_\_\_ No \_\_\_

If "No", please explain: \_\_\_\_\_

9. Is the applicant dependable and trustworthy with responsibility given to him/her? Yes \_\_\_ No \_\_\_

If "No", please explain: \_\_\_\_\_

10. Please answer the following to the best of your knowledge:

Has the applicant proven to be unreliable, dishonest or of questionable character? Yes \_\_\_ No \_\_\_

Has the applicant has been arrested for any offense? Yes \_\_\_ No \_\_\_

Has the applicant ever been involved in drug abuse, the occult or other addictive behavior? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

11. Please comment briefly on the applicant's family background: \_\_\_\_\_

12. What could YWAM do to aid in the applicant's personal development? \_\_\_\_\_

13. Would you please make any comments regarding the applicant that you feel could be helpful? (use a separate sheet if necessary) \_\_\_\_\_

14. Would you recommend the applicant for the YWAM School, which he/she is applying for?

\_\_\_ At this time I would say no                      \_\_\_ Good prospect

\_\_\_ I have some reservations                      \_\_\_ Great prospect

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zipcode) (Country)

**Day Phone:** \_\_\_\_ - \_\_\_\_ **Eve Phone:** \_\_\_\_ - \_\_\_\_

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

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

I would like to receive more information about YWAM, Chico. Yes\_\_\_ No\_\_\_



## ***Checklist to Completing Pneumatikos- A School of the Spirit Application***

The following items must be submitted BEFORE your application can be processed. All the 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 must complete separate application forms.

- ☐ **Application Form.** Print and fill out completely, send a recent passport size photograph of you, and sign the application form.
- ☐ **Registration Fee.** Your fee in the amount of U.S. \$50.00 for a single, \$80.00 for a couple must be forwarded with your application. This fee is not refundable and your application cannot be processed without it.
- ☐ **Confidential References.** Three confidential reference forms are enclosed. One reference form should be given to each of the following: 1) DTS/BLS Leader 2) Pastor 3) DTS Friend/Student (this reference is to filled out by a student that was in your DTS/BLS with you during your school). Each form requires your name and address. After you complete this information, request them to fill out the form and mail it directly to the Schools Registrar at: YWAM, 15850 Richardson Springs Rd. Chico CA 95973 USA. You may want to give them a stamped envelope with the address on it.
- ☐ **Medical Requirements.** Please complete the enclosed Confidential Health Form. For families, all school age children will also fill out this same form. We also ask that you provide us with a copy of your current immunization records. (You must have an updated tetanus booster at least every 10 years.) These things are very important, and your application cannot be processed without a complete Confidential Health Form. If you have a medical condition that requires monitoring, please contact your Doctor about your decision to complete the School of the Spirit (approx four months).
- ☐ **Release of Liability, Consent for Treatment, Acknowledgment of Financial Responsibility.** These forms must be signed and returned with the rest of the application. (students must be at least 18 years old)

**Please keep in mind that before we can consider you for acceptance into the program,  
WE MUST RECEIVE ALL OF THE ABOVE INFORMATION TO PROCESS THE APPLICATION!**







# WHAT IS PNEUMATIKOS?

PNEUMATIKOS: *supernatural, regeneration, spiritual happenings*. From “pneuma”: breath, breeze, or spirit. As a secondary training course, our objective is to equip and prepare students to be effective in ministry in the Spirit. The course builds on foundations laid in DTS and similar courses. This course is unique, and the staff members are prepared to apply principles in a manner that enhances the student’s personal gifts and passions. It is our desire to see course graduates living a supernatural lifestyle of prayer and dependence upon the Spirit of God to see communities transformed.

## REQUIREMENTS FOR STUDENTS

This course is geared for singles and couples who are at least age 18 years or older, who have completed a DTS, CDTs, BLS with Youth With A Mission, or other similar Discipleship/ Intern course. The most important thing you need is a desire and hunger to know and serve God, and a desire to be a part of His Spirit moving in power to change lives which will change our world! Learning to live in the Spirit, supernaturally.

Many times God calls us to move out of our comfort zone and join a school or staff for a season before He releases us into the primary ministry He has for us. At times, He calls us to go home for a season to work on relationships, and be an influence there. Whatever He has for you, we are here to encourage and help you in living it out.

We know that God has an amazing destiny for YOU and a future where you can impact others for God. Come and join us as we get to know God and take the gospel to the world.

## COURSE CONTENT

### LECTURES, PRACTICUM AND OUTREACH

The 14 weeks of the course include weekly classroom lectures, discussions, devotions, intercession, small groups, prayer times, reading, journaling, practical ministry in the spirit and a three week outreach to apply what has been learned. After the outreach, there are two to three weeks of lecture, practicum and evaluation, which prepares the students to go home, and to continue to function in God’s plan for their ministry.

### CLASSROOM CURRICULUM

You will receive powerful teaching and ministry from Christian leaders and missionaries on topics such as:

- Spiritual Growth
- Leadership Development
- Impartation
- Healing
- Prayer
- Supernatural Lifestyle
- Destiny
- Transforming Communities
- Ministering Inner Healing
- Ministry Training
- Your New Divine Identity
- Miracles

## OPPORTUNITIES TO SERVE

Each student will be assigned times each week to serve the physical needs of the ministry. The Bible encourages us to do everything unto the Lord. Serving with joy, is a class in itself and therefore a vital part of the training. This provides character training and discipline which play an important role in our Christian life and the Pneumatikos program.

## WHERE IS CHICO?

Chico is a mid sized university city, four hours North-east of San Francisco, located on the edge of the Sacramento Valley. The YWAM facility is located 15 minutes out of town at the end of a canyon. In the 20's and 30's this facility catered to the rich and famous due to the healing properties of the mineral springs located on the property.

## OUR CAMPUS

The original 7 story brick hotel, 50+ buildings, and 500 acres of land is still in frequent use by the thousands of conference guests and youth that come through each year to get blessed and refreshed. On the grounds we have tennis/basketball court, an Olympic sized swimming pool, a sand volleyball court, a climbing wall, hiking trails, water fall, creek, and many wildlife!

The Students are housed in "the Lodge", a four story building next to the hotel. The bedrooms house two bunk beds, sleeping two to four students per room and have an attached bath or half bath. The lodge has a spacious living room, dining room, and sun-room that each school can call their own.



YOUTH WITH A MISSION - CHICO  
15850 Richardson Springs Rd  
Chico, CA 95973

[www.ywamchico.com](http://www.ywamchico.com)

[schools@ywamchico.com](mailto:schools@ywamchico.com)  
530.893.6750  
800.841.0739  
FAX 530.896.0442

## OPPORTUNITIES AFTER PNEUMATIKOS

Following the course there will be opportunity for you to participate in our four month Internship. This will be an opportunity to further put into practice all that the Holy Spirit has deposited in you.

A world full of opportunities is open to you. Whether the Lord has called you into full-time missions, or back to school or work, this course is a foundation that the Lord will continue to build on for years to come.

NOW CONCERNING THE SPIRITUALS [PNEUMATIKOS],  
BRETHREN, I DO NOT WANT YOU TO BE UNAWARE.  
I CORINTHIANS 12:1