

YWAM Bishop/Sea & Summit Expeditions

PO Box 1818

Bishop, CA 93515

Office (760) 872-6548 / Fax (760) 872-6543

email: wilddts@seaandsummit.com

*Please attach a
recent photo
of yourself.*

WDTS Application Form

Applying For _____ Starting Date _____

Personal Information:

Name _____ Age _____ Sex _____

Present Address _____ until _____

Permanent Address _____

Phone - Home: () _____ Work: () _____ E-mail: _____

Single _____ Married _____ Spouse's Name _____ # of Children _____

Birthdate _____ Birthplace _____ Citizenship _____

Passport # _____ Expires (date): _____

Education & Experience:

Highest Level of Education Completed: _____

Where: _____ When: _____

Degree(s) & Major(s): _____

Present Employer: _____ Occupation: _____

Other skills & talents: _____

Have you had formal training in wilderness related skills? _____

Where, when, and what? _____

Have you ever been involved in a YWAM short-term outreach or training program? _____

Where and what did you do? _____

Do you have an interest in joining Sea & Summit staff following the course? _____

Please explain (short term/long term/etc.): _____

Financial Information:

Do you have any outstanding debts? _____ If so, please explain _____

Do you have the total school fees? _____ If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

WDTs Application Questions:

Please answer the following questions in detail on a separate piece(s) of paper and send with your application.

1. Describe when and how you came to know Jesus as your personal Savior.
2. Describe your current walk with the Lord.
3. How would you describe your relationship with your family? Include how they feel about your plan to attend a DTS.
4. Why do you want to attend the Wilderness DTS?
5. What are your long-term goals?
6. Describe your participation in your local church activities; include areas of service and responsibility.
7. What other ministry and missions experiences have you had?
8. Have you had difficulties in your life in the areas of: drug and alcohol abuse, mental illness, sexual immorality, or occultism. If so, please explain.
9. Is there any other information that you think would be of help in considering your application?
10. Please list the names, addresses and phone numbers of your three references.

Outdoor Adventure Experience:

EXPERIENCE	YEARS	DIFFICULTY RANGE	LOCATIONS	COMMENTS
Backpacking				
Rock Climbing				
Mountaineering				
Snow Camping				
X-C Skiing				
Ropes Course				
Mountain Biking				
Caving				
Canyoneering				
Other				

PHYSICAL CONDITION: POOR 1–2–3–4–5 STRONG; SWIMMING ABILITY: POOR 1–2–3–4–5 STRONG

Limitations _____

Health & Accident Insurance Company _____

Extent of Coverage _____ (Sea & Summit provides minimal accident coverage.)

Person to be notified in case of Emergency _____

Address _____

Phone: Day () _____ Night () _____

Completing the Application:

1. Please complete and mail this **WDTS application** with a **recent photo** attached
2. Include your completed **WDTS application questions**.
3. Include the non-refundable **application fee** of \$20. (Checks should be payable to: YWAM – Bishop)
4. Please distribute the **confidential reference** forms to:
 1. Your Pastor; 2. A Spiritual Mentor; 3. An Employer or Friend
5. **Note:** A **sports physical** will be required upon acceptance to YWAM Sea & Summit schools.
You will need to have a copy of the results, signed by your doctor, sent to us.

I commit myself to paying all personal expenses incurred during my involvement with YWAM Sea & Summit. I have accurately completed all portions of the application for admission to YWAM Sea & Summit. If accepted, I will abide by the spirit, policy and schedule of the school program.

Signature _____ Date _____

PLEASE RETURN DIRECTLY TO:

**JORDAN & RUTH HORNER
SEA & SUMMIT EXPEDITIONS
P.O. BOX 1818
BISHOP, CA 93515- 1818 USA**

Please list the names, addresses and phone numbers of your three references.

1. Your Pastor

Name _____

Address _____

Phone - Home: () _____ Work: () _____ Cell: () _____

E-mail: _____

2. A Spiritual Mentor

Name _____

Address _____

Phone - Home: () _____ Work: () _____ Cell: () _____

E-mail: _____

3. An Employer or Friend

Name _____

Address _____

Phone - Home: () _____ Work: () _____ Cell: () _____

E-mail: _____