

APPLICATION CHECKLIST



KATELYN JONES

AROUND THE WORLD DTS

Jun 24, 2013

Application Step	Step 4	03/15/2013	Phone Interview: No
Agreement	Yes	03/15/2013	School Tuition: yes
Application Fee	No		Discount: .
Confidential Health Form	Yes	04/5/2013	Discount/Reason: no
Reference 1	Yes	04/18/2013	
Reference 2	Yes	04/18/2013	
Pastor's Reference	Yes	04/18/2013	
Special Requirements	None		
Accptance Package Sent	Yes	05/06/2013	
Visa/invitation letters			
Mandatory Vaccines	Yes	4/5/2013	

PERSONAL INFORMATION

Name

Katelyn	Suzanne	Jones
katelyn_jones@sbcglobal.net		

Birthday

7	Jul	1995	Age: 18	USA	<input type="radio"/> Male <input checked="" type="radio"/> Female
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Marital Status

Single	
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Child(ren) you would like to bring along? ☒ No ☐ Yes

Address

3508 Tripp		
Amarillo	Texas	79121
United States of America	8063415405	8063411802

Emergency Contact

Larry Jones	8066761555	larry_christie@sbcglobal.net
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Education

Highest level of education completed

Bachelor Degree

What languages do you speak?

English and I can read

Military service? ☒ No ☐ yes

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Present employer

N/A

Occupation

N/A

Occupational skills

register

Years experience

9 months

Musical abilities / Other talents

singing and violin

PERSONAL HISTORY

Trinity Fellowship Church

Daniel Proffit

10 years

5000 Hollywood Rd Amarillo Tx, 79118

8063836990

How long have you been a "born-again" christian

7 years

History

1. Briefly describe your conversion experience and present relationship with the Lord.

I grew up in a home with parents who taught me about Christ and prayed with me every night before bed. I grew up having a relationship with Him from the very beginning. At 7 I asked Jesus into my heart and at 12 I was baptized. He continues to teach me daily thru trial and error and that He will always be there for me, walking with me thru everything. I've always known God as my loving father and I cant imagine life without Him.

2. Describe other significant spiritual experiences you have had in your walk with the Lord.

In the past year He has brought me thru trials upon trials that tested me but thru resources and people He placed in my path, He brought me out of that and into a stronger relationship with Him.

3. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.

They are very encouraging. My mom has prayed for me and my future since she was expecting me and has always felt the Lord's calling on my life to be a missionary. They are very much going to be apart of the planning and experience in YWAM.

4. Describe your relationship with your local church. Include areas of service and leadership.

I love my church. All the staff, leaders, student leaders and people who attend there are all great and very welcoming. In the past I have served in the Heroland ministry (infant-6) for 4 years. I now serve on the missions team, I help in the Junior high services as a leader and I am a Junior/senior Student Leader in my youth.

5. Describe your long-term goals.

I want to travel as a missionary fulfilling God's calling to spread His word and minister to those around me. I feel like He has prepared me growing up to counsel hurt hearts out there and I also feel His calling to speak to groups of people.

6. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in?

Yes. In my youth a few years ago we all helped at Bethesda on Wednesdays, providing a safe environment to play and learn about Jesus for the kids and then helping the elderly as they got there food by walking them to their car and unloading their groceries. My student council has also served in several different places in need in Amarillo.

7. Have you ever used tobacco, alcohol or drugs? If yes, for how long?

no.

8. Have you ever been convicted of a felony?

9. Have you ever had / or are you currently dealing with an eating disorder?

10. What areas of your character are you presently seeking God to further develop and improve?

Communication and boundaries

11. How did you hear about YWAM Denver? Why do you desire to attend this program?

I researched a lot of YWAM stuff around the world and finally cam upon something I was interested in and felt like it has to do a lot with what God is calling me to do and what I want to do myself.

HEALTH INFORMATION

Medical History

- | | | |
|--------------------------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Surgery Appendectomy | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Allergy Penicillin | <input type="checkbox"/> Surgery Tonsillectomy | <input type="checkbox"/> Intestinal troubles |
| <input type="checkbox"/> Allergy Sulfonamides | <input type="checkbox"/> Surgery Hernia repair | <input type="checkbox"/> Recurrent diarrhea |
| <input type="checkbox"/> Allergy Serum | <input type="checkbox"/> Surgery Broken bones | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Allergy Other - specify below | <input type="checkbox"/> Surgery Other-specify | <input type="checkbox"/> Stomach/Duodenal Ulcer |
| <input type="checkbox"/> Allergy Food - specify below | <input type="checkbox"/> Dislocation of joints | <input checked="" type="checkbox"/> Depression |
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Rheumatism/Arthritis | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Other Mental/Nervous |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Back problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Recurrent headache | <input type="checkbox"/> Head injury | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Anemia | Females only: |
| <input type="checkbox"/> Hay Fever, Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Tumor: Cancer | <input type="checkbox"/> Severe cramps |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Hysterectomy |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Contagious Disease | <input type="checkbox"/> I am pregnant |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Kidney Disease | |

Other/Explain

N/A

Do you have any special needs?

no

Are you under doctor's care for any conditions? if yes, Please specify.

no

Do you have any physical handicaps or health conditions which require special attention?

no

Do you have a history of receiving counseling or psychiatric treatment?

Christian Counseling-yes

Height

5.1

Weight

185

Blood type

not sure

Would you rate your health condition as:

☒ Excellent

☐ Good/Normal

☐ Poor

Family History

Have any of your relatives ever had any of the following?

☐ Tuberculosis

☒ Arthritis

☒ Diabetes

☐ Stomach problems

☐ Kidney disease

☐ Asthma, hay fever

☐ Heart disease

☐ Convulsions, epilepsy

☐ Hypertension

☒ Cancer

Have you ever had any of the following COMMUNICABLE DISEASES?

☐ Chickenpox

☐ Pertussis

☐ Measles (Rubella)

☐ Scarlet Fever

☐ Measles (Rubeola)

☐ Tuberculosis

☐ Mumps

Other/Explain

Vaccination Record

We would like to know if you have had the following vaccinations.

The vaccinations in Section I. are **mandatory** prior to entering your school program.
Make sure that the vaccinations are up-to-date.

I. Mandatory Vaccinations

Month of last shot

Tetanus/Diphtheria

2

2000

☐ I am not sure

MMR (Measles, Mumps, Rubella)

2

2000

☐ I am not sure

Hepatitis A (Series of 2)

2

2000

☐ I am not sure

Mandatory Vaccinations or Comments

The following vaccinations are not essential for all outreaches, but beneficial for certain ones.
It is helpful for us to have information regarding your vaccination history.

II. Other Vaccinations

Month of last shot

Polio

☒ I am not sure

Hepatitis B (Series of 3 shots)

☒ I am not sure

Typhoid

☒ I am not sure

Yellow Fever

☒ I am not sure

Others Vaccinations or Comments

FINANCE & EXTRA

Financial Information

Do you have the total school fees? ☐ No ☒ Yes

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

Parents and sponsors

Do you have any outstanding debts? If so, explain.

no