



## School Of Ministry Development Reference

Dear Reference,

An applicant to our program has listed you as a reference to complete their application. He/she has applied to participate in the volunteer missions program with Youth With A Mission in Wylie, Texas. Serious consideration will be given to your comments. Therefore, we ask that you complete this reference form carefully. This information will be treated with the utmost confidentiality and reviewed by our personnel department. Your prompt attention in completing this form (within 7 days) is important, as the applicant's file cannot be considered until this office has received all forms.

If you have any questions while completing this form, please do not hesitate to call us.

Thank you very much for your assistance,

YWAM Wylie  
Registrar@ywamwylie.org

(972) 429-9278

YWAM Wylie, PO Box 2787 Wylie, TX 75098

Name of Applicant

First Name

Last Name

Your Name

First Name

Last Name

Your YWAM campus and address

City, State/Province, Zip/postal Code

Country

Your phone number

YWAM campus phone number

How long have you known the applicant?

I consider my relationship with him or her:

Very Close

Fairly Close

An Acquaintance

Minimal

Relationship to the applicant:

DTS Leader

Department Leader

Small group leader

Work supervisor

Was the lecture phase and outreach phase of the applicant's DTS completed to your satisfaction?

Yes

No

If no, please explain

Do you think a School of Ministry Development would be beneficial for the applicant?

Yes

No

Please explain

What areas of growth do you see that the applicant needs to work on or pursue? Please explain:

How open is the applicant to being challenged, pushed outside of their comfort zone, and postured for growth? Please explain:

Does the applicant display high moral standards?

Yes

No

Please explain

What would you consider to be the applicant's strengths and weaknesses?

### Applicant's Emotional and Spiritual Maturity

As a YWAM missionary, flexibility may be necessary. Adjustments may have to be made to diet, social customs, climate changes, etc. Keeping in mind the challenges of these unusual demands, please rate this applicant, to the best of your ability, in each of the following categories:

#### Physical Condition

Good health

Fairly healthy/average

Frequently incapacitated

#### Sociability

Well liked by others

Liked by others

Tolerated by others

Avoided by others

#### Intelligence

Brilliant, exceptional

Alert, has a good mind

Average mental ability

Learns and thinks slowly

### Christian Experience

Rich and growing

Genuine, but mild

Overly-emotional

Relatively superficial

### Teamwork

Works well with others

Usually cooperative

Often causes friction

### Willingness to serve

Eager to serve as needed

Motives confused

Reluctant to serve

### Leadership

Ability to inspire others and maintain their confidence

Unusual ability to lead

Has leadership promise

Makes no effort to lead

Tries but lacks ability

### Achievement

Ability to formulate, execute, and complete plans

Exceeds expectations

Meets average expectations

Does only what is assigned

Starts but does not finish

## Responsiveness

To the feelings and needs of others

Unusually responsive

Reasonably responsive

Understanding and thoughtful

Slow to sense how others feel

## Emotional Resilience

Consistently stable

Works towards stability

Gets discouraged easily

Gets angry or impulsive

## Flexibility

Open to change

Average

Unyielding

## Punctuality

Punctual

Average

Often late

## Financial Responsibility

Honors obligations

Average

Neglectful

### Reliability

<input type="checkbox"/> Meets obligations
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<input type="checkbox"/> Average
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<input type="checkbox"/> Neglects obligations
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### Teachability

<input type="checkbox"/> Wrestles with ideas
--

<input type="checkbox"/> Receives everything
--

<input type="checkbox"/> Argumentative
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## Leadership Qualities

Please describe, to the best of your ability, the leadership qualities of the applicant

	Weak	Developing	Average	Mature	Strong
Respect for strong conviction	<input type="checkbox"/>				
Ability to deal with interpersonal problems	<input type="checkbox"/>				
Ability to communicate	<input type="checkbox"/>				
Ability to make decisions clearly	<input type="checkbox"/>				
Ability to take criticism from others	<input type="checkbox"/>				
Assurance of God's calling	<input type="checkbox"/>				
Social poise	<input type="checkbox"/>				
Positive attitude	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				

## Applicant Reference

Would you recommend this applicant to be accepted to the School Of Ministry Development?

Yes

No

Is your recommendation:

Strong

Hesitant

Weak

If you have any reservations about the applicant, please describe why:

Do you have any further comments?

I certify that all information in this reference is complete and accurate. I understand that if any information given is found to be false, it could result in the removal or exclusion of the applicant from the mission training program.

Signature

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## Confidential Health Form

Name

First Name

Middle Name

Last Name

Do you have medical insurance?

Yes

No

Name of insurer

Policy number

Name of policy holder

### Personal History

Height

Weight

Blood type

Have you ever had a reaction to blood products?

Yes

No

Please indicate if you currently or have ever experienced any of the following:

Eating disorders

Fainting spells

Eye trouble

Weakness

Head injury

Paralysis

Recurrent headache

Insomnia

Epilepsy

Broken bones

Dislocation of joints

Intestinal problems

HIV positive

Recurrent diarrhea

Hepatitis A, B, or C (specify)

Back problems

Stomach/duodenal ulcer

Hay fever/asthma

Jaundice

Shortness of breath

Anemia

Diabetes

Heart trouble

Kidney disease

High or low blood pressure

Venereal Disease

Rheumatism/arthritis

Tumor/cancer

Chronic constipation

Counseling of any kind (specify)

If you marked any of the sections above, please explain:

Do you experience allergic reactions to:

Penicillin?  Yes  No

Sulphonamides?  Yes  No

Foods/other?  Yes  No Specify:

Have you received any of the following surgeries?

Appendectomy?  Yes  No

Tonsillectomy?  Yes  No

Hernia repair?  Yes  No

Other?  Yes  No Specify:

Females only, Do you experience:

Irregular Periods?  Yes  No

Severe cramps?  Yes  No

Excessive flow?  Yes  No

Are you pregnant?  Yes  No

If you answered yes to any of the sections above, please explain:

Do you have a mental/nervous disorder?

Yes

No

If yes, please give details including any past treatment or ongoing treatment and any problems:

Are you currently receiving any medical treatment?

Yes

No

Please specify any condition that is currently under treatment by a doctor:

Do you or have you ever received any compensation for disability from any source?

Yes

No

If yes, please specify:

Have you ever had any of the following:

Chicken pox?  Yes  No

Pertussis?  Yes  No

Measles (Rubella)?  Yes  No

Scarlet fever?  Yes  No

Mumps?  Yes  No

Turberculosis?  Yes  No

Other?  Yes  No Specify:

## Family History

Have any your relatives had any of the following:

	Yes	No	Relationship
Arthritis			
Asthma/Hay fever			
Cancer			
Epilepsy/Convulsions			
HIV/AIDS			
Kidney Disease			
Mental Illness			
Stomach Disease			

Do you have any special dietary needs?

Are you currently taking any medication? Please specify:

# Physician Report

Applicant's Name

First Name

Middle Name

Last Name

Please attach a copy of your immunization records.

To the Physician:

The above named person has applied to participate in a volunteer missions program with Youth With A Mission. This is a short-term missionary service in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health.

Would he/she be able to walk 3-4 miles per day?  Yes  No

Would you consider the applicant to be in good health?  Yes  No

Do you certify the applicant to be non-contagious?  Yes  No

Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas?  Yes  No

If yes please specify:

Are there any abnormalities of the following systems? Please indicate all that apply

 Head, Ears, Nose, Throat Respiratory Eyes Torso or back Teeth Digestive tract Nervous system Musculoskeletal Cardiovascular Endocrine (thyroid) Skin Urogenital

Doctor's signature or stamp: \_\_\_\_\_

Doctor's full name printed: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Phone number: \_\_\_\_\_