

Mission Adventures

Reference form





Mission Adventures

Reference form

(The front sheet of the reference is for the applicant to fill out.)

Name of Applicant _____
Address _____
City _____ State _____ Zip _____
Phone Number () _____
Program Applying For _____ Beginning Date _____

I, THE ABOVE NAMED APPLICANT, WAIVE ANY RIGHT I HAVE TO READ OR OBTAIN COPIES OF THIS RECOMMENDATION, KNOWING THAT THIS WAIVER IS NOT REQUIRED AS A CONDITION OF ADMISSION.

_____ Date _____
Applicant's Signature

The above applicant has applied for admission to Youth With A Mission. Serious consideration will be given to your comments, so we ask that you complete this form carefully. We appreciate your early response, as the applicant's file cannot be considered until this office has received all forms. Feel free to make additional comments on separate pages. Thank you for taking time to help us in this way!

Please return all three pages of this reference to:

Mail:
YWAM Wylie - Mission Adventures
P.O. Box 2787
Wylie, TX 75098

Email:
MissionAdventures@ywamwylie.org



Please check the following, and comment when necessary.

Your Name _____ Title _____

Your Phone () _____ Address _____

What is your relationship to the applicant? Employer Teacher Pastor Parent
 Other (specify: _____)

How well do you know the applicant? Very Well Well Casually

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with interpersonal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to receive criticism from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assurance of God's calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____



Hindrances to the Applicant's Effectiveness

Below are characteristics that may lead to ineffectiveness in our program. Please indicate if they pertain to the applicant:

- Impatient, intolerant, argumentative, domineering, or critical of others
- Easily embarrassed, offended, or discouraged
- Frequently worried, anxious, nervous, tense, or given to moodiness or mood swings
- Prejudiced towards groups, races, or nationalities
- Lacking in humor
- Unable to cope with stress, erratic in attitudes or actions
- Applicant seems relatively free from all such tendencies
- Other: _____

Please elaborate on any noted or similar limitations in the applicant's life:

Is the applicant active in church work? (Please give details.) _____

Do they display high moral standards? Yes No (Please Explain) _____

Are they prejudiced against any group, race, or nationality? Yes No (If yes, please explain.) _____

With reference to their Christian service, do you consider the applicant to be:

Dedicated Average Casual (Please Explain): _____



Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-Emotional Superficial

Please explain: _____

Please comment on the applicant's family background (If Known): _____

What could YWAM do to aid the applicant's personal development? _____

Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, occult practices, etc.). _____

Is the applicant financially responsible? _____

Would you recommend the applicant for acceptance into Youth With A Mission?

Yes With some reservation No

Please explain: _____

I have known _____ for _____ years and believe they possess the qualities indicated above.

Signature of Agreement

I certify that all information in the 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 participating with us.

Name _____

Signature _____ Date ____/____/____