



Applicant's name: _____

Address: _____

I, the above named applicant, waive any right to read or obtain copies of this reference, knowing that this waiver is not required as a condition for admission.

Applicant's signature: _____ Date: _____

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The person named above is applying to a Discipleship Training School within Youth With A Mission Stockholm, Sweden. We would appreciate if you would provide the information requested. We consider your reply seriously, therefore we ask you to complete this form prayerfully. We do not consider applicants until all their reference forms and application have been completed, so your prompt return of this form is appreciated. Thank you for your valuable time.

1. GENERAL INFORMATION (Please type or print clearly)

A. How long have you known the applicant? _____
How well do you know the applicant? _____
What is your relationship to the applicant? _____

B. In what situations have you observed the applicant?
 at home at work small group at school
 church activities social activities
 other, please explain: _____

C. What best describes the applicant's Christian life?
 Mature Contagious Genuine Over-emotional Superficial

D. What, in your opinion, is the applicant's motivation for applying to this school?

E. Is the applicant active in any church-related work? (please explain) _____

2. CHARACTER PROFILE

A. What do you consider the applicant's strong points to be? _____

B. Comment on the applicant's:
Emotional stability: _____
Self-confidence: _____
Decision-making ability: _____
Self-discipline: _____

C. Please indicate what in your opinion best describes the applicant for the following qualities:

Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity & concern for others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership qualities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility in tasks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work in a team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to cope under stress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Willingness to serve
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude toward receiving advice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial responsibility

D. Comment on the applicant's family background: _____

E. If the applicant is married and/or has children, how would you describe the relationship between the applicant and:
the spouse? good fair poor
the child(ren)? good fair poor
Please explain: _____

3. OTHER INFORMATION:

A. Please make relevant comments concerning medical, psychological, drug or alcohol abuse or other areas of the applicant's life that we should know about.

B. Other comments? _____

C. Would you like to receive a newsletter from YWAM Stockholm? Yes No

Signature: _____ Date: _____

Your name: _____ Phone: _____

Your address: _____

E-mail address: _____

When you have completed this form, please send it to:

DTS
YWAM Stockholm
Gamla Landsvägen 6
196 30 Kungsängen
Sweden

Or scan the form and email it to dts@ywamstockholm.se