



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: _____

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? _____
Are you the applicant's pastor [] other [] explain: _____

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. How long have you known the applicant is interested in this school? _____

D. What are the applicant's motives for applying to this school?
[] personal growth [] wants to travel [] adventure
[] desire to help others [] receive training; discipleship
[] get away from unpleasant home situation [] Christian service
[] receive help/ministry [] desire to spread the gospel
[] share his/her experiences as a Christian [] other (explain) _____

E. In a few sentences, describe the applicant's Christian life. _____

F. 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 | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| <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"/> | Mental ability |
| <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"/> | Ability to work in a team |
| <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"/> | Willingness to serve |
| <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"/> | Perseverance |
| <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"/> | Punctuality |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual morals |

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. What would you like to see the Lord do in the applicant's life during the DTS?

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

C. Do you have any more comments? _____

D. Would you recommend the applicant for acceptance by YWAM?

Yes With some reservations No - Please explain: _____

E. Would you like to have the applicant as your staff? _____
What kind of tasks would you give the applicant? _____

F. Would you like a report of how the applicant is doing? _____

G. 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