



# **Bible Core Course**

## **Confidential Reference Form: FRIEND**

Once completed, please do not give this form back to the applicant. Mail, e-mail or fax it to YWAM Oxford directly as follows:

**Address:** YWAM Oxford, PO Box 47, Oxford,  
North Canterbury, 7443, New Zealand

**Phone:** +64 3 312 49 51  
**Fax:** +64 3 312 49 55  
**E-mail:** registrar@ywamoxford.org

### **About this form (please read carefully)**

*Thank you for taking the time to complete this form. Please be open and honest. Thank you for your help.*

### **Referee Information**

**Date:**

<b>Full Name:</b>	_____
<b>Postal Address:</b>	_____
<b>Telephone:</b>	_____
<b>Fax:</b>	_____
<b>E-Mail:</b>	_____

### **Information about the Applicant**

<b>Name of applicant</b>	_____
<b>How well do you know the applicant?</b>	<input type="checkbox"/> Casually <input type="checkbox"/> Well <input type="checkbox"/> Very well
<b>How long have you known the applicant?</b>	

### **Christian experience**

<b>In your consideration, which of the following would best describe the applicant's Christian experience?</b>	<input type="checkbox"/> Contagious <input type="checkbox"/> Genuine and Growing <input type="checkbox"/> Mature <input type="checkbox"/> Over emotional <input type="checkbox"/> Superficial
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**Personal Profile**

Please assess the following:

	Poor	Average	Good	Excellent	Unknown
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

**Strengths**

Could you tell us what you think the applicant's strengths are? (special abilities, skills etc)

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**Problem areas**

Please check off words or descriptions if they apply to the applicant:

Please note that we are seeking to help the applicant grow.

- |   |  |
|---|--|
| <input type="checkbox"/> Anxious  | <input type="checkbox"/> Given to moods                  |
| <input type="checkbox"/> Impatient  | <input type="checkbox"/> Critical of others              |
| <input type="checkbox"/> Intolerant                                       | <input type="checkbox"/> Easily embarrassed              |
| <input type="checkbox"/> Argumentative                                    | <input type="checkbox"/> Offended                        |
| <input type="checkbox"/> Domineering                                      | <input type="checkbox"/> Discouraged                     |
| <input type="checkbox"/> Frequently worried                               | <input type="checkbox"/> Erratic in attitudes or actions |
| <input type="checkbox"/> Nervous or tense                                 | <input type="checkbox"/> Addictive behaviours            |
| <input type="checkbox"/> Unable to cope with stress                       | <input type="checkbox"/> Lazy                            |
| <input type="checkbox"/> Prejudiced toward groups / races / nationalities |  |

If you have noticed any of these, or any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about, please elaborate:

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**Responsibility**

Is the applicant dependable & trustworthy with responsibility given to him/her?  Yes  No

If no, please explain: \_\_\_\_\_

Does the applicant respond well to authority?  Yes  No

If no, please explain: \_\_\_\_\_

**Family background**

Please comment on his/her family background (if known).

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**Motives**

In your opinion, what are the applicant's motives for applying to YWAM?

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**Additional comments**

Please add any other relevant comments about the applicant:

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Thanks for taking the time to fill in this reference form.

God Bless!