



## Discipleship Training School Confidential Reference Form: PASTOR

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. A DTS is not for everyone and the more accurate the information we have on each applicant the better equipped we are to determine how well suited the school will be for their particular needs. In addition, the more information we have the better we can serve the unique needs of each student. Thank you for your help.*

### Reference's Information

**Date:**

**Full Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Information about the Applicant

**Name of applicant** \_\_\_\_\_

**DTS the applicant is applying for**

- AW80- March
- Snowboarders- June
- Backpackers- October
- EarthCare – October
- Father's Love Crossroads- Oct
- Justice October

**How well do you know the applicant?**

- Casually
- Well
- Very well

**How long have you known the applicant?** \_\_\_\_\_

### Church Information

**How long has the applicant attended your church?** \_\_\_\_\_

**In your association with the applicant, what has their level of commitment been?**

- Faithful
- Inconsistent
- Other



Were you aware of the applicant's intention to participate in this program prior to receiving this form?  Yes  No

Is the congregation supportive of the applicant's decision to study with YWAM?  Yes  No

Please explain:

**Christian experience**

In your consideration, which of the following would best describe the applicant's Christian experience?  Contagious  Genuine and Growing  Mature  Over emotional  Superficial

**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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**Responsibility**

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

If no, please explain:



Yes  
 No

**Does the applicant respond well to authority?**

If no, please explain:

***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 |  |

Please comment on any of the above or any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about:

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***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!