

Confidential Form

The Applicant must make at least two copies of this Reference Form, complete the section 1 below and submit the form to the different referees with a stamped envelope addressed to YWAM Saint Lucia P.O.Box 4029 Bocage, Castries, SAINT LUCIA (Eastern Caribbean)

Confidential Reference Form

Section 1: Applicant's Name:					
Applying for:	Starting Date:				
Duration of the Program:	Month / Year				
Section2: To be completed and signed only by one of the referees indicated in the application form					
To the Person completing this reference form: This applicant has applied for the above mentioned program with Youth With YWAM Saint Lucia is part of Youth With A Mission International, a Christian mentioner Christians from various denominations can be trained and serve in valued His Kingdom. We thank you for taking the time to complete this reference form and we will smaking our decision. We keep all references in complete confidence and will case. Please mail this completed reference form to the following address:	nissions organization founded in 1960, rious capacities to extend God's love seriously consider your reference in				
YWAM Saint Lucia P.O. Box 4029, Bocage, Castries, SAINT LUCIA (Eastern Caribbean) Or scan and send to the following email address: YWAMSAINTLUCIA@GMAIL.COM					
If you prefer to fill this reference form online, please contact us by email and we will send you a link for an online form					
1. What is your relationship to the applicant?					
□ Pastor □ Teacher □ Friend □ Employer □ YWAM Leader	☐ Other:				
2. How well do you know the applicant? ☐ Very Well ☐ Average	☐ Very Little				
3. For how long have you known the applicant? Years Months					
4. To your knowledge, which of the following best describes the applicant's Christian experience?					
☐ Mature ☐ Contagious ☐ Genuine & Growing ☐ Ve	ery Emotional				
5. In regards to dedication the applicant is: ☐ Dedicated ☐ Ave.	rage □ Casual				
6. Does the applicant show strong moral standards? ☐ YES ☐ NO	Please Explain below:				
7. What do you believe is the applicant's motivation for applying for this program ?					
☐ Further Training ☐ To Serve God ☐ Adventure ☐ Desire to help	Others Travel				
☐ To escape a difficult situation at home ☐ Other:					
8. In your opinion, what are the applicant's strong points? (special skills or abilities)					
9. What could YWAM do to help the applicant with his / her personal developed	ment?				



10. Are you and/or your church or other supporting the applicant in his / her decision, with prayer, enthusiasm & finances?

Please Explain:							
Please evaluate the following areas of the applicant's life based on your observations:							
Ability to receive correction Self-confidence Ability to make decisions Social Skills Concern for others Ability to follow directions Respect for Leadership Servanthood Emotional Stability Communication Skills Health Personal Hygiene	Excellent	Above Average	Average	Below Average	Poor		
Mental Alertness Work Ethic Trustworthiness Teamwork Flexibility Christian Character Disposition Punctuality Finances	☐ Quick Learner ☐ Hard Worker ☐ Meets Obligations ☐ Works well with others ☐ Open to Change ☐ Very Stable ☐ Happy ☐ Punctual ☐ Honors Obligations	☐ Average		□ Slow to Learn □ Lacks Persistend □ Neglects Obligat □ Causes Friction □ Refuses Change □ Unstable □ Passive □ Rarely on Time □ Irresponsible	tions		
Would you recommend that the applicant be accepted in this program with YWAM?							
□YES	☐ With Some Caution		□NO	Please explain be	low:		
Your Name : Mailing Address:							
City:	State / Province	:	Zip / Pos	stal Code:			
Country:							
Email:							
Mobile Phone: Office Phone:							
The above information is required including your phone number with the area code so that we can contact you if necessary. Please indicate best time to call.							
Signature:				Date:			