



## REFERENCE FORM 1: PASTOR/PRIEST/YOUTH LEADER

To be completed by the applicant:

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

The applicant has applied for our **Family** Discipleship Training School (DTS)

at \_\_\_\_\_ starting \_\_\_\_\_

*A DTS is the basic training course within Youth With A Mission (www.ywam.dk). The school aims to equip young Christians to full-time Christian service/mission. Growing in understanding and personal character development is equally important to the training. The school consists of a 12 week lecture phase and 8 -12 weeks with practical missionary training. If you use an extra sheet of paper, refer to the number of the question.*

**Please send this reference form directly to the school (address on the last page), as soon as possible.**

**Your name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### Your relationship to the applicant

Pastor  Priest  Youth leader  Other (describe): \_\_\_\_\_

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

## 1. PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below.

Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Self-esteem	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Discipline/self-control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Openness to counselling	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Submission to leaders	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Financial responsibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Reliability/trustworthiness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Communication skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Concern for others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Productivity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Ability to cope with stress	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure
Willingness to serve others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Not sure

## 2. PERSONAL GROWTH

Please comment briefly on the applicant's growth as a Christian and personally during the last two years.

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## 3. CALL AND MINISTRY

A. What do you think is the applicant's motivation for attending the school?

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B. What are the special gifts/ministries you recognize in the applicant?

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## 4. FAMILY/BACKGROUND

A. What do you think we should know about the applicant's family or background?

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B. Has the applicant, as far as you know, smoked, abused illegal drugs/alcohol, or received any psychiatric treatment in the last five years?  Yes  No

Has the applicant, as far as you know, received any psychiatric treatment in the last five years?

Yes  No

If so, please specify \_\_\_\_\_

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C. Please, describe anything you know of, that might make it difficult for the applicant to complete the school.

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D. Does the applicant have support from his/her family in applying for the school.

Yes  No  Don't know

E. Do you think participation in YWAM would be beneficial for the applicant?

Yes  Yes, with some reservation  No

F. Would you like to have the applicant work for you?  Yes  No

G. Additional comments \_\_\_\_\_

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## 5. SIGNATURE

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this form directly to the school as soon as possible.**

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