

REFERENCE FORM:

THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to:
Youth With A Mission — Jacksonville, 1015 Atlantic Blvd. #303, Atlantic Beach, FL 32233

Name of Applicant _____ Phone # (_____) _____ - _____

Address _____ City _____ State _____ Zip _____

School Applying for _____ Date _____

I, the above-named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature _____ Date _____

The above applicant has applied for admission to Youth With A Mission. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your early response will be the most appreciated as the applicant's file cannot be considered until this office has received all forms. Thank you for taking time to help us in this way. We sincerely appreciate your cooperation.

Please check the following, and comment where necessary: Your relationship to the applicant?

Employer ___ Teacher ___ Pastor ___ Friend ___ Other _____
 (please specify)

How well do you know the applicant? Very well ___ Well ___ Casually ___

	Superior	Above Avg.	Average	Below Avg.
Initiative				
Social adaptability				
Concern for others				
Ability to follow				
Leadership				
Emotional stability				
Health				
Personal Appearance				
Comments				

Mental Ability	Quick to comprehend ___	Average ___	Slow ___
Industry	Hard Worker ___	Average ___	Lacks persistence ___
Reliability	Meets obligations ___	Average ___	Neglects obligations ___

Cooperativeness	Works well with others__	Average__	Avoids group activity__
Flexibility	Open to change__	Average__	Unyielding__
Christian character	Well balanced__	Average__	Unstable__
Disposition	Cheerful__	Average__	Passive__
Punctuality	Punctuality__	Average__	Often late__
Finances	Honors obligations__	Average__	Neglectful__

1. To what capacity is the applicant active in church work? _____

2. Does he/she display high moral standards? Yes ___ No ___
(if yes, please explain) _____

3. Is he/she prejudice against any group, race or nationality? Yes ___ No ___
(if yes, please explain) _____

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

5. In reference to his/her Christian service, do you consider the applicant to be: Dedicated _____
Average _____ Casual _____
Please explain. _____

6. Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual, or occultic practices, etc.) _____

SIGNATURE:

Please send the completed information to: **Youth With A Mission - Jacksonville, 1015 Atlantic Blvd. #303 Atlantic Beach, FL 32233**

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated:

Name _____

Title _____ Phone # (_____) _____ - _____

Address _____

E-Mail Address _____

Signed _____ Date _____

Would you like to receive further information about YWAM? Yes ___ No ___