

Name of Referee

Name of Applicant

**Return all forms to:**  
 The Registrar  
 P.O. Box 5008  
 Jimbaran Bali 80364  
 Indonesia  
 Fax: +62 361 702 253  
 registrar@uofnbali.org

Program Applied for (circle one): Second Level School / Staff / Volunteer

The applicant named above has applied for admission to one of Youth With A Mission's ministries. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively evaluate the needs of the applicant should he/she be accepted into the Youth With A Mission program applied for.

### 1. Relationship With Applicant

What is your relationship to the applicant?

How long have you known the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (*1 being very little, 10 being intimately*)

1   2   3   4   5   6   7   8   9   10

How has the applicant been an asset to your base/school?

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

Faithful     Inconsistent     Other

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

### 2. Christian Experience

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature     Contagious     Over-emotional  
 Superficial     Genuine & Growing

### 3. Emotional Stability

Please rate the applicant as to his/her maturity and stability (please check one):

- Outstanding - mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Doubtful - Experience has shown that the applicant might not be able to endure stress
- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal is erratic in attitude and action or has demonstrated emotional instability in other ways

### 4. Trying Situations

How does the applicant usually react in trying situations (please check one):

- Meets Constructively
- Accepts Patiently
- Withdraws
- Gets Discouraged
- Gets Angry
- Other (please specify)

### 5. Problem Areas

*Please note that we are seeking to help the applicant grow. Please check off words or descriptions if they apply to the applicant:*

- |   |  |
|---|--|
| <input type="checkbox"/> Anxious                                      | <input type="checkbox"/> Nervous or tense    |
| <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"/> Given to moods                               | <input type="checkbox"/> Addictive behaviour |
| <input type="checkbox"/> Frequently Worried                           | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Unable to cope with stress                   |  |
| <input type="checkbox"/> Prejudice towards groups/races/nationalities |  |
| <input type="checkbox"/> Erratic in attitudes or actions              |  |

## 6. Giftings

- |  |  |
|--|--|
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Pastoring       |
| <input type="checkbox"/> Drama           | <input type="checkbox"/> Discipleship    |
| <input type="checkbox"/> Preaching       | <input type="checkbox"/> Counselling     |
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Prayer          |
| <input type="checkbox"/> Music           | <input type="checkbox"/> Hospitality     |
| <input type="checkbox"/> Art             | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Administrator   | <input type="checkbox"/> Servant hearted |
| <input type="checkbox"/> Children's work | <input type="checkbox"/> Other (specify) |

## 7. Personal Profile

Please describe in your own words how you would assess the applicant in the following areas:

- Initiative \_\_\_\_\_
- Social adaptability \_\_\_\_\_
- Personal grooming \_\_\_\_\_
- Concern for others \_\_\_\_\_
- Financial responsibility \_\_\_\_\_
- Leadership capability \_\_\_\_\_
- Ability to follow \_\_\_\_\_
- Flexibility \_\_\_\_\_
- Reliability \_\_\_\_\_
- Co-operation \_\_\_\_\_
- Self-discipline \_\_\_\_\_
- Ability to cope with stress \_\_\_\_\_
- Moral standards \_\_\_\_\_
- Temperament \_\_\_\_\_
- Punctuality \_\_\_\_\_
- Perseverance \_\_\_\_\_
- Sound judgement \_\_\_\_\_

## 8. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes  No  Please Elaborate

Does the applicant respond well to authority?

Yes  No  Please Elaborate

## 9. Additional Comments

Please give any comments or concerns regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

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## 10. Recommendation

What is your overall evaluation of the applicant's promise for this YWAM program?

- Unusually exceptional prospect
- Above-average prospect
- Average prospect
- Good prospect, but I have some reservations
- At this time, he/she is unsuited
- Definitely unsuited

## 11. Referee Information

I declare that the contents of this reference are correct to the best of my knowledge

**Name** (in block letters, please)

**Telephone Number** (include country & area code)

**Email**

**Signed**

**Dated**

day	month	year
/	/	

Please contact us if you have any additional comments.

Thank you for your assistance.

Would you like to receive further communication from UofN Bali? (newsletter, phone call, etc.)

Yes  No