



Other Reference

Employer / Teacher / Christian Friend

Name of Referee

Name of Applicant

Program Applied for (circle one): DTS / Other School / Staff / Volunteer

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

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

2. Character

Have you enjoyed having the applicant with you?

Yes No Please Elaborate

How has the applicant been an asset to your business / class?

Yes No Please Elaborate

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. 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 _____

7. 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

8. 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)

9. 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

10. 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