



REFERENCE FORM

To The Applicant: After completing the information below, please give this form to the person filling out the reference and provide that person with a stamped envelope addressed to:

**Human Resources Director
YWAM Ships OC
P.O. Box 14637
Irvine, CA 92623**

Name of the Applicant _____ Phone No.: _____
Last Name First Name

I, the above named applicant, waive any right 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 to YWAM Ships, an international Christian missionary organization. YWAM, founded in 1960, has centers in more than 110 nations. Its purposes include training challenging and channeling Christians to fulfill Christ's command: Go, therefore and make disciples of all nations."

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance.

Your Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

In what situations have you observed the applicant? _____ At Home _____ At Church _____ At Work
_____ Small Group _____ Social Activities

Does the applicant know Jesus as his/her Lord and Savior? _____

Does he/she demonstrate the Lordship of Christ in his/her life? _____

Does he/she demonstrate good moral character? _____

To what extent is the applicant active in church work? _____ Very Active _____ Active _____ Not Active

Is he/she prejudiced against any groups, races, or nationalities? _____ Yes _____ No

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

_____ Mature _____ Contagious _____ Genuine & Growing _____ Over-emotional _____ Superficial

Please add any other relevant comments that we should know about to be of service to the applicant (i.e. medical, psychological, eating disorder, drug or alcohol abuse, criminal record, homosexual or occultic practices):

Please check what you believe to be the applicant's personal qualities. Your additional comments would be greatly appreciated.

Character Profile:

	Excellent	Good	Fair	Poor	Not Observed
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationship with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits/Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Cope With Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition/Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stewardship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ministry Profile:

	Excellent	Good	Fair	Poor	Not Observed
Speaking/Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivating/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Musicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solo Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Would you recommend the applicant for acceptance at YWAM Ships OC?

_____ Yes, Strongly _____ Yes, Moderately _____ With Hesitation _____ No

Your Signature _____ Date _____

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