

Pastor's Reference Form
Discipleship Training School



Name of Applicant _____

The above named applicant has applied to attend a training program with Youth With A Mission, Dordrecht. We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission. All answers are confidential. Thank you!

Your name _____

Name of church/fellowship _____

Address _____

Telephone _____ Fax _____

Email _____

1. What is your position in the church? Pastor Elder Other _____

2. How long has the applicant attended your church?

3. How long have you known the applicant? *from* _____ *to* _____

4. How well do you know the applicant? Casually Well Very well

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

Are you happy with his/her intention? Yes No

Comments:

6. In what activities has the applicant participated since attending your church?

7. Has he/she shown effectiveness in these activities? Yes No

Comments:

8. In your association with the applicant what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other:

Comments:

9. Evaluation of applicant's overall characteristics (please check one)

PHYSICAL CONDITION

- ___ frequently ill
- ___ average health
- ___ excellent health

RESPONSIVENESS TO OTHERS

- ___ slow to sense how others feel
- ___ reasonably responsive
- ___ understanding and thoughtful
- ___ unusually sensitive and understanding

WILLINGNESS TO SERVE

- ___ reluctant to serve
- ___ willing to serve
- ___ eager to serve as needed

LEADERSHIP ABILITY

- ___ makes no effort to lead
- ___ tries but lacks ability
- ___ has some leadership promise
- ___ strong ability to lead

16. Please check **any** of the following that you feel are motivating the applicant to become a student in this training program.
- | | | |
|---|---|---|
| <input type="checkbox"/> personal growth | <input type="checkbox"/> desire to spread the Gospel | <input type="checkbox"/> Christian service |
| <input type="checkbox"/> travel | <input type="checkbox"/> adventure | <input type="checkbox"/> desire to help others |
| <input type="checkbox"/> receive help, ministry | <input type="checkbox"/> get away from unpleasant situation at home | |
| <input type="checkbox"/> share his/her Christian experience | | <input type="checkbox"/> receive teaching, discipleship |
| <input type="checkbox"/> other: | | |

17. In your opinion, in which areas of ministry does the applicant seem gifted?
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> music | <input type="checkbox"/> preaching | <input type="checkbox"/> communication | <input type="checkbox"/> drama |
| <input type="checkbox"/> teaching | <input type="checkbox"/> secretarial work | <input type="checkbox"/> prayer | <input type="checkbox"/> discipleship |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> pastoring | <input type="checkbox"/> counselling | <input type="checkbox"/> plumbing |
| <input type="checkbox"/> worship | <input type="checkbox"/> art | <input type="checkbox"/> evangelism | <input type="checkbox"/> administration |
| <input type="checkbox"/> youth or children's work | <input type="checkbox"/> other: | | |
- Comments:

18. Is this person **ready** for Christian service? No Yes. If yes, please check the words that describe this applicant. (may choose more than one)
- Clear calling Well prepared Well grounded in the faith
- Comments:

19. Are there any other comments you would like to make about the applicant?

20. Do you recommend this person for admission to this training program?
- Yes, unreservedly Yes, with hesitation No
- Comments:

21. As a pastor, if you feel it is right for the applicant to participate in this training program, can you give any pastoral counsel to us in helping him/her adjust to a foreign country and a new situation?

Signature _____ Date _____

Applications cannot be considered until all reference forms are received. Your prompt handling of this form would be appreciated. Please return this completed form **within one week** of receipt to:

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