

Youth With A Mission

To know God and to make Him known

A Vision of Waves

It began in 1960 with an ordinary young man and an extraordinary vision. Loren Cunningham described it as a waking dream. He saw a map of the world with waves crashing onto the continents, advancing inland until all the nations were covered.

Loren says, “As I watched, the waves became young people of all races ... talking to people on street corners and outside bars. Going from house to house. Helping the lonely and the hungry. Caring for people everywhere they went ...”

That God-given vision has become a reality. Since the beginning of Youth With A Mission, thousands have been involved worldwide in fulfilling Christ’s commandment to, “Go into all the world and preach the Gospel to every creature” (Mark 16:15).

YWAM is People

YWAMers are all ages – young people, families and retired people. We come from many ethnic and educational backgrounds, from many denominations and countries. We love Jesus and thank God for allowing us to play a part in helping to fulfill the Great Commission. Each year over 25,000 people are involved in YWAM’s short-term projects. Mobile ministries have gone into every country of the world. Nearly 16,000 work as permanent staff at 1000 centers in over 149 nations.

Three Methods of Actions

YWAM embraces three methods of action – ways that we believe God has given us to be a part of the goal of taking the gospel to the world:

- ◆ Evangelism – spreading God’s message.
- ◆ Training – preparing workers to reach others.
- ◆ Mercy Ministries – showing God’s love through practical assistance.

Statement of Purpose

Youth With A Mission is an international movement of Christians from many denominations dedicated to presenting Jesus Christ personally to this generation, to mobilizing as many as possible to help in this task, and to the training and equipping of believers for their part in fulfilling the Great Commission. As Christians of God’s Kingdom, we are called to love, worship and obey our Lord, to love and serve His Body, the Church, and to present the whole Gospel for the whole man throughout the whole world.

We in Youth With A Mission believe that the Bible is God’s inspired and authoritative word, revealing that Jesus Christ is God’s Son; that man is created in God’s image; that He created us to have eternal life through Jesus Christ; that although all men have sinned and come short of God’s glory, God has made salvation possible through the death on the cross and resurrection of Jesus Christ; that repentance, faith, love and obedience are fitting responses to God’s initiative of grace toward us; that God desires all men to be saved and to come to the knowledge of the truth; and that the Holy Spirit’s power is demonstrated in and through us for the accomplishing of Christ’s last commandment “...Go ye into all the world and preach the Gospel to every creature” (Mark 16:15).

Guide to Completing Application

Thank you for applying to Youth With A Mission, Turner Valley, Alberta, Canada. May you know the Lord's grace as you seek His direction. The following forms must be submitted in order for your application to be processed. If a question does not apply to you, write "N/A" in the space provided. Husbands and wives applying as students are requested to submit separate applications.

- A. Student Application Form.** This form must be completed and returned to the address indicated at the bottom of the application. *Note: All dates are requested in an international format: Day / Month / Year.*
- B. Application Fee.** Please forward the nonrefundable Application Fee of \$25 (Canadian) with each application submitted. Submission of this fee helps us with the processing of your application.
- C. Personal History.** Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to your Student Application Form. Your answers will be significant in the application process.
 1. Please describe how you became a Christian and your present spiritual walk with the Lord. (Not to exceed one page)
 2. What areas of your character are you presently seeking God to further develop and improve?
 3. Please describe your spiritual and/or ministry goals, including missionary service goals.
 4. Please describe your relationship with your local church, i.e. areas of ministry, service etc.
 5. Please describe your relationship to your family. Is your family in favour of your decision to enroll in this course?
- D. Health Form.** Please complete this form and return it with your Student Application Form.
- E. Reference Forms.** Please provide a stamped envelope for your (*two*) references. Address the envelopes to the Registrar at Youth With A Mission, Turner Valley. These forms must be received before your application can be processed. *Please, no family members giving references. A YWAM Leader Reference is required for all post-DTS applicants.*

IMPORTANT: All applicants are encouraged to apply early; generally no later than six weeks prior to the start of the school. International applicants may require two months to process a visa for entrance into Canada.



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to serve among the Unreached.*

Box 730 • Turner Valley, AB T0L 2A0 • CANADA • telephone: (403) 933-3755 • fax: (403) 933-3754
email: turnervalley@ywam.ca • web: www.ywamturnervalley.org

Student Application Form

PERSONAL INFORMATION

Date of Application _____ Application Fee Enclosed \$ _____
Day/Month/Year

Mr. Mrs. Miss _____
Last Name Given Names Preferred Name

Course applying for _____ Application Fee Enclosed _____
DTS is a prerequisite for all other U of N courses. Month/Year

Are you pursuing a U of N degree? No Yes U of N College _____ Major _____ Degree Level _____

Current Address until _____ Current Address _____
Day/Month/Year Street / P.O. Box

_____ City Prov./State Postal (Zip) Code Country Phone

Permanent Address _____
Street / P.O. Box City

_____ Prov./State Postal (Zip) Code Country Phone Email

Age _____ Birthdate _____ Birthplace _____ Male Female
Day/Month/Year City Country

Please attach a recent wallet-sized photo.

FAMILY

Marital Status: Single Engaged (Date _____) Married (Date _____) Separated (Date _____)
 Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Name of Fiancee or Spouse _____
Last Name First Name Middle Name

Age _____ Birthdate _____ Birthplace _____
Day/Month/Year City Prov./State Country

DEPENDENTS: Names of dependents accompanying you.

FAMILY NAME	FIRST NAME	BIRTH DATE (Day/Month/Year)	SEX (M or F)	SCHOOL GRADE



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PASSPORT INFORMATION

Country of Citizenship _____

Name as listed on Passport _____

City & Country where issued _____

Passport Expiry Date _____

Have you ever been refused a visa? No Yes

If yes, list nation(s) and describe the circumstances under which you were refused: _____

CRIMINAL RECORD

Do you have a criminal record? Yes No

If yes, please explain: _____

EDUCATIONAL INFORMATION

I have not completed High/Secondary school. Highest level completed _____

High School / College / University / Seminary attended:

NAME	CITY / COUNTRY	DATES ATTENDED	DEGREE / MAJOR

YWAM UNIVERSITY OF THE NATIONS INFORMATION

I have previously attended YWAM or U of N schools (including DTS or CDTS): Yes No If Yes:

PHASE	SCHOOL	DATES <i>Mo/Yr to Mo/Yr</i>	LOCATION <i>City / Country</i>
1. Lecture			
Field Assignment			
2. Lecture			
Field Assignment			

LANGUAGES

Languages spoken in decreasing order of fluency: 1) _____ 2) _____ 3) _____

English Proficiency: elementary speaking limited word proficiency minimum professional native speaking proficiency mother tongue



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SKILLS

Work Experience _____ Time Period _____
Work Experience _____ Time Period _____
Work Experience _____ Time Period _____

WORK SKILLS

- Carpentry/Construction
- Computers
- Childcare
- Dish Duty
- Food Preparation
- Gardening
- Handyman
- Hospitality
- Housekeeping
- Maintenance (Building/Vehicle)

MINISTRY ABILITIES

- Children's Programs
- Dance
- Drama
- Evangelism
- Health Care
- Musical (vocal)
- Musical (list instrument) _____
- Public Speaking
- Puppetry

LIST OTHER SKILLS

- _____
- _____
- _____
- _____

REFERENCES

Please have the enclosed references completed and mailed directly to our office. Please provide a stamped envelope addressed to Youth With A Mission, Turner Valley, Alberta for all references. Your application cannot be processed until all these forms are submitted. List the names of your references below.

Please, no family members giving references. A YWAM Leader is required for all post-DTS applicants.

Teacher/Instructor Employer YWAM Leader (*Post-DTS Only*) Name _____

School / Company / Base _____

Address _____
Street City Prov./State Postal (Zip) Code Country

Office Telephone _____ Fax _____ Email _____

Pastor Elder Home Group Leader Name _____

Home Church _____

Address _____
Street City Prov./State Postal (Zip) Code Country

Office Telephone _____ Fax _____ Email _____

EXPECTATIONS

How did you first hear of Youth With A Mission, Turner Valley, Alberta? GO Manual Friend Missions Conference
 Web Sites Other _____

What expectations do you have of the school you are applying for? _____

Are you intending on completing all the phases of the school you are applying for? Yes No (explain) _____

Are you facing any difficult situations or issues with regards to attending the school you are applying for? Yes No

If yes, how can we pray for you? _____

If you are not accepted into the school that you are applying for, what are your alternative plans? _____



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FINANCIAL INFORMATION

Do you have the total amount for school fees? Yes No

If No, from what source will they come from? _____

Do you have any outstanding debts? Yes No

If Yes, how will you cover them during your absence? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school tuition fees must be made in Canadian currency prior to or upon arrival, unless otherwise approved in writing by the School Director before my arrival in Turner Valley. Further, I agree to meet in a timely matter, prior to the completion of school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age.

Parent's / Guardian's Signature _____ Relationship _____ Date _____
Day/Month/Year

RELEASE OF LIABILITY

I/We do hereby release Youth With A Mission Society, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age.

Parent's / Guardian's Signature _____ Relationship _____ Date _____
D / M / Y

EMERGENCY INFORMATION

In case of emergency, contact _____ Relationship _____

Address _____
Street City Prov./State Postal (Zip) Code Country

Home Telephone _____ Office Telephone _____ Email _____

CONSENT FOR TREATMENT

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age.

Parent's / Guardian's Signature _____ Relationship _____ Date _____
Day/Month/Year

I have completed all portions of this application accurately for admission to the program for which I am applying. If I am accepted by Youth With A Mission, I will abide by the spirit, guidelines and schedules of the program.

Applicant's Signature _____ Date _____
Day/Month/Year



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Confidential Health Form

Applicant's Name _____
Last Name First Name Middle Preferred

Course Applying For _____ Starting Date _____

Permanent Address _____
Street City Prov./State Postal (Zip) Code Country

Home Telephone _____ Office Telephone _____ Email _____

Youth With A Mission, Alberta requires applicants to have medical insurance coverage during your time with us.

Name of Insurer _____ Medical Insurance Coverage (briefly) _____

PERSONAL HISTORY

Please answer all questions. Comment on all positive answers on a separate paper.

- | | | | | | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|----------------------------|
| Yes | No | | Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin condition | <input type="checkbox"/> | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye trouble | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear trouble | <input type="checkbox"/> | <input type="checkbox"/> | Low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Cancer (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism/Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurrent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Back problems | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Dislocation of joints | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones | FEMALES ONLY | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Ulcer (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Weakness | <input type="checkbox"/> | <input type="checkbox"/> | Gall bladder problems | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Paralysis | <input type="checkbox"/> | <input type="checkbox"/> | Surgery (specify) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Insomnia | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hay fever, Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent diarrhea | | | |

Other illness or conditions _____

Are you at present under the doctor's care for any condition? No Yes (specify) _____

Are you taking any medication at this time? No Yes (specify) _____

Are you allergic to any drugs? No Yes (specify) _____

Do you have any food allergies? No Yes (specify) _____

Do you have a history of emotional instability or psychiatric treatment? No Yes (specify) _____

Do you now or have you ever received any compensation for disability from any source? No Yes (specify) _____

Do you have any physical impairments, handicaps or health conditions which require special attention? No Yes (specify) _____

COMMUNICABLE DISEASES: have you ever had any of the following?

- | | | | | | |
|--------------------------|--------------------------|---------------|--------------------------|--------------------------|-------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox | <input type="checkbox"/> | <input type="checkbox"/> | Measles (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Scarlet Fever | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps | Other (specify) _____ | | |

TO THE PHYSICIAN

Name of Applicant _____

The above named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information on the opposite, fill out the portion below, and make any additional comments. Thank you.

Blood Pressure _____

Pulse _____

Height _____

Weight _____

Are there any abnormalities of the following?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would the applicant be capable of walking 5 – 6 kilometers per day? Yes No (comment) _____

How would you describe the applicant's health? Excellent Good Fair Poor

PHYSICIAN'S RECOMMENDATION

- Acceptable without limitations
- Should remain in areas where adequate medical care is provided
- Not acceptable
- Acceptable with limitations (specify) _____

Physician's Signature _____

Physician's Name (printed) _____

Address _____
Street City Prov./State Postal (Zip) Code Country

Date _____
Day/Month/Year

LEGAL CONSENT FOR MINORS

I/We do hereby give consent for (give complete name of minor) _____

To travel outside of Canada with Youth With A Mission.

Signature of Parent / Guardian _____ Date _____
Day/Month/Year



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Reference Form

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to Youth With A Mission, Turner Valley, Alberta, to the attention of *Registrar*.

Applicant's Name _____
Last Name
First Name
Middle
Preferred

Permanent Address _____
Street
City
Prov./State
Postal (Zip) Code
Country

Home Telephone _____ Office Telephone _____ Email _____

Course Applying For _____ Starting 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 _____
Day/Month/Year

The above applicant has applied for a position with Youth With A Mission (YWAM). YWAM is an international, interdenominational missionary organization founded in 1960. YWAM has centres in over 1000 locations in 149 countries. Its purposes include training, evangelism and mercy ministries.

Serious consideration is given to your comments, therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance. Please check the following and comment where necessary.

What is your relationship to the applicant? Teacher Employer YWAM Leader Pastor Elder Home Group Leader

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

I have known the applicant for _____ years and _____ months.

- | | | | | | |
|--------------------------|-----------------------------------|--|----------------------------------|--|-----------------------------------|
| Initiative | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Social Adaptability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Concern for Others | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Ability to Follow | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Leadership | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Judgment/Decision-making | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Emotional Stability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Health | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Personal Appearance | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |

Comments: _____

- | | | | |
|--------------------------|---|----------------------------------|--|
| Mental Ability | <input type="checkbox"/> Quick to Comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard Worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
| Reliability | <input type="checkbox"/> Meets Obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects Obligations |
| Cooperativeness | <input type="checkbox"/> Works Well With Others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids Group Activity |
| Flexibility | <input type="checkbox"/> Open to Change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian Character | <input type="checkbox"/> Well Balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often Late |
| Financial Responsibility | <input type="checkbox"/> Honors Obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

Comments: _____

(Please use additional paper if necessary in answering the following questions.)

1. Describe the applicant's strengths _____

2. Describe areas of growth we can aid the applicant in _____

3. In your association of the applicant, what has been the level of commitment exemplified? Faithful Inconsistent Other

Comment: _____

4. Describe how the applicant responds to authority _____

5. Please comment on the applicant's family background _____

6. Please add any other relevant remarks that you feel we should know more about to be of better service to them _____

7. Would you recommend the applicant for acceptance into this program? Yes With some reservation (please explain) No (please explain)

I declare that the contents of this confidential reference are correct and true to the best of my knowledge.

Signature _____ Date _____
Day/Month/Year

Name _____ Company Name _____
Last Name *First Name*

Address _____
Street *City* *Prov./State* *Postal (Zip) Code* *Country*

Office Telephone _____ Fax _____ Email _____

Thank you for your time in helping us get to know this applicant for the Discipleship Training School. If you would you like to receive further information about Youth With A Mission please visit our website, or feel free to call or email us at the address below.



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Last Name
First Name
Middle
Preferred

Permanent Address _____
Street
City
Prov./State
Postal (Zip) Code
Country

Home Telephone _____ Office Telephone _____ Email _____

Course Applying For _____ Starting 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 _____
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How well do you know the applicant? Very Well Well Casually

I have known the applicant for _____ years and _____ months.

Initiative	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Social Adaptability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Concern for Others	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Ability to Follow	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Leadership	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Judgment/Decision-making	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Emotional Stability	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Health	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior
Personal Appearance	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Inferior

Comments: _____

Mental Ability	<input type="checkbox"/> Quick to Comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks Persistence
Reliability	<input type="checkbox"/> Meets Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects Obligations
Cooperativeness	<input type="checkbox"/> Works Well With Others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids Group Activity
Flexibility	<input type="checkbox"/> Open to Change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian Character	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often Late
Financial Responsibility	<input type="checkbox"/> Honors Obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: _____

