

**YOUTH WITH A MISSION TARGU MURES**

**STAFF APPLICATION**



REFERENCE FORM 2: FRIEND

**“Knowing God and making Him known”**

"You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven."

Matthew 5:14-16

# CONFIDENTIAL

# REFERENCE 2

Name of applicant \_\_\_\_\_

The applicant has applied as staff in YWAM

*Please send the completed Reference Form directly to “Youth with a Mission” Targu Mures*

Your name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Your relationship to the applicant

Friend      Other? (describe) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

## 1. PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below.

Initiative	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Self-esteem	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Discipline/self-control	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Openness to counselling	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Emotional stability	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Submission to leaders	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Financial responsibility	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Reliability/trustworthiness	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Concern for others	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Productivity	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Ability to cope with stress	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure
Willingness to serve others	<input type="checkbox"/> excellent	<input type="checkbox"/> normal	<input type="checkbox"/> needs improvement	<input type="checkbox"/> not sure

## 2. PERSONAL GROWTH

Please comment briefly on the applicant's growth as a Christian and personally during the last two years.

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## 3. CALL AND MINISTRY

A. What is your understanding of the applicant's motivation for staffing an YWAM Base?

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B. Are there special gifts/ministries you recognise in the applicant?

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## 4. FAMILY/BACKGROUND

A. What do you think we should know about the applicant's family or background?

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B. Has the applicant, as far as you know, been smoking, used alcohol or other drugs, or received any psychiatric or ongoing medical treatment?  yes  no

If so, please specify \_\_\_\_\_

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C. Describe anything you know of that might make it difficult for the applicant to work with YWAM. \_\_\_\_\_

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**D. Would you like to have the applicant work for you?**

yes    no    not sure

**E. Do you think participation in YWAM would be beneficial for the applicant?**

yes    yes, with some reservation    no

**G. Additional comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **5. SIGNATURE**

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Please send the completed Reference Form directly to “Youth with a Mission” Targu Mures*



**Tineri Pentru Misiune, Targu Mures**

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