

PROCEDURE FOR APPLICATION
PLEASE READ BELOW BEFORE YOU BEGIN FILLING OUT YOUR FORMS!!

Thank you for applying to YOUTH WITH A MISSION Drakensberg! May you know God's grace as you seek His direction for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space. Husbands and wives enrolling as students must complete separate applications.

1. Application fee.

A non-refundable Application fee of R150 singles and R250 for couples who are South African residents (US\$40 for singles and US\$60 for couples applying from outside South Africa) is to be forwarded with the application. Your application cannot be processed without it.

2. Application form / Health form / Physicians Evaluation.

These forms must be completed by you / your doctor for any initial school you wish to do at YWAM, Drakensberg.

3. Life questions.

Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.

4. Financial agreement.

Please read carefully, complete and sign the Financial Policy and Indemnity form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.

5. Reference forms.

On each of the three Confidential Reference Forms fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor. As these forms are confidential please ask them to complete the form and post it DIRECTLY to YWAM Drakensberg. We must receive at least 2 of the reference forms (pastor's form must be one) BEFORE we can process your application.

6. Photographs.

Please submit two recent passport-size photographs with your application.

7. Overseas applicants

Please note our fax number. Should the time you have to return your forms be limited, you may fax the forms and post the originals, plus photographs and application fee. Please note however that we require the original forms to process your application in full.

IMPORTANT!

All students are encouraged to apply early, generally about 2 months prior to the start of the school for South African students. For non-South African students at least 3 months prior to the start of the school, as applying for a study permit can take a long time.

Please send all forms or inquiries to:

Youth With A Mission Drakensberg, PO Box 307 Winterton 3340 South Africa

Tel: +27 (0)72 399 8153 or +27 (0)72 855 6562 e-mail: ywam@theberg.org.za

PLEASE NOTE:

These applications are only available in English. We are an international mission and we have found it necessary to restrict all our lectures, information and correspondence to English as it is the most universally understood language.

NB: All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course. Part of your course will include a daily two-hour work duty as well as a weekend kitchen duty in a three-month period.



Drakensberg, South Africa

STUDENT APPLICATION FORM

School being applied for: _____ Starting date: _____

PERSONAL INFORMATION

Mr/Mrs/Miss _____ (_____)
First name Middle name Surname Preferred name

Address: _____

Postal Code: _____ Valid until: _____

Tel: _____ Fax: _____ E-Mail: _____

Future address: _____

Postal Code: _____ Valid until: _____

Tel: _____ Fax: _____ E-Mail: _____

Date of Birth: ___/___/___ Age: ___ Birthplace: _____
D M Y

Sex: Male Female

MARITAL STATUS

Single Engaged Married Separated Divorced Remarried Widowed

Please take note that married people MUST be accompanied by their spouse and children.

Spouse's name: _____ Date of Birth: ___/___/___ Age: _____

DEPENDENTS

Names of the children that must accompany you:

First name	Surname	Birth date	Sex

EMERGENCY INFORMATION

In case of an emergency, contact: _____

Relationship: _____

Address: _____

Tel: _____ Fax: _____ E-Mail: _____

Home Church: _____ Denomination: _____

Pastor's name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

STUDENT EMERGENCY INFORMATION

Height: _____ cm Weight: _____ kg Blood type: _____ (O, A, B, AB - Rh - or +)

Are you allergic to any drugs? No Yes Specify: _____

CONSENT FOR TREATMENT

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

Applicant's signature: _____ Date: _____

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

Signature: _____ Date: _____

Relationship: _____

PASSPORT INFORMATION

Country of citizenship: _____ Passport No. _____

Name as listed on passport: _____

City & country where passport issued: _____

Date passport issued: _____ Expiry date: _____

NB: If your spouse is not applying for a YWAM school, please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.

LANGUAGES

Please identify and indicate by number your proficiency in the languages that you speak:

- | | |
|--------------------------------------|-----------------------------------|
| 1 = elementary speaking | 4 = full professional proficiency |
| 2 = limited word proficiency | 5 = native speaking proficiency |
| 3 = minimum professional proficiency | 6 = mother tongue |

English proficiency _____ Other languages and proficiency _____

EDUCATIONAL INFORMATION

- I have not completed high/secondary school.
- I have completed 12 years of primary & secondary school
- Highest school leaving certificate or diploma obtained (or grade level completed)

High/Secondary School/Post High School:

Name of institution: _____

Location : _____

Period of attendance: _____ Date of graduation: _____

Standard/Diploma/Degree attained: _____

SKILLS

Occupation: _____

Years experience: _____

Other skills/talents: _____



Drakensberg, South Africa

FINANCIAL POLICY

YOUTH WITH A MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The costs are met by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a programme. You will be expected to provide your fees as listed below.

REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

Residents and citizens applying from **within** South Africa shall pay R150 for singles, and R250 for couples. All applicants applying from **outside** South Africa shall pay US\$40 each, and US\$60 for couples.

COSTS OF ALL SCHOOLS PER PERSON PER QUARTER

Food, lodging, and tuition for each quarter (3 months) costs as follows (based on the Per Capita Income of the nation in which the student has citizenship):

Category A: First World Nations, e.g. the North American, European Union, and Australasian (including Japan) nations will pay:

R14 750 (Fourteen thousand seven hundred and fifty Rand)

Category B: Second World nations, e.g. the G 22 group (including Nigeria, South Africa, Russia, Malaysia, Brazil, Korea etc.) will pay:

R9 750 (Nine thousand seven hundred and fifty Rand).

Category C: Third World nations, e.g. India, Malawi, Kenya, Ghana and South Africans coming from a third world environment (previously disadvantaged communities) will pay:

R6 750 (Six thousand seven hundred and fifty Rand).

* Spouse not attending a school	R6 750
* Children under two years	FREE
* Children 2-6 years	R2 250
* Children 7- 17 years	R3 750
* Youth over 18 years and older	R6 750
* Nanny attending the children	R6 750
* Airport collection fee (Durban)	R650
* Bus collection fee (Estcourt / Ladysmith)	R150

LATE PAYMENTS

- No late payments are allowed for students doing their very first school with YWAM Drakensberg.
- No student will be allowed to stay on a school beyond the 3rd week if no payment is received.
- Late payments may be allowed in instances other than the first should satisfactory arrangements are made with the school leader.
- Late payments may be subject to a 10% penalty.

METHOD OF PAYMENT

Due to the volatility of our Rand against most other major currencies this base now works only in our local currency. We are however in a position to take any foreign currency and bank this and credit you with its value on the day we do the transaction.

COSTS FOR OUTREACHES

These costs are separate from the lecture phase and will differ depending on where the outreach will be.

Please Note: ALL prices are subject to change without prior notice.

FINANCE AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form

FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

- 1. Do you have any outstanding debt? NO YES If yes,
 - a. How much does it total? _____
 - b. How and by when will it be repaid? _____
- 2. Do you have sufficient finance to pay for your training? YES NO
 If no, how do you intend raising it? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of YWAM Drakensberg. I/We understand that the payment of the required school fees must be made as set out on Page 5 under "Payment Plans". Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Signature: _____ Date: _____

Signature: _____ Date: _____

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

INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer assistants responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Signature: _____ Date: _____

Signature: _____ Date: _____

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



Drakensberg, South Africa

LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper. When answering the Life Questions, and especially the questions on your spiritual life, please answer as openly and fully as possible. This will help us to assess your application better.

A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.
4. Have you been called to the mission field? If YES, give a brief account of your calling.
5. Why have you applied for this school? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone & fax number & E-Mail address (if applicable) of both the church and the minister/pastor.
2. If you have been a member for less than two years, please give the details above of the church to which you used to belong.
3. Does your minister/pastor approve of you joining YWAM/doing this school? Will your church be willing to send you out as their missionary? Will your church be willing to support you financially? If the answer is no to any of these questions, please state the reason.
4. What leadership, counselling or church work have you been involved in? In your answer, please state where, when and with whom.

C. PERSONAL LIFE

1. If you are not of age (under 21), do your parents approve of your joining YWAM?
2. Were you raised by both your parents? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. From the following list, which words, in your opinion, best describe yourself:
 active impulsive nervous impatient moody
 imaginative serious good-natured quiet likeable
 fearful lonely depressed submissive hurting
 sincere flexible organised guilty courageous
 people lover humorous self-confident ambitious persistent
 hard-working loyal excitable calm easy-going
 introvert extrovert self-conscious stubborn sensitive
 optimistic competitive perfectionist insecure practical
 self-sacrificing warm negative confused
5. Have you ever been involved in: (Please answer each one separately)
 drug abuse alcohol abuse occult practice sexual immorality
6. Do you smoke? If YES, please give details, stating your present position.
7. What are your interests and hobbies?

D. MEDICAL LIFE

1. Do you have any physical disabilities? If YES, please give details.
2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including manic-depression? If YES, please give details and what your present situation is.
4. Do you have any learning difficulties? If YES, please give details.

E. OTHER

1. How and from whom did you hear about YWAM?
2. List your previous employers and the positions you have held for the last five years.
3. Should you be accepted, by when do you have to hand in your notice?
4. List the names, addresses, telephone & fax numbers and E-Mail address (if applicable) of the three people you have handed the confidential reference forms to.
5. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or small quarters for families?
6. List your abilities and talents (music, carpentry, sewing, first aid, etc.)
7. Is there anything else that you would like to tell us about that would help us to know you better?

**YWAM BACKGROUND INFORMATION
SCHOOLS**

Have you previously attended a YWAM school(s)? Yes No

If Yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

School	Dates	Location

(Please arrange for your most recent school leader to send a Reference Form to the Registrar's office)

DEGREE

Are you pursuing a U of N degree? Yes No

U of N College: _____

Major: _____ Degree level: _____

Number of credits pending completion of degree: _____

STAFF

Have you ever been on YWAM staff? Yes No

If Yes, please list below:

Work position	Location	Dates	Supervisor

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signed: _____ Date: _____



Drakensberg, South Africa

CONFIDENTIAL HEALTH FORM

Name: _____ School: _____

PERSONAL HISTORY (TO BE FILLED IN BY PROSPECTIVE STUDENT ONLY)

Please answer ALL questions. Explain any YES answers in the space below or on a separate sheet of paper.

Have you ever had, or do you have, any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Stomach/Duodenal Ulcer |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Hay Fever/Asthma | <input type="checkbox"/> Gall bladder problems |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Recurrent headache | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Intestine troubles |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatism/Arthritis | <input type="checkbox"/> Recurrent diarrhoea |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Mental/Nervous Disorders |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Anorexia Nervosa | <input type="checkbox"/> Tumour |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergy | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Surgery | <input type="checkbox"/> Appendectomy |
| <input type="checkbox"/> Sulfonamides | <input type="checkbox"/> Hernia repair | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Food – specify | <input type="checkbox"/> Other – specify |

FEMALES ONLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Irregular Periods | <input type="checkbox"/> Severe cramps | <input type="checkbox"/> Excessive flow |
| <input type="checkbox"/> Are you pregnant? | <input type="checkbox"/> Previous pregnancies | |

Have you ever had any of the following **COMMUNICABLE DISEASES**?

- | | | |
|--|---|---|
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> German Measles (Rubella) |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Other – Specify: _____ | |

OTHER / If you answered YES to any of the above questions, please explain: _____

Are you now under doctor's care for any condition? NO YES

Specify: _____

Are you taking any medication at this time? NO YES

Specify: _____

Do you have any physical handicaps or health conditions which require special attention?

NO YES

Specify: _____

Do you have a history of emotional instability or psychiatric treatment? NO YES

Specify: _____

Do you wear glasses or contact lenses? NO YES

How would you rate your health condition? Excellent Good Fair Poor

Do you now have or have you ever received any compensation for disability from any sources?

NO YES Specify: _____

FAMILY HISTORY

Have any of your relatives ever had any of the following?

RELATIONSHIP	RELATIONSHIP
Tuberculosis _____	Arthritis _____
Diabetes _____	Stomach Disease _____
Kidney Disease _____	Asthma/Hay Fever _____
Heart Disease _____	Convulsions/Epilepsy _____
Hypertension _____	Cancer _____

Is there anything that you think we should be aware of? _____

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION strongly advises each prospective student to ensure that the following **IMMUNIZATIONS** are received **BEFORE** coming to the school.

- Injectable or oral Polio vaccine
- Tetanus toxoid injection if last injection was 5 years ago
- Typhoid vaccine
- Hepatitis A vaccine x 2 injections. The second injection comes six months to a year after the first.
- Hepatitis B vaccine x 3 injections
- Meningitis vaccine
- MALARIA (You will not need malaria prophylaxis during your time in Drakensberg. You will need it if you go to a malaria area during your outreach. These drugs are readily available in the area.)



YOUTH WITH A MISSION

Drakensberg, South Africa

PHYSICIAN'S EVALUATION

(To be completed by your doctor)

Name of Applicant: _____ School: _____

TO THE PHYSICIAN

The above-named person has applied for service with YOUTH WITH A MISSION.

This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

CG (Over 40) _____

Visual acuity: (Without glasses) R _____ L _____

(With glasses) R _____ L _____

Hearing: R _____ L _____

Are there any abnormalities of the following systems? Please describe fully.

Ears/Nose/Throat _____

Eyes _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Gynaecological _____

Urological _____

Psychiatric _____

Would he/she be able to walk 15 - 20 kilometres per day? YES NO

Additional comments:

PHYSICIAN'S RECOMMENDATION

- Acceptable without limitations Acceptable with limitation
- Not acceptable (Should remain where adequate medical care is available).

Specify: _____

Physician's name: (Print) _____

Address: _____

Tel: _____ Date: _____

Physician's signature: _____



Drakensberg, South Africa

PASTOR'S/CELL LEADER'S CONFIDENTIAL REFERENCE FORM

Name of applicant: _____ School: _____

The above named applicant has applied for admission to the above-named school at Youth With A Mission Drakensberg. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the programme applied for.

1. How long have you known the applicant? _____

2. In what capacity? Pastor Home group leader Other _____

3. On a scale of 1-10 (1=very little:10=intimately), how well do you know the applicant?
(Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church? (if applicable) _____

5. In what ways has the applicant been involved in the church and its programme?

6. In your association with the applicant, what level of commitment you have seen exemplified?
 Faithful Inconsistent Other: _____

7. Please describe in your own words how you would rate the applicant in the following areas:

- | | |
|---------------------------|-----------------------------------|
| Initiative _____ | Industriousness _____ |
| Social adaptability _____ | Reliability _____ |
| Personal appearance _____ | Co-operation _____ |
| Concern for others _____ | Self discipline _____ |
| Leadership _____ | Christian character _____ |
| Emotional stability _____ | Temperament _____ |
| Ability to follow _____ | Punctuality _____ |
| Flexibility _____ | Perseverance _____ |
| Stewardship _____ | Ability to cope with stress _____ |

8. Please, indicate what words or descriptions pertain to the applicant:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> impatient | <input type="checkbox"/> intolerant | <input type="checkbox"/> argumentative | <input type="checkbox"/> domineering |
| <input type="checkbox"/> critical of others | <input type="checkbox"/> easily embarrassed | <input type="checkbox"/> offended | <input type="checkbox"/> discouraged |
| <input type="checkbox"/> anxious | <input type="checkbox"/> frequently worried | <input type="checkbox"/> nervous or tense | <input type="checkbox"/> given to moods |
| <input type="checkbox"/> prejudiced towards groups/races/nationalities | | | <input type="checkbox"/> addictive behaviour |
| <input type="checkbox"/> unable to cope with stress | <input type="checkbox"/> erratic in attitudes or actions. | | |

(If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?
 Yes No If YES, please explain.

10. In your consideration, which of the following would best describe the applicant's Christian experience? Please tick:
 Mature Contagious Genuine & growing Over-emotional Superficial

11. Please comment briefly on the applicant's family background (if known):

12. Does the applicant display prejudice towards other races or nationalities?

Yes Unaware No

Comments: _____

13. Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?

Yes Unaware No

14. Does the applicant smoke? Yes Unaware No

Comments: _____

15. Is the applicant financially responsible? Yes Unaware No

Comments: _____

16. Does the applicant respond well to authority? Yes Unaware No

Comments: _____

17. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):

18. Do you recommend the applicant? Wholeheartedly With reservation Not at all

Comments: _____

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

Name: _____

Address: _____

Tel.: _____ Fax: _____

E-Mail: _____

Signed: _____ Date: _____



Drakensberg, South Africa

CONFIDENTIAL REFERENCE FORM

Name of applicant: _____ School: _____

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2. In what capacity? Pastor Home group leader Other _____

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(Circle one) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church? (if applicable) _____

5. In what ways has the applicant been involved in the church and its programme?

6. In your association with the applicant, what level of commitment you have seen exemplified?
 Faithful Inconsistent Other: _____

7. Please describe in your own words how you would rate the applicant in the following areas:

Initiative _____	Industriousness _____
Social adaptability _____	Reliability _____
Personal appearance _____	Co-operation _____
Concern for others _____	Self discipline _____
Leadership _____	Christian character _____
Emotional stability _____	Temperament _____
Ability to follow _____	Punctuality _____
Flexibility _____	Perseverance _____
Stewardship _____	Ability to cope with stress _____

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|--|---|---|--|
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| <input type="checkbox"/> prejudiced towards groups/races/nationalities | | | <input type="checkbox"/> addictive behaviour |
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I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name: _____

Address: _____

Tel.: _____ Fax: _____

E-Mail: _____

Signed: _____ Date: _____



Drakensberg, South Africa

CONFIDENTIAL REFERENCE FORM

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(Circle one) 1 2 3 4 5 6 7 8 9 10

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 Faithful Inconsistent Other: _____

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Emotional stability _____	Temperament _____
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Flexibility _____	Perseverance _____
Stewardship _____	Ability to cope with stress _____

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Yes Unaware No

Comments: _____

13. Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?

Yes Unaware No

14. Does the applicant smoke? Yes Unaware No

Comments: _____

15. Is the applicant financially responsible? Yes Unaware No

Comments: _____

16. Does the applicant respond well to authority? Yes Unaware No

Comments: _____

17. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):

18. Do you recommend the applicant? Wholeheartedly With reservation Not at all

Comments: _____

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

Name: _____

Address: _____

Tel.: _____ Fax: _____

E-Mail: _____

Signed: _____ Date: _____