

CONFIDENTIAL EVALUATION FORM
PASTOR'S, EMPLOYER'S, & FRIEND'S RECOMMENDATION
(COPY ONE FOR EACH)

Name of applicant _____

Address _____

Application for CDTS beginning (Date) _____ Ending _____

To Pastor, Employer, Friend: The above person has applied for participation with Youth With A Mission, pursuing the **CROSSROADS DISCIPLESHIP** training course. Serious consideration will be given to your comments; therefore, we ask you to complete this form thoughtfully and prayerfully not only for the benefit of the applicant but also for the school's staff and students. This reference will be kept in strict confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ years _____ months

2. What is your relationship to the applicant? _____

3. How well do you know him/her? (circle one)

Very well Fairly well Numerous contacts Casually by name/sight

4. To your knowledge, has the applicant made a personal commitment to Jesus Christ? __ Yes __ No

5. To what extent is the applicant engaged in the activities of the church?

- ___ Enthusiastic, deeply involved
- ___ Cooperative
- ___ Seldom participates, although attends regularly
- ___ Attends irregularly, shows little interest

6. In what form of Christian service has the applicant participated regularly? _____

7. What are the applicant's strong points? (include special abilities) _____

8. What are the applicant's weak points? _____

9. Does the applicant have personality traits which impair his/her relationships with others? __ yes __ no

Explain _____

10. To your knowledge has the applicant ever been involved in drug abuse (including nicotine), homosexuality or the occult? _____

11. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

12. Is the applicant financially responsible? _____

13. As far as you know, has the applicant ever been arrested? _____

14. How would you rate the applicant in the following areas?

	Excellent	Above Average	Average	Below Average
Christian character				

Social adaptability

Co-operation

Integrity/honesty

Responsibility

Mental ability

Physical Health

Initiative

Teachable

Motivation

Flexibility

Emotional Stability

Personal appearance

Leadership

Concern for others

Industrious

Ability to follow

Punctuality

Self confidence

Assurance of God's call

Communication skills

Conflict management

15. Please comment briefly on the family and social background of the applicant. _____

16. What is your overall evaluation of the applicant's promise as a CDTS student?

___ is definitely unsuited ___ is an average prospect ___ is not suited at this time
___ is an above average prospect ___ is a good prospect but I have some reservations
___ is an unusually exceptional prospect

NAME _____ DATE _____

NAME OF CHURCH _____

ADDRESS _____

PHONE _____ E-mail _____

SIGNATURE _____

Please return to: **CDTS – YWAM**
P.O. BOX 7, NEWPORT
MANCHESTER
JAMAICA W.I.
Email: stoneshoperegistrar@gmail.com