



Thank you for your interest in our Discipleship Training School. JUSTICE AND RECONCILIATION (DTS). Many have testified to the dynamic, life changing time that DTS has been for them! It can be a great time of adventure and growth as you come to know God in new ways.

Completing this confidential application is the first step to begin this adventure!

The DTS is certainly a unique experience. At YWAM Tema, DTS runs for 5 months with a 12 week classroom phase, followed by a 8 week cross-cultural outreach experience. This allows you to process what you've learned through practical application in various communities. Living for God becomes a lifestyle, both at home and in the nations. Get ready for an exciting, intensive time of relationship with God and others!

We look forward to welcoming you here to our multicultural community at YWAM Tema! We stand with you in prayer so that it will be a life-changing time for you.

If you have more specific questions or if we can be of any assistance, please feel free to phone us at +233244387123 or email us at ywamtema@gmail.com.

We look forward to receiving your application,

Humphrey & Justine Tetteh-Ocloo-Director

All the questions on the application must be completed. If a question does not apply to you, write n/a (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate application forms. This application is confidential. We encourage you to complete it as accurately and honestly as possible. Please do NOT make plans to come until AFTER you have received an answer from us.

1. APPLICATION FORM (page 2-4) - the following application form is used when applying for a DTS with YWAM TEMA.

IMPORTANT: If you need a visa permit to enter Ghana, please contact us BEFORE completing this application. We will advise you further.

2. ADDITIONAL QUESTIONS (page 5, section 13) - all questions must be answered on a separate sheet of paper and submit-ted with your application.

3. PARTNERSHIP AGREEMENTS (page 7) - all releases, dec-larations and commitments must be signed before your applica-tion can be processed.

4. MEDICAL REQUIREMENTS (page 8) - the Physician's evalu-ation form should be given to your doctor for completion.

5. PERSONAL REFERENCES - The following 3 people must complete 1 reference form each:

- (1) pastor or spiritual leader (page 9)
(2) teacher or employer (page 10)
(3) friend (page 11)

Please ask them to complete the form and mail or fax it directly to YWAM Tema. Note: receiving the references forms is usually the part that slows the application process down the most. Have them sent to us as soon as you can.

6. PHOTOS - please send us one (1) copy of recent and clear passport sized photo of yourself in the post or by email. Note: these do not need to be passport photo, just passport sized.

7. SCHOOL DEPOSIT (page 6) - You need to send your Gh c50 non-refundable school deposit only after your application has been fully processed. We will send you an e-mail with all the

information about how to make this payment. For now, simply send us your application and we'll get the process started.

8. PASSPORT - everyone attending a YWAM TEMA school must have a valid passport with an expiration date of at least one year from the start of your school.

9. VISA - please do NOT apply for a visa UNTIL you receive confirmation of your acceptance, AND we instruct you to do so. If you already hold a current Ghana visa, please tell us what type of visa you have and when the visa expires.

10. DATES - please write all dates in the format dd/mm/yyyy.

MAIL ALL FORMS TO:
The Registrar
YWAM TEMA
P.O.BOX CE 11319
COMMUNITY 11, Tema, Ghana
Tel: +233244387123
Email: ywamtema@gmail.com

**please make a photocopy of all forms for your records before sending them to us.

Applicant Details

1. Application

I am applying for

DTS – JAN 18 - JUNE 15, 2019

2. Name

Mr Mrs Ms

First Name

Last Name

Middle Name

Preferred Name

Gender: Male Female

3. Contact Details

Permanent Address (include country & postcode)

.....
.....
.....

Present Address (include country & postcode)

.....
.....
.....

Telephone (include country code & area code)

Mobile

Email

4. Personal Details

Date of birth

Age

dd / mm / yyyy

Country of birth

Have you been convicted of a felony in the past 10 years? Yes No

Current Occupation

Marital Status

- Single
 Engaged date: _____
 Married date: _____
 Separated date: _____
 Widowed date: _____
 Divorced date: _____

Spouse's Name (if applicable)

Note: If your spouse is also doing a school then he/she is required to fill out a separate application.

Do you have any children? Yes No If yes, how many _____

5. Passport Details

What is your country of citizenship?

Passport Number

Issue Date

dd / mm / yyyy

Date of Expiry

dd / mm / yyyy

Second Nationality if dual citizenship

Type of Swiss Visa (if you currently have one)

Date of Visa Expiry

6. Emergency Contact

Who do we contact in case of an emergency involving you?

Mr Mrs Ms

First Name

Last Name

Relationship to you (i.e. parent, sibling, etc)

Home Telephone (include country & area codes)

Work Telephone (include country & area codes)

Email

Please attach 1 recent passport sized photo of yourself here or email them to us:

ywantema@gmail.com

7. Home Church

Information Name of Church

Pastor's Name

Address (include country & post code)

Telephone number (include country & area codes)

Church Email

How long have you attended this Church?

8. Talents, Skills and Strengths

Please list anything that might apply (music, computers, sports, hospitality, administration, relational skills, etc...)

9. Work and Ministry Background

Please list your work and/or ministry experience.

10. Educational Background

Have you completed any seminars, college or university programs?

Yes No If yes, list dates and names of programs:

11. English Proficiency

If you are applying for a school that is run in English, you will require a sufficient standard of oral and written English to benefit fully from training you undertake. If English is **not** your first language, please answer the following.

1. What is your ability to speak English?

2. How well can you understand spoken English?

3. How well can you write English?

4. What is your English reading comprehension?

12. Financial Support

Do you have your complete lecture phase fees?

Yes No

If not, how much do you presently have?

Do you have your complete fees?

Yes No If not, how much do you presently have?

How do you anticipate the provision of the outstanding balance of your school and/or outreach fees?

Do you have regular financial support? Yes No

Confidential Student Health Form

Name:

School:

DTS – JAN 18 – JUNE 15, 2019

Communicable Disease History:

Have you ever had any of the following:

Yes No

- Chickenpox
- Measles
- Rubella (roseola)
- Mumps
- Pertussis
- Scarlet fever
- Tuberculosis
- Other

Health History:

Have you had or do you now have any of the following?

Yes No

Yes No

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Skin conditions | <input type="checkbox"/> <input type="checkbox"/> Recurrent headache |
| <input type="checkbox"/> <input type="checkbox"/> Eye trouble | <input type="checkbox"/> <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> <input type="checkbox"/> Ear trouble | <input type="checkbox"/> <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> <input type="checkbox"/> Mental health trouble |
| <input type="checkbox"/> <input type="checkbox"/> Asthma | <input type="checkbox"/> <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> <input type="checkbox"/> Heart trouble | <input type="checkbox"/> <input type="checkbox"/> Depression |
| <input type="checkbox"/> <input type="checkbox"/> Arthritis | <input type="checkbox"/> <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> <input type="checkbox"/> Back trouble | <input type="checkbox"/> <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> <input type="checkbox"/> Dislocated joints | <input type="checkbox"/> <input type="checkbox"/> Sleeping disorder |
| <input type="checkbox"/> <input type="checkbox"/> Broken Bones | |
| <input type="checkbox"/> <input type="checkbox"/> Ulcers | ALLERGIES |
| <input type="checkbox"/> <input type="checkbox"/> Intestinal troubles | <input type="checkbox"/> <input type="checkbox"/> Environmental |
| <input type="checkbox"/> <input type="checkbox"/> Recurrent diarrhea | <input type="checkbox"/> <input type="checkbox"/> Food |
| <input type="checkbox"/> <input type="checkbox"/> Gall Bladder trouble | <input type="checkbox"/> <input type="checkbox"/> Drug |
| <input type="checkbox"/> <input type="checkbox"/> Hepatitis | FEMALES ONLY: |
| <input type="checkbox"/> <input type="checkbox"/> Jaundice | <input type="checkbox"/> <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> <input type="checkbox"/> Kidney disease | <input type="checkbox"/> <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> <input type="checkbox"/> Anemia | <input type="checkbox"/> <input type="checkbox"/> Are you pregnant? |
| <input type="checkbox"/> <input type="checkbox"/> Tumor or Cancer | <input type="checkbox"/> <input type="checkbox"/> Prior pregnancies? |

If you answered "yes" to any of the above, please describe in detail below. Use a separate paper if needed.

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Are you under a doctor's care for any condition?

Yes No Please describe:

Are you currently taking any medications?

Yes No Please describe:

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

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.....

.....

.....

How would you rate your current overall health condition?

Excellent Good Fair Poor

Immunizations:

Disease	Basic (year)			Booster (year)		
	1st dose	2nd	3rd	1st	2nd	3rd
Diphtheria:	___	___	___	___	___	___
Tetanus:	___	___	___	___	___	___
Pertussis:	___	___	___	___	___	___
Polio:	___	___	___	___	___	___
Rubella:	___	___	___	___	___	___
Mumps:	___	___	___	___	___	___
Hepatitis A:	___	___	___	___	___	___
Hepatitis B:	___	___	___	___	___	___

Dietary Needs:

Do you have a medical condition that influences your diet?

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13. Additional Questions

Please answer the following questions on a separate sheet of paper:

1. Describe when and how you came to know Jesus personally.
2. Describe your present relationship with Him.
3. How did you hear about the DTS?
4. Why do you want to do a DTS and why in Tema?
5. Describe your participation in your local church?
6. Have you had any previous mission experience or training? If so, please describe.
7. What areas of ministry interest you most?
(e.g. teaching, children, kitchen, administration, mercy ministries, urban ministry, design, performing arts, communications, music, hospitality, counseling, etc.)
8. Are you considering further training or ministry with YWAM after your DTS? If so, please specify.
9. Have you been involved with the following in the past? (alcohol, drugs/smoking, sexual immorality, occultism or sects, mental illness, depression, eating disorders)
10. What is your current situation regarding the above mentioned areas?
11. How would you describe your relationship with your parents and family? Are they in favor of you attending this school?
12. Is there any further information that you think would help us as we consider your application?

Community Living Standards

YWAM TEMA is for Christians who are committed to the Great Commission (Matthew 28:18-19), which includes living a godly life worthy of example. Your time here will be enjoyable, rewarding and challenging. We are committed to helping you grow as a disciple of Jesus and we look forward to your being here. Being a disciple of Jesus includes taking responsibility for your life and conduct.

As we read the Bible, there are guidelines for those conducts that are "absolute" such as the Ten Commandments. However, there are areas that are not so clearly defined and this is where we run into "cultural sins" such as Paul describes in Romans 14. These are situations relative to the way we have individually been taught which may or may not be considered as a sin to others. We know that only God can judge the heart, but depending on the ways in which we were raised and what our parents, pastors, and other authority figures taught us, these issues can often be quite sensitive.

Alcohol and Tobacco

Approximately 90% of the evangelical community of the world (Africa, Asia, and the Americas) considers alcoholic drinks and tobacco products totally off limits. Often in these contexts, alcohol and tobacco use is viewed as a sign that someone either does not know God or is turning away from Him. God has blessed YWAM TEMA with a variety of people coming from many cultures, denominations, and backgrounds, so it is important that as a family we understand and honor one another in our conversation and actions.

While you are here in Ghana and on outreach, we ask that you take the most conservative view in order not to offend the largest percent of believers internationally. Whatever your personal conviction may be, we ask that you refrain from drinking alcohol and using tobacco products during your school. This is not meant to be legalistic, but to live by the law of love.

Therefore, if you do have a dependency on alcohol or tobacco products we would ask that you refrain from using them before your time with YWAM TEMA. The use of these products during your school can be grounds for dismissal. Illegal drug use is strictly prohibited. The use of illegal drugs is grounds for immediate dismissal. If you have any dependency on these we ask that you seek professional help and apply for your school at a later time.

Exclusive Relationships

This will be a very special time for you, where you can focus on God and build excellent friendships with both sexes that will last not only for 3 or 6 months - but for a lifetime. We all come from various backgrounds and cultures and have different needs and ideas of relationships. To remain focused through the duration of the school we ask that no "boyfriend/girlfriend" relationships be developed. We find that this provides a healthy environment where students are able to relax and enjoy developing godly friendships without all the confusion of a dating relationship. Time spent on the school is like no other as it is a great investment that will continue to influence you for the rest of your life. Because of this, there is no room for relationship difficulties to become a distraction.

If you agree to refrain from the use of tobacco, alcohol and exclusive relationships for the duration of your school please sign the Community Living Standards section on page 6. If you have any questions or if you have trouble understanding anything in this document then please feel free to contact us.

Payment, Refund and Medical Insurance Policy

Payment Policy

All payments must be made in US Dollars. To check current exchange rates go to: www.xe.com

In addition to the following costs you will also need proper medical insurance coverage. See "Medical Insurance" at the bottom of the page.

Payment Description	Payment required by
1 School Deposit: Gh¢ 50 The school deposit is required for your final acceptance to be approved and is non-refundable.	Send your Gh¢ 50 school deposit only after your application has been fully processed. We will send you an e-mail with all the information about how to make this payment. For now, simply send us your application and we'll get the process started.
2 School Costs: category A) 2,000USD First World Countries B)1,500USD Second World Countries C)1,000USD Third World Countries This covers tuition, food, housing & pick-up and drop-off from airport and outreach It does not include: Visas, personal expenses or transportation for private use.	The School Cost are due: the day your school starts . Remember; if you are wiring money make sure to allow 7 days for banks to process your transaction.
3 Note; Category A)USA, Europe, Australia, Japan, South Korea, China Category B) South Africa, Botswana, South American Countries Category C) Other African and Asian Countries.	
4 Remaining Outreach Costs: Depending on your outreach location, your outreach expenses may be increase	The Remaining Outreach costs are payable during the 10th week of the school. If applicable

Note: Students will not be able to begin their course unless they are able to make these payments. However, if you contact our admissions office and explain your financial situation, a different payment schedule may be arranged.

Refund Policy

Payment of the refund will be:

1. Paid directly to the student unless a written request is made by the student to make payment to someone else.
2. Paid in Swiss Francs (CHF). Any bank fees will be deducted from the total refund.
3. Paid to the student within six weeks of notice. However, this is only possible if all recipient money transfer details are correct.

Description	Notification Departure	Refund Policy
In the event of a departure from the lecture phase of your school before the 22nd day , for the reason of: (a) voluntarily withdrawal, (b) violation of visa conditions or (c) violation of community or outreach living standards, the following refund schedule will apply:		
1 School Deposit (non-refundable)	n/a	CHF 200 is non-refundable
2 School Cost If student withdraws for reason of: (a) voluntarily withdrawal (b) violation of visa conditions (c) violation of community living standards	Before Registration Day Registration Day to Day 10 Day 11 to Day 21 Day 22 to the end of Lecture Phase	100% of course costs - 50% of course costs - 25% of course costs - 0%
In the event a departure after joining an outreach team for the reason of: (a) voluntarily withdrawal, (b) violation of visa conditions or (c) violation of community or outreach living standards, the following refund schedule will apply:		
3 Transportation and Other Outreach costs Refund is dependent on carriers (e.g. airline companies) refund policy.	Anytime	A refund will be given if the carrier allows it minus any credit card, cancellation or change of schedule fees.
4 Remaining Outreach Costs Refund will only be given if the amount is not greater then the remaining cost at the time the student leaves the outreach team.	Before Outreach Officially Begins Beginning of Outreach to Day 20 Day 21 to Day 40 Day 41 and Later	100% of the total general outreach costs 50% of the total general outreach costs 25% of the total general outreach costs 0%

Medical Insurance Policy

We require all staff and students to hold international medical health insurance, it is mandatory.

PARTNERSHIP AGREEMENTS

Waiver and Release of Liability

I do hereby release Youth With a Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvement with Youth With a Mission.

Print Name _____

Signature X _____

Date _____

dd / mm / yyyy

Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary.

Signature X _____

Date _____

dd / mm / yyyy

Community Living Standards

I confirm that I have read and understand the Community Living Standards stated on page 5. During the period I'm attending a YWAM TEMA school, I will keep the highest moral standards and maintain a clear personal witness through proper conduct. I will not drink alcoholic beverages, use any type of tobacco product or illegal drugs and I will not start an exclusive relationship. I understand that if I do not abide by these conditions, I may be asked to leave.

Signature X _____

Date _____

dd / mm / yyyy

Financial Responsibility

I confirm that I have read and understand the payment and refund policy stated on page 6. I am fully aware of my financial obligations, both to the Lord, and to the leadership of YWAM Tema. I also confirm that my acceptance into the school requires that my Lecture phase fees must be made on or before my arrival. I therefore accept full responsibility for all fees and personal expenses incurred during my involvement with YWAM Tema.

Signature X _____

Date _____

dd / mm / yyyy

Declaration

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

Signature X _____

Date _____

dd / mm / yyyy

If applicant is under 18 years of age then the signature of parent/guardian is also required.

Print Name (parent/guardian) _____

Signature (parent/guardian) X _____

Date _____

dd / mm / yyyy

***** To be completed by medical professional only *****

Physician Evaluation

TO THE APPLICANT: Please have your physician complete the following questions and sign where indicated.

TO THE PHYSICIAN: The applicant has applied for a school with Youth With a Mission. Would you please complete this section of the application and comment on the applicant's health?

1. Applicant's Name

2. Physical Assessment

Height (cm)

Weight (kg)

3. Is the applicant under medical supervision or taking any medication at this time?

Yes No

Is so, what medication, and for what condition?

.....
.....
.....

4. Is he/she in generally good health?

Yes No

5. Does he/she have any special dietary needs? Yes No

If so, please explain:

.....
.....
.....

6. Is there anything else we should be aware of?

.....
.....
.....

Physician's Name

Address/Stamp

.....
.....
.....

Signature

Date

dd / mm / yyyy

Pastor / Spiritual Leader Reference

Circle the school they are applying for

DTS – JAN 18 – JUNE 15, 2019

1) Name of Applicant

2) E-mail address of Applicant

The above applicant has applied for admission to a training course with Youth with A Mission Tema. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for a YWAM Tema school. The contents of this form will remain confidential once sub-mitted, but will be accessible to the applicant upon request.

3) Referee Details Mr Mrs Ms

First Name

Last Name

Street

City State

Zip Country

Relation to Applicant

Phone (H)

Phone (W)

Mobile

E-mail

Fax

Occupation

4) Character Profile

	Above Average	Average	Below Average
1 Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Flexibility/openness to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Initiative/self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) How long have you known the applicant? Years

6) Does the applicant display high moral standards? Yes No
 Comment

7) In your consideration, which of the following would best describe the applicant's relational skills with other church members and pastors? Check all that apply

Mature Good Attitude Loyal Committed
 Disrespectful Superficial

8) Where do you think the applicant needs further character growth?
 Comment

9) What skills, talents and strengths have you observed?

10) Would you choose to work with this person? Yes No
 Comment

11) What type of environment does the applicant function best in?
 Comment

12) Would you recommend this applicant for acceptance by YWAM TEMA? Yes No
 Comment

13) Please comment briefly on the applicant's family background

14) What has their church involvement been?

15) Signature (Referee) X

Date Day Month Year

16) Please return all forms to YWAM TEMA by mail :

MAIL: YWAM TEMA
 P.O.BOX CE 11319
 COMMUNITY 11, Tema, Ghana
 Tel: +233244387123
 ywamtema@gmail.com

Employer / Teacher Reference

Circle the school they are applying

for DTS –JAN 18- JUNE 15, 2019

1) Name of Applicant

E-mail address of Applicant

The above applicant has applied for admission to a training course with Youth With A Mission Tema. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for a YWAM TEMA school. The contents of this form will remain confidential once submitted, but will be accessible to the applicant upon request.

3) Referee Details Mr Mrs Ms

First Name

Last Name

Street

City State

Zip Country

Relation to Applicant

Phone (H)

Phone (W)

Mobile

E-mail

Fax

Occupation

4) Character Profile

	Above Average	Average	Below Average
1 Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Flexibility/openness to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Initiative/self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) How long have you known the applicant? Years

6) Does the applicant display high moral standards? Yes No Comment

7) In your consideration, which of the following would best describe the applicant's relational skills with other employees and management? Check all that apply

Mature Good Attitude Loyal Committed
 Disrespectful Superficial

8) Where do you think the applicant needs further character growth? Comment

9) What skills, talents and strengths have you observed?

10) Would you choose to work with this person? Yes No

Comment

11) What type of environment does the applicant function best in?

Comment

12) Would you recommend this applicant for acceptance by YWAM TEMA? Yes No

Comment

13) Please comment briefly on the applicant's family background

14) Any other comments

15) Signature (Referee) X

Date Day Month Year

16) Please return all forms to YWAM TEMA by mail :

MAIL: YWAM TEMA
 P.O.BOX CE 11319
 COMMUNITY 11, Tema, Ghana
 Tel: +233244387123
 ywamtema@gmail.com

Friend Reference

Circle the school they are applying for

DTS – JAN 18- JUNE 15, 2019

1) Name of Applicant

E-mail address of Applicant

The above applicant has applied for admission to a training course with Youth With A Mission Tema. In order to adequately evaluate the applicant for admission, we would appreciate you supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted for a YWAM TEMA School. The contents of this form will remain confidential once submitted, but will be accessible to the applicant upon request.

3) Referee Details Mr Mrs Ms

First Name

Last Name

Street

City State

Zip Country

Relation to Applicant

Phone (H)

Phone (W)

Mobile

E-mail

Fax

Occupation

4) Character Profile

	Above Average	Average	Below Average
1 Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Flexibility/openness to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Initiative/self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) How long have you known the applicant? Years

6) Does the applicant display high moral standards? Yes No
 Comment

7) In your consideration, which of the following would best describe the applicant's relational skills with other friends and family?

Check all that apply

Mature Good Attitude Loyal Committed

Disrespectful Superficial

8) Where do you think the applicant needs further character growth?
 Comment

9) What skills, talents and strengths have you observed?

10) Would you choose to work with this person? Yes No
 Comment

11) What type of environment does the applicant function best in?
 Comment

12) Would you recommend this applicant for acceptance by YWAM TEMA? Yes No
 Comment

13) Please comment briefly on the applicant's family background
 Comment

14) Any other comments

15) Signature (Referee) X
 Date Day Month Year

16) Please return all forms to YWAM TEMA by mail

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 ywamtema@gmail.com