

## Guide to completing your Application

**Thank you for applying to Youth With A Mission New Zealand. YWAM New Zealand is affiliated to the University of the Nations, Hawaii, a degree granting institution. May you know the Lord's grace as you seek His direction. In order for us to process your application we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank. Husbands and Wives enrolling as students must complete separate application. Please print or type all information.**

- 1) **Entry Application Form (P-001):** This form must be completed. Please enclose 2 passport photographs.
- 2) **Application Fee:** A non-refundable registration fee of NZ\$40 (single) or NZ\$75 (couple) is to be forwarded with your application. Your application cannot be processed without it.
- 3) **Personal History:** Please prayerfully and concisely answer the following questions on a separate sheet of paper and attach it to form P-001.
  - a) Describe your conversion experience (not more than 1 page)
  - b) Give an outline of your involvement with church and other groups (eg: WEC, Rotary, Drama, etc)
  - c) Please describe your business, trade or professional and position/s held.
  - d) Please describe if you are a current student in High School, College, University or other.
  - e) List leadership experience and length of time: i: Christian Activities ii: In other
  - f) Why do you want to participate in this training program?
  - g) In what ways are you presently engaged in evangelism?
  - h) Do you feel you have a particular ministry? (eg: worship/music leading, teaching, street evangelism, administration, children's work, youth programs)
  - i) List any health of special limitations in the physical, mental or emotional areas, which could hinder your involvement with YWAM.
  - j) List anything else we should know about you and your situation (eg: unsympathetic parents, broken relationships etc)
  - k) Married applicants please comment on any individual hesitations or questions you may have about doing this school.
  - l) If you are married with a family, please describe your children. Include comments on their physical, educational, social and spiritual development.
  - m) Are you willing to co-operate with your school leadership during this course?
  - n) What is your present relationship with your local church / fellowship like?
  - o) What are your hobbies
  - p) Question for singles only: Are you currently in a relationship?
- 4) **Reference Form (P-002):** One of these forms is to be given to your senior pastor, employer or teacher and a friend. Ask them to complete the form and mail it directly to Island Breeze Aotearoa – New Zealand. Please list their names and addresses on a separate sheet of paper. We must receive these reference forms BEFORE we can process your application. If you have previously attended a YWAM school only one reference from your most recent school leader is required.
- 5) **Medical Report (P-003):** Please have this form completed and returned directly to Island Breeze Aotearoa – New Zealand. These reports must also be submitted for your children.

Please direct all forms to:

REGISTRAR – ISLAND BREEZE AOTEAROA  
PO BOX 15036  
TAURANGA  
NEW ZEALAND

**Attach  
A  
Recent  
Photograph**

**Pacific Quest  
Discipleship Training School  
(an Island Breeze Training School)  
Aotearoa, New Zealand  
Student Application Form**

**PERSONAL INFORMATION**

Date of application \_\_\_\_\_ Application Fee Enclosed (NZ Currency) \$ \_\_\_\_\_  
Day / Mo / Year

Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Until \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ Mo/Yr

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day / Mo / Year \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Sex: M F \_\_\_\_\_ Fax Number \_\_\_\_\_  
(circle one) Please include country code

E-mail Address \_\_\_\_\_ Personal Web Site Address \_\_\_\_\_

**Predominant Ethnic Background of Student-** This information is used for statistical purposes only and will not be used to determine eligibility for admission. The federal government requires that we supply ethnic enrollment data. Please identify and indicate on line below.

1-Asian or Pacific Islander      2-Hispanic      3-Black  
4-Native American/Alaskan      5-White/North American      6-White/Other      Ethnic Background \_\_\_\_\_

Marital Status:     Single     Engaged (Date \_\_\_\_\_)     Married (Date \_\_\_\_\_)  
 Separated (Date \_\_\_\_\_)     Divorced     Widowed

Spouse's Name \_\_\_\_\_  
Legal Last / Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day / Mo / Year \_\_\_\_\_ City \_\_\_\_\_ State Province \_\_\_\_\_ Country \_\_\_\_\_

Will your spouse be accompanying you?     Yes     No

**DEPENDENTS** Names of children accompanying you:

Last/Family Name	First	Middle Name	Birthdate (D/M/Y)	Sex	School	Grade

Nanny – must accompany children under age 3 \_\_\_\_\_  
and must fill out a separate application. Family Name First Middle Name

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day / Mo / Year City State/Province Country

**HEALTH INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ ( O,A,B,AB, + or -)

Are you allergic to any drugs?  No  Yes (Specify) \_\_\_\_\_

**CONSENT FOR TREATMENT**

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

Applicant's Signature \_\_\_\_\_ Day / Mo / Year

Parent or guardian's Signature (required if applicant is under 18 years of age) \_\_\_\_\_

Relationship \_\_\_\_\_ Day / Mo / Year

**EMERGENCY INFORMATION**

**In Case of Emergency, contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State/Province Zip/Postal Code Country

Phone \_\_\_\_\_

**HOME CHURCH INFORMATION**

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State/Province Zip/Postal Code Country

Length of Attendance \_\_\_\_\_ Phone \_\_\_\_\_  
Day / Mo / Year

**LANGUAGES**

Please identify and indicate your language proficiency on the line below.

- 1.Elementary Speaking                      2.Limited Word Proficiency                      3.Minimum Word Proficiency
- 4.Full Professional Proficiency    5.Native Speaking Proficiency                      6.Mother Tongue

English Proficiency\_\_\_\_\_ Other languages and Proficiency\_\_\_\_\_

**OCCUPATIONAL/ JOB EXPERIENCE**

List all work experience for the past 10 years. Start with the most recent position.

Occupation	Organization	Dates/Location	Supervisor	Skills Used

Current Work Phone\_\_\_\_\_ Fax\_\_\_\_\_ E-mail\_\_\_\_\_

**SKILLS**

Occupational Skills\_\_\_\_\_ Years Experience\_\_\_\_\_

Music Ability or Other Talents\_\_\_\_\_ Years Experience\_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

I Completed  High School/Secondary School     Equivalent of High School/Secondary School

Name of Institutions	Address	Dates Attended	Degree/Major/Degree Date

If you intend to pursue a U of N degree, transcript(s) of your record(s) at each High/Secondary School or College/University/Seminary you have attended must be submitted to the U of N Registrar by the institution. Also, please have all former YWAM school leaders or staff send verification of your satisfactory school completion, including lecture and field assignment dates, location(s) and grade(s).

**YWAM / U OF N BACKGROUND INFORMATION**

Have you previously attended a YWAM or U of N school?  Yes  No

If Yes:

	School(s)	Dates Attended (mo/yr to mo/yr)	Location (City/Country)
1.Lecture Phase			
Field Assignment Phase			
2.Lecture Phase			
Field Assignment Phase			
3.Lecture Phase			
Field Assignment Phase			

Please arrange for your most recent school leader to send a Reference Form to the U of N Admissions and Records Office.

**PASSPORT/VISA INFORMATION**

Country of Citizenship \_\_\_\_\_

Name as listed on Passport \_\_\_\_\_

City and Country Where Passport was Issued \_\_\_\_\_

Passport Number \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_ Visa Type \_\_\_\_\_  
Day / .Mo / Year (non-U.S. citizens only)

Date Visa Issued \_\_\_\_\_ City and Country Where Visa was Issued \_\_\_\_\_  
Day / Mo / Year

Visa Expiry Date \_\_\_\_\_  
Day / Mo / Year

Have you ever been refused a Visa?  No  Yes (Give Nation and details) \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you have your complete school fees?  Yes  No

If no, from what source will they come? \_\_\_\_\_

Do you have any outstanding debts?  No  Yes (explain) \_\_\_\_\_

**ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY**

I understand that payment of the required school tuition fees must be made in NZ currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for New Zealand. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with the Island Breeze New Zealand Pacific Quest DTS. If I am accepted by the Pacific Quest DTS, I will abide by the spirit, rules, and schedule of the school.

Applicant's Signature \_\_\_\_\_  
Day/Mo/Yr \_\_\_\_\_

*"Lord, who may dwell in your sanctuary? Who may live in your holy hill? He...who keeps his oath even when it hurts..." Psalm 15:1,4*

**RELEASE OF LIABILITY**

**I/We do hereby release Youth With A Mission , Inc. and Island Breeze New Zealand 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 Pacific Quest Discipleship Training School.**

Applicants signature \_\_\_\_\_  
Day/Mo/Yr \_\_\_\_\_

Signature of parent or guardian required if applicant is under 18 years of age:

Signature \_\_\_\_\_  
Day / Mo / Year \_\_\_\_\_

Relationship \_\_\_\_\_

**General Survey for Island Breeze, NZ**

How did you first hear of the Pacific Quest DTS? \_\_\_\_\_

What reasons most influenced your decision to apply? \_\_\_\_\_

What expectations do you have for this course? \_\_\_\_\_

I certify that all information in this application is complete and accurate.

Signature \_\_\_\_\_  
Day / Mo / Year \_\_\_\_\_

## Pacific Quest DTS Health Form

**To the Applicant:** This information is treated confidentially and separate from your academic records. When you complete the first part of this form, please answer all questions in ink or by typing IN ENGLISH.

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

Permanent Address \_\_\_\_\_

Telephone(home) \_\_\_\_\_ email: \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ Do you have travel insurance? \_\_\_\_\_

Name of Insurer \_\_\_\_\_ Med.Ins.No. \_\_\_\_\_

Medical Insurance Coverage (briefly) \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Relationship to person (mother, father etc) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### PERSONAL HISTORY

**Please answer all questions. Comment on all positive answers in the space below or on a separate sheet.**

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

	No	Yes		No	Yes
Skin conditions	—	—	Heart trouble	—	—
Eye trouble	—	—	High blood pressure	—	—
Ear trouble	—	—	Low blood pressure	—	—
Head injury	—	—	Rheumatism/Arthritis	—	—
Recurrent headache	—	—	Back problems	—	—
Epilepsy	—	—	Dislocation of joints	—	—
Fainting spells	—	—	Broken Bones	—	—
Depression	—	—	Cancer	—	—
Mental or nervous disorders	—	—	Stomach ache/Duodenal Ulcer	—	—
Weakness	—	—	Gall bladder problems	—	—
Paralysis	—	—	Surgery	—	—
Insomnia	—	—	Appendectomy	—	—
Shortness of breath	—	—	Tonsillectomy	—	—
Hay fever, Asthma	—	—	Hernia repair	—	—
Allergies (specify)	—	—	Other (specify)	—	—

	No	Yes	
Jaundice	—	—	If answer "yes" to any of these please elaborate _____ _____ _____
Hepatitis	—	—	
Intestinal troubles	—	—	
Recurrent diarrhea	—	—	
Diabetes	—	—	

	<b>No</b>	<b>Yes</b>		<b>No</b>	<b>Yes</b>
Kidney disease	—	—	Anemia	—	—
Venereal disease	—	—	Tumor: Cancer	—	—
<b>FEMALES ONLY</b>					
Irregular periods	—	—	Severe cramps	—	—
Excessive flow	—	—	Are you pregnant?	—	—

Other illnesses 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 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 If yes, please describe \_\_\_\_\_

Are you underweight?  No  Yes Overweight?  No  Yes

If so, by how much? \_\_\_\_\_ Blood Type \_\_\_\_\_  
O,A,B,AB(+ or -)

Would you rate your health condition as:  Excellent  Good  Fair  Poor

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

	Circle one			Circle one	
Chickenpox	Yes	No	Pertusis	Yes	No
Measles (Rubella)	Yes	No	Scarlet Fever	Yes	No
Measles (Rubeola)	Yes	No	Tuberculosis	Yes	No
Mumps	Yes	No	Other (specify)	Yes	No

**FAMILY HISTORY**—Have any of your relatives ever had any of the following?

	Circle one			Circle one	
Tuberculosis	Yes	No	Arthritis	Yes	No
Diabetes	Yes	No	Stomach Disease	Yes	No
Kidney Disease	Yes	No	Asthma, Hay Fever	Yes	No
Heart Disease	Yes	No	Epilepsy, Convulsions	Yes	No
Hypertension	Yes	No	Cancer	Yes	No

**IMMUNIZATIONS**

<b>BASIC</b>	Year	Year	Year
Diphtheria			
Tetanus			
Pertussis			
Polio			
Rubella			
Rubeola			
Mumps			

<b>BOOSTER</b>	Year	Year	Year
Diphtheria			
Tetanus			
Pertussis			
Polio			
Rubella			
Rubeola			
Mumps			

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This portion of the form below this line must be filled out signed by a physician:

**TUBERCULOSIS CONTROL (absolutely required for entrance by the State of Hawaii and U of N).**

One of the following:	Date	Result	Examination Facility
Chest X-ray			
Skin Test			
BCG Vaccination			

Physician's Signature \_\_\_\_\_ Day/Mo/Yr \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Please add stamp if you have one thank you.

**PLEASE MAIL ALL FORMS TO:**

Island Breeze Aotearoa  
Pacific Quest DTS  
PO Box 15036  
Tauranga  
**New Zealand**

## PASTOR REFERENCE FORM

**APPLICANT: Fill in your name, school, with signature and give to/send to pastor with a stamped envelope: Pacific Quest Discipleship Training School, Po Box 15036, Tauranga New Zealand.**

Your name: \_\_\_\_\_  
Last/Family
First
Middle

School applying for \_\_\_\_\_

**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 \_\_\_\_\_ Day/Mo/Yr \_\_\_\_\_

The above applicant has applied for admission to Youth With A Mission (YWAM) and Island Breeze New Zealand, Pacific Quest Mobile Discipleship Training School. Youth With A Mission is an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."

Serious consideration will be 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.

How well do you know the applicant?  Superior  Above  Very Well  Well  Average  Casually  Below Average  Inferior

Initiative					
Concern for others					
Social Adaptability					
Ability to follow					
Leadership					
Judgement / Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### Circle the best choice.

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
Cooperativeness	Works well with others	Average	Avoids group activity
Flexibility	Open to change	Average	Unyielding
Christian Character	Well balanced	Average	Unstable
Disposition	Cheerful	Average	Passive
Punctuality	Punctual	Average	Often late
Financial responsibility	Honors obligations	Average	Neglectful

1. To what extent is the applicant active in church work? \_\_\_\_\_
2. Does he/she display high moral values?  Yes  No (please explain)  
\_\_\_\_\_
3. Is he/she prejudiced against groups, races, or nationalities?  Yes  No  
(please explain) \_\_\_\_\_
4. With reference to his/her Christian service, do you consider the applicant to be:  
 Dedicated  Average  Casual (please explain) \_\_\_\_\_  
\_\_\_\_\_
5. In your consideration, which of the following would best describe the applicant's Christian experience?  Mature  Contagious  Genuine and growing  Over-emotional  
 Superficial Comments: \_\_\_\_\_
6. Overall, what do you consider to be the applicant's strong points? (include special abilities)  
\_\_\_\_\_
7. Please comment on the applicant's family background (if known)  
\_\_\_\_\_
8. In your opinion, what are the applicant's motives for applying to YWAM, Island Breeze DTS? \_\_\_\_\_
9. What could YWAM do to aid in the applicant's personal growth?  
\_\_\_\_\_
10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know about, to be of service to them.)  
\_\_\_\_\_
11. Would you recommend the applicant for acceptance into the Pacific Quest Discipleship Training School?  Yes  With some reservation (explain)  No (explain)  
\_\_\_\_\_
12. Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Day/Mo/Yr

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Would you like to receive further information about Island Breeze, New Zealand (a ministry of YWAM)?  Yes  No

## FRIEND REFERENCE FORM

**APPLICANT: Fill in your name, school, with signature and give to/send to Friend, Pastor or Employer with a stamped envelope: Pacific Quest Discipleship Training School, Po Box 15036, Tauranga New Zealand.**

Your name: \_\_\_\_\_  

Last/Family
First
Middle

School applying for \_\_\_\_\_

**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 \_\_\_\_\_  
Day/Mo/Yr

The above applicant has applied for admission to Youth With A Mission (YWAM) and Island Breeze New Zealand, Pacific Quest Mobile Discipleship Training School. Youth With A Mission is an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 300 locations on all six continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations."  
 Serious consideration will be 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.

How well do you know the applicant?     Superior     Very Well Above     Well Average     Casually Below Average    Inferior

Initiative					
Concern for others					
Social Adaptability					
Ability to follow					
Leadership					
Judgement / Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Circle the best choice.**

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
Cooperativeness	Works well with others	Average	Avoids group activity
Flexibility	Open to change	Average	Unyielding
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Financial responsibility	Honors obligations	Average	Neglectful

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1. To what extent is the applicant active in church work? \_\_\_\_\_
2. Does he/she display high moral values?  Yes  No (please explain)  
\_\_\_\_\_
3. Is he/she prejudiced against groups, races, or nationalities?  Yes  No  
(please explain) \_\_\_\_\_
4. With reference to his/her Christian service, do you consider the applicant to be:  
 Dedicated  Average  Casual (please explain) \_\_\_\_\_
5. In your consideration, which of the following would best describe the applicant's Christian  
experience?  Mature  Contagious  Genuine and growing  Over-emotional  
 Superficial Comments: \_\_\_\_\_
6. Overall, what do you consider to be the applicant's strong points? (include special abilities)  
\_\_\_\_\_
7. Please comment on the applicant's family background (if known)  
\_\_\_\_\_
8. In your opinion, what are the applicant's motives for applying to YWAM Island Breeze  
DTS? \_\_\_\_\_
9. What could YWAM Island Breeze do to aid in the applicant's personal development?  
\_\_\_\_\_
10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol or other  
areas of their life we should know more about, to be of service to them.)  
\_\_\_\_\_
11. Would you recommend the applicant for acceptance to the Pacific Quest Discipleship  
Training School?  Yes  With some reservation(explain)  No (explain)  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that  
he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Would you like to receive further information about Island Breeze, New Zealand (a ministry of  
YWAM)?  Yes  No

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## EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM

**APPLICANT: Fill in your name, school, with signature and give to/send to Employer, Teacher, YWAM Leader with a stamped envelope: Pacific Quest Discipleship Training School, Po Box 15036, Tauranga New Zealand.**

Your name: \_\_\_\_\_  
Last/Family
First
Middle

School applying for \_\_\_\_\_

**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 \_\_\_\_\_  
Day/Mo/Yr

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Serious consideration will be 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.

How well do you know the applicant?  Superior  Very Well Above  Well Average  Casually Below Average  Inferior

Initiative					
Concern for others					
Social Adaptability					
Ability to follow					
Leadership					
Judgement / Decision making					
Emotional Stability					
Health					
Personal Appearance					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### Circle the best choice.

Mental Ability	Quick to comprehend	Average	Slow
Industry	Hard worker	Average	Lacks persistence
Reliability	Meets obligations	Average	Neglects obligations
Cooperativeness	Works well with others	Average	Avoids group activity
Flexibility	Open to change	Average	Unyielding
Christian Character	Well balanced	Average	Unstable
Disposition	Cheerful	Average	Passive
Punctuality	Punctual	Average	Often late
Financial responsibility	Honors obligations	Average	Neglectful

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1. To what extent is the applicant active in church work? \_\_\_\_\_

2. Does he/she display high moral standards? Yes No (please explain)  
\_\_\_\_\_

3. Is he/she prejudiced against groups, races or nationalities? Yes No (please explain)  
\_\_\_\_\_

4. With reference to his/her Christian service, do you consider the applicant to be:  
Dedicated Average Casual (please explain) \_\_\_\_\_

5. In your consideration, which of the following would best describe the applicant's Christian experience?  
Mature Contagious Genuine and Growing Over-emotional  
Superficial Comments: \_\_\_\_\_

6. Overall, what do you consider to be the applicant's strong points? (include special abilities)  
\_\_\_\_\_

7. Please comment on the applicant's family background (if known) \_\_\_\_\_  
\_\_\_\_\_

8. In your opinion, what are the applicant's motives for applying to YWAM Island Breeze DTS? \_\_\_\_\_

9. What could YWAM Island Breeze do to aid in the applicant's personal development?  
\_\_\_\_\_

10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we should know more about, to be of service to them.) \_\_\_\_\_  
\_\_\_\_\_

11. Would you recommend the applicant for acceptance into The Pacific Quest Discipleship Training School?  
Yes With some reservation (explain) No (explain)  
\_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Would you like to receive further information about Island Breeze, New Zealand (a ministry of YWAM)?  Yes  No

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