



School of Biblical Christian Worldview  
JMEM HURLACH, GERMANY

**Student Reference Form**

Send this reference form to:

JMEM SBCW  
Schlossgasse 1, 86857 Hurlach  
Germany  
Phone: + 49 (0) 8248 122-0/ 45  
E-Mail: [sbcw@jmem-hurlach.de](mailto:sbcw@jmem-hurlach.de)

In order to get a picture of the qualification of the applicant for participation in the worldview school, we ask you to fill in this form and send it back to us as soon as possible. If the space on this form is not enough we request you use an additional sheet of paper. Please write legibly. We will treat your information confidentially. Thank you very much for your help!

Name of Applicant: \_\_\_\_\_

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

You are filling this form as: \_\_\_\_\_

Your Email address: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

<b>Applicant's Evaluation</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>
Relating to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment / discernment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication: Proficiency in passing ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About future prospects, what goals and plans does the applicant have for the future?

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What goals should he or she pursue according to your opinion?

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In what area could this training be profitable to the applicant according to your opinion?

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What skills should the applicant develop more (where we could help him/her)?

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Would you like to work together with him/her?                      Yes       No

Do you recommend the applicant?                                      Yes       No

**Additional comments (optional)**

Please add any further relevant information (i.e. medical, psychological, drugs, alcohol or other areas of the applicant's life we should know more about, to be of better service):

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Would you like to receive information about YWAM Hurlach?     Yes       No

Would you like information about SBCW?                               Yes       No

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