

Beautiful Kidz Namibia

Ministry to Children in Need

CONFIDENTIAL REFERENCE FORM

Dear pastor or friend of

..... has indicated that she/he would like to become involved in the ministry of Beautiful Kidz. We would like some information on the applicant before we can consider the application. We therefore would like to ask you to fill in these confidential forms and send them back to us as soon as possible.

Thank you very much!

ADDRESS:

Beautiful Kidz Namibia
 Attn. Administration
 P.O. Box 97392
 Windhoek
 Namibia, Africa

Phone: +264 61 234465/264486
 Fax: +264 61 265766
 E-mail: office@beautifulkidz.org
 Website: www.beautifulkidz.org

◆ **PERSONAL INFORMATION OF PASTOR/FRIEND**

Mr. / Mrs. / Miss.:

Address:

Phone:

Fax:

E-mail:

Date:

How many years have you known the applicant?

In what capacity?

- | | | | |
|------------------|--|--|--------------------------------|
| Church: | <input type="checkbox"/> Home group leader | <input type="checkbox"/> Pastor | <input type="checkbox"/> Other |
| Business: | <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Other |
| School: | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |
| Social: | <input type="checkbox"/> Family friend | <input type="checkbox"/> Personal friend | <input type="checkbox"/> Other |
| YWAM: | <input type="checkbox"/> School leader | <input type="checkbox"/> workleader | <input type="checkbox"/> Other |

On a scale of 1 (very little) to 10 (intimately), how well do you know the applicant?

1 2 3 4 5 6 7 8 9 10

Which of the words that best describe the applicants personality

- | | | | | | |
|--|--------------------------------------|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Communicative | <input type="checkbox"/> Calm | <input type="checkbox"/> Active | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Passive | <input type="checkbox"/> Faithful |
| <input type="checkbox"/> Melancholy | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Patient | <input type="checkbox"/> Sceptical | <input type="checkbox"/> Quiet | <input type="checkbox"/> Serving |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Timid | <input type="checkbox"/> Loyal | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Loving | <input type="checkbox"/> Good-humoured |
| <input type="checkbox"/> Unstable | <input type="checkbox"/> Critical | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Team-worker | <input type="checkbox"/> Independent | <input type="checkbox"/> Distrusting |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Blunt | <input type="checkbox"/> Gentle | <input type="checkbox"/> Responsible | <input type="checkbox"/> Self-control | |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Depressive | <input type="checkbox"/> Depended | <input type="checkbox"/> Teachable | <input type="checkbox"/> Persistent | |

Please evaluate the applicant in the following areas with 1 (for poor) to 10 (for excellent):

Motivation	1	2	3	4	5	6	7	8	9	10
Devotional life	1	2	3	4	5	6	7	8	9	10
Church attendance	1	2	3	4	5	6	7	8	9	10
Self esteem	1	2	3	4	5	6	7	8	9	10
Emotional stability	1	2	3	4	5	6	7	8	9	10
Reaction toward problems	1	2	3	4	5	6	7	8	9	10
Reaction under stress	1	2	3	4	5	6	7	8	9	10
Faithfulness	1	2	3	4	5	6	7	8	9	10
Financial responsibility	1	2	3	4	5	6	7	8	9	10
Honesty	1	2	3	4	5	6	7	8	9	10
Openness	1	2	3	4	5	6	7	8	9	10
Moral conduct	1	2	3	4	5	6	7	8	9	10
Positive attitude	1	2	3	4	5	6	7	8	9	10
Gratefulness	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Common sense	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Diligence	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Flexibility	1	2	3	4	5	6	7	8	9	10
Team work	1	2	3	4	5	6	7	8	9	10
Following directions	1	2	3	4	5	6	7	8	9	10
Willingness to learn	1	2	3	4	5	6	7	8	9	10
Friendliness	1	2	3	4	5	6	7	8	9	10
Concern for others	1	2	3	4	5	6	7	8	9	10
Express feelings	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Submission	1	2	3	4	5	6	7	8	9	10
Self control	1	2	3	4	5	6	7	8	9	10
Personal appearance	1	2	3	4	5	6	7	8	9	10
Health	1	2	3	4	5	6	7	8	9	10

Evaluate the following areas of difficulties:

Lonely	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Worried / anxious	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
The source of problems	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Lack of forgiveness	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Critical	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Rebellious	<input type="checkbox"/> Often	<input type="checkbox"/> At times	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

Respond briefly :

01. Comment on applicant spiritual life

02. Comment on the quality and extension of applicant work in the church or other mission organisation.

03. How well does the applicant work in a team

04. Comment on the applicant ability to handle conflicts in relationships.

05. The reaction of the congregation to interest of the applicant to be part of our ministry has been:
 enthusiastic warm indifferent cold
06. Will the church support the applicant spiritual and financial if the applicant becomes involved in our ministry?
07. What are the applicant's strong points?
08. What are the applicant's weak points?
09. What gifts do you recognise in the applicants life?
10. Would you recommend the applicant for a children's ministry? Explain
11. Comment briefly about the relationship which the applicant has with his/her family?