

CONFIDENTIAL REFERENCE

YOU MUST HAVE 3 REFERENCES - ONE FROM EACH OF THE FOLLOWING AREAS.

1. CHURCH _____
2. WORK OR SCHOOL _____
3. FAMILY OR FRIENDS _____

**PLEASE SEND DIRECTLY TO: XYZ Church
2000 N. University Drive
AnyWhere, Florida 33024
Attention: Missions Department**

NAME OF APPLICANT _____

The above has applied for one of the XYZ Church Outreach Mission Ministries. In order to make an intelligent evaluation of the applicant's fitness for service the Screening Committee would appreciate your supplying the information requested on this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into the outreach mission project.

Please check one of the following in each area:

	EXCELLENT	GOOD	FAIR	POOR
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO FOLLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO COMMUNICATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHRISTIAN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR EVANGELISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS HE/SHE PREJUDICED AGAINST GROUPS, RACES OR NATIONALITIES?

YES NO

IF SO, EXPLAIN: _____

IN YOUR CONSIDERATION THIS APPLICANT'S CHRISTIAN EXPERIENCE IS WHICH OF THE FOLLOWING:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> PROFOUND | <input type="checkbox"/> CONTAGIOUS | <input type="checkbox"/> GENUINE/GROWING |
| <input type="checkbox"/> OVER-EMOTIONAL | | <input type="checkbox"/> SUPERFICIAL |

PLEASE CHECK:

MENTAL ABILITY

- | | | |
|--|----------------------------------|-------------------------------|
| <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
|--|----------------------------------|-------------------------------|

INDUSTRIOUSNESS

- | | | |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks Persistence |
|--------------------------------------|----------------------------------|--|

RELIABILITY

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Meets Financial Obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects |
|--|----------------------------------|-----------------------------------|

COOPERATION

- | | | |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Avoids Group |
|---|----------------------------------|---------------------------------------|

SOCIAL ATTITUDE

- | | | |
|---------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Takes Advice | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding in Character |
|---------------------------------------|----------------------------------|--|

CHRISTIAN CHARACTER

- | | | |
|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sounds-well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
|---|----------------------------------|-----------------------------------|

DISPOSITION

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Depressed |
|-----------------------------------|----------------------------------|------------------------------------|

HABITS

- | | | |
|-------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Bad | <input type="checkbox"/> Undesirable |
|-------------------------------|------------------------------|--------------------------------------|

COMMENT BRIEFLY ON THE FAMILY AND SOCIAL BACKGROUND OF THE APPLICANT:

ANY OTHER COMMENTS:

WOULD YOU RECOMMEND THE APPLICANT FOR ACCEPTANCE BY XYZ CHURCH SHORT TERM MISSIONS:

Unhesitatingly With some hesitation No

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT: _____
(Example: Pastor, Teacher, Friend, Parent, etc.)

I HAVE KNOWN THE APPLICANT FOR _____ YEARS AND BELIEVE THAT (HE/SHE) POSSESSES THE QUALITIES INDICATED ABOVE.

Signature _____ **Date Signed** _____

ADDRESS _____

PHONE# (____) _____

EMAIL _____