

## Living Water Ministry Confidential Reference Form

The information in the following box should be completed and signed by the APPLICANT before this form is forwarded to and completed by a reference person.

<b>Applicant's Information</b>	
Name:	_____
Permanent Address:	_____ _____
I, _____, hereby waive the right to review the contents of this reference.	
Signed _____	Date _____

The above named person is applying to Living Water Ministry to become a team member who will work closely with young people in a ministerial environment. Due to the nature of our work, careful assessment of their strengths and weaknesses, their suitability for ministry to young people and their ability to live in community is extremely important.

Thank you for taking the time to complete this reference. All information you provide will remain confidential. We may telephone you briefly, with regard to this applicant. Please feel free to use additional paper. PLEASE MAIL THIS FORM DIRECTLY TO OUR OFFICE.

<b>Reference Person's Information</b>	
Name (please print):	_____
Address:	_____ _____
Phone Number _____	E-mail: _____

1. Are you related to the applicant? YES / NO If yes, how? \_\_\_\_\_
2. How long have you know the applicant? \_\_\_\_\_
3. Under what circumstances or what capacity? \_\_\_\_\_
4. How well do you know the applicant?     Very Well     Well     Not Well     Very Little
5. How frequently are you in touch with the applicant? \_\_\_\_\_
6. How familiar are you with the field and work of youth ministry?

*If you answer yes to any of the following questions, please explain on a separate page.*

### Are you aware of...

- |   |                    |
|---|--------------------|
| 7. ...any emotional illness or difficulty which the applicant has or had in the past? | YES / NO / UNKNOWN |
| 8. ...any reason to question the applicant's moral character?                         | YES / NO / UNKNOWN |
| 9. ...any reason why the applicant should not work with young people?                 | YES / NO / UNKNOWN |
| 10. ...any long-term illness or handicap the applicant has or had in the past?        | YES / NO / UNKNOWN |
| 11. ...any other medical, emotional or social factors which should be evaluated?      | YES / NO / UNKNOWN |

12. Using the scale below, please rate the applicant (1-5) in the following:

Almost always	Frequently	Sometimes	Rarely	Never
5	4	3	2	1

- \_\_\_\_\_ The applicant follows through with responsibilities and commitments.
- \_\_\_\_\_ The applicant has the ability to lead his or her peers.
- \_\_\_\_\_ The applicant has the ability to follow peer leadership.
- \_\_\_\_\_ The applicant possesses the ability to listen to opinions contrary to his or her own.
- \_\_\_\_\_ The applicant demonstrates self-control.
- \_\_\_\_\_ The applicant is self-motivated.

13. Please comment on one of the strengths or abilities of the applicant.

14. Please comment on one of the applicant's areas in need of improvement.

15. How does the applicant accept guidance and respond to authority?

16. Can the applicant take responsibility and demonstrate leadership? Please explain.

17. Please comment on how the applicant deals with conflict resolution.

18. Do you have any other information or suggestions regarding the applicant that would be helpful to our staff?

19. In regards to the applicant's attendance in our program do you:

- recommend wholeheartedly
- recommend with reservations
- do not recommend
- do not know applicant sufficiently

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