

CONFIDENTIAL INFORMATION

FORM FOR REFERENCE INQUIRY

Please complete this form as it relates to this person and his/her characteristics and qualifications to work with children or youth. Return the completed form to:
[Your Church Name and Address]

Applicant's Name: _____

How long have you known the applicant? _____

In what capacity? _____

Does he/she work well with others? _____

How would you rate him/her in the following areas? Please give explanations.

	Excellent	Good	Average	Poor	Do Not Know
Personal Habits					
Character					
Morals					
Compassion for those in need					
Responsible to complete commitments					
Emotional stability					
Christian maturity					
Receives constructive criticism well					
Health					
Other Comments?					

Reference inquiry completed by: _____ Date _____