



REFERENCE FORM
{Reference should be reflective of your spiritual or Christian life}

Completed by REFERENT

 Name

 Address

 City State Zip Code

 Home Phone

 Place of Employment Title

Completed by APPLICANT

 Name

 Address

 City State Zip Code

 Phone

1. Please indicate your perception of the applicant's character by marking the appropriate column.

	Low	Average	Good	Excellent
Moral Integrity				
Concern for Others				
Leadership				
Emotional Stability				
Reliability				
Intelligence				
Industry				

2. What is your relationship to the applicant and how long have you known this person?

3. What is the applicant's church relationship and Christian commitment?

4. How is the applicant's physical fitness for acceptance by h.e.a.r.t.?

5. What are the applicant's strengths?

6. What are the applicant's weaknesses?

7. Are there any special areas, problems or concerns of which h.e.a.r.t. should be aware?

8. Are there any other persons we should contact before accepting this person for enrollment?

As a referent I recommend the applicant

Without Reservation Strongly Acceptable With Reservation Not recommended

If you would like to make additional comments, please attach additional sheets.

Signature _____ Date _____

Return to h.e.a.r.t. Village