



THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name			
NameLast		First	Middle
SSN			
Home Address			
City	State	Zip	Country
Home Phone		Cell Phone _	
I waive my right to so mendation shall rem	ee this and othe ain confidential.	r reference forms a	nd I agree that this recom-
Signature			Date
ing them to apply Go sist us in both the add	od's Word to thei mission decision d Life Leaders Ac	r daily lives. Compl and transition into	to this generation by teacheting this reference will asanew level of responsibiliapplicant be enrolled.
	IMPOI	KIANI NOIE:	
er above, it is possibl	e that the refere	nce may be seen b	nt has not signed the waiv- y the applicant if he or she d, the reference will remain
	THIS SECTIO	N TO BE COMPLET	ED
BY THE IND	IVIDUAL PROVI	DING THE CHARA	CTER REFERENCE
This recommendation ☐ Pastor ☐ Principal/			astor □ Employer □ Other
How long and in wha	nt capacity have y	you known the app	licant?
Do you believe the ap How is this evidenced	oplicant to be ge d?	enuinely saved? 🗆 Y	es □ No
Does the applicant's and be separated fro If no, please explain	m worldly action		ording to Biblical principles es
	ral failures, alcoh er integrity issue	nol, drugs, cigarett	, this person may have enes, police record, foul land

NA BEREE

CHARACTER REFERENCE



THIS SECTION TO BE COMPLETED BY THE INDIVIDUAL PROVIDING THE CHARACTER REFERENCE

Would you hire the applicant to wor	k for you? ∐Yes ∐No (If n	o, please explain)			
Is this applicant the kind of person \square Yes \square No (If no, please explain) _					
Is the applicant appropriate in his or ☐ Yes ☐ No ☐ Don't Know (If no, p					
Does the applicant have a good rep ☐ Yes ☐ No ☐ Don't Know (If no, p					
What do you consider the applicant					
What do you consider the applicant					
What is your estimate of the applica \Box May encounter some difficulty \Box Is the applicant engaged? \Box Yes \Box	Average Above Average				
Has the applicant been married before		now			
Additional Comments:					
S	SPECIFIC RECOMMEN				
Enthusiastically recommend					
Signature	Print Name				
Address	City	State	Zip		
Daytime Telephone		Date			
Can we contact you if necessary? \Box	Yes □ No				