



**Mission Trips**  
**CHARACTER REFERENCE**

Please give this reference and the enclosed envelope to your youth pastor or pastor! \_\_\_\_\_  
(\_\_\_\_)\_\_\_\_\_ is applying for a position on our missions team.      Teens Name      Teens Phone #

He/she would like you to send us a character reference. We would appreciate your personal evaluation of this person's potential as part of our missions outreach team.

1. How well do you know the applicant: Casually: \_\_\_\_ Well: \_\_\_\_ Very Well: \_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_years \_\_\_\_\_months

3. What is your appraisal of the applicant's Christian life? (his/her conversion and growth)

\_\_\_\_\_

4. PLEASE GIVE YOUR OBSERVATIONS IN THESE AREAS:

Relationship with the opposite sex:

Ability to get along with others:

Willingness to accept responsibility:

Willingness to respond to authority:

Applicant's strong points:

Applicant's weak points:

Use of tobacco, alcohol, or non-prescription drugs:

**5. How do you rate the applicant in these areas? (Please rate on a scale from 1 to 10)**

10 = Excellent; 5 = Average; 1 = Poor; NCO = No Chance to Observe

Rate:

Comments:

Reliability:

Maturity:

Emotional Stability:

Problem Solving:

Verbal Expression:

Sensitivity to Others:

Leadership Abilities:

Personal Appearance:

Personal Integrity:

Acceptance by Others:

6. Please give your frank appraisal, either favorable or unfavorable, of the applicant's potential for working with other teenagers and adults as part of our mission team.

7. Can you recommend him/her as a responsible leader? (Please check one of the following)

Yes \_\_\_\_\_ No \_\_\_\_\_ Yes, (with some reservations) \_\_\_\_\_

8. If you had a son or daughter who were also on our mission trip, would you trust your child with this student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Full Name (type or print): \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you for your assistance

Chadp@teens4christ.com

**Please mail or fax this form immediately to:**

Teens For Christ

% Missions Director

PO BOX 920

Hudson, WI 54016

Fax: 715-386-2553

Phone: 715-386-2549