

Child Evangelism Fellowship of MI 4301 W. Mt. Hope Hwy Lansing, MI 48917 517-322-2193

## **Reference Form**

This individual has applied to *Child Evangelism Fellowship*® as a summer worker and has chosen you as a reference. A personal recommendation gives insights that would be very helpful in determining the person's ability to perform his/her responsibilities. Please print and be candid and objective.

Name of Applicant					
Name of Reference _					
1. How long have you	known the applicant?		-		
2. In what relationship do you know the applicant?		Pastor/Spiritual Leader	Non-r	Non-relative adult friend	
3. How well do you kn	ow the applicant? (circle one)	Very Well Well	Casually		
4. Is there any reason	known to you why the applicant	should not work with child	ren? Yes	No	
If yes, please commen	t				
5. What is the applicar	nt's attitude toward authority?	Excellent Good	Average	Poor	
6. What is the applicar	nt's general outlook on life?	Positive Pos/Neg Neg/	Pos Nega	tive	
7. Does the applicant	work well with others? Yes	No			
If no, please co	omment				
8. Are you aware of ar	ny unbiblical sexual tendency in t	the applicant? Yes	No		
If yes, please of	comment				
9. What is the applicar	nt's work ethic? Dependable	Undependable			
10. How would you rate	e the applicant's standards for C	hristian living? Good	Average	Poor	
11. How may we conta	ct you if we have questions?				
Phone:					
Email:					
Position or occ	cupation:				
Address					
Signature:			Date		
(Турі	ng your name on the signature li	ne holds same authorizati	on as your writ	ten signature)	
Mail this reference to:	CYIA Registrar 4215 W Mount Hope Hwy Lansing MI 48917 fax to: 517.322.0060				

OR go https://forms.gle/21r6uEB6SKo3NCGB8 to fill out this form online.

scan and email to: cyiacefmi4301@gmail.com

Due Date: May 15, 2021