

CHRIST UMC FORM FOR REFERENCE CHECK

Applicant name:		_
Reference name:		
Reference address:		
Reference phone:		
What is your relationship to the a	ipplicant?	
2. How long have you known the ap	oplicant?	
3. How well do you know the applic	ant?	
4. How would you describe the app	licant?	
5. How would you describe the app	licant's ability to re	late to children and/or youth?
6. How would you describe the app	licant's ability to re	late to adults?
7.How would you describe the appl	icant's leadership a	abilities?
8. How would you feel about having and/or youth?	g the applicant as a	a volunteer worker with your child
9. Do you know of any characteristi work with children and/or youth?		atively affect the applicant's ability to ribe.
10.Do you have any knowledge that please describe.	nt the applicant has	s ever been convicted of a crime? If so,
11. Please list any other comments	you would like to r	make:
Reference inquiry completed by:	ignature	 Date
<u> </u>	19.14(4) 0	Date