Gospel Encounter

Personal Reference Form

Applicant's Information:

Legal Name (Printed):_____ City:_____
Address:_____ State:_____ Zip Code:_____
Phone Number:_____

The following section is to be filled out by the applicant's friend (not a relative):

1. How long have you known the applicant?_____
   _____
   _____

2. How well do you know the applicant? (Circle one)
   Very well
   Well
   Casually
   Somewhat
3. To what extent is the applicant involved in your church? (Circle one)
   No involvement
   Somewhat involved
   Deeply involved
4. In your opinion, is the applicant a committed Christian?

5. Do you believe the applicant has the fitness and aptitude for a missional internship?

On a scale from 1-10, (1 being the worst, 10 being the best) rate each aptitude.

- Mental ability ____
- Initiative ____
- Emotional stability ____
- Integrity ____
- Leadership ____
- Concern for others ____
- Ability to accept criticism ____
- Cooperation ____
- Attitude towards authority ____
- Reliability ____
- Teachability ____
- Christian life ____

Please circle which recommendation you would give the applicant:

Highly recommend

Recommend with reservations

No recommendation

6. Additional comments:

_____

_____

_____

Information:

Legal Name:_____

Address:_____

State:_____ City:_____ Zip Code:_____

Email:_____

By signing this document, you are verifying that the above information is accurate.

Signature:_____ Date:_____

Please email or mail this form to:

Gospel Encounter

2901 Veterans Memorial Dr.

Mt. Vernon, IL 62864

Email: info@gospelencounter.com