

Referral Form #1

Applicant's Information

Name: _____
First *Last*

I, _____ hereby waive the right to review the
applicant print name contents of this referral form after it is
completed by the referee.

_____/_____/_____
applicant's signature *date*

THE FOLLOWING IS TO BE COMPLETED BY THE REFEREE ONLY

The applicant is applying to do a GAP Year through the Regional Youth Program Office. While it should be an excellent opportunity for growth and for service, it will also be a very demanding and stretching experience. Participants will serve in a wide variety of capacities, leading small groups, giving presentations, office work, planning retreats, staffing mission trips to name a few. Please fill out the following recommendation to the best of your ability.

Please return this referral form to the Kairos Office.

2505 Woodruff, Apt. #3
Lansing, Michigan 48912

Phone (517) 484 9565

Referee's Information

Name: _____ Email Address: _____

Permanent Address: _____

Work Phone: _____ Home Phone: _____ Cell: _____

If needed, I can be contacted at: Work Home Cell

I am: 21-24 25-29 30-34 35 or older

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How familiar are you with the field of Christian youth work and with the work of the Sword of the Spirit?

Using the scales below please evaluate the applicant in the following:

The applicant possesses the ability to follow through with responsibilities and commitments.

Almost Always Frequently Sometimes Rarely Never

The applicant possesses the ability to lead peers.

Almost Always Frequently Sometimes Rarely Never

The applicant possesses the ability to follow peer leadership.

Almost Always Frequently Sometimes Rarely Never

The applicant possesses the ability to listen to opinions contrary to their own.

Almost Always Frequently Sometimes Rarely Never

The applicant exhibits responsible behavior, including punctuality, dependability, and self control.

Almost Always Frequently Sometimes Rarely Never

The applicant possesses a cooperative, friendly, courteous disposition.

Almost Always Frequently Sometimes Rarely Never

The applicant possesses the respect of his/her peers.

Almost Always Frequently Sometimes Rarely Never

	Excellent	Good	Average	Below Average
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the above qualities, please comment on one of the applicant's strengths and one area in need of improvement.

1. To your knowledge has the applicant been chemically dependent? Yes No Unknown
2. To your knowledge has the applicant ever been convicted of a felony offense? Yes No Unknown
3. To your knowledge has the applicant every been charged with and found to have committed harassment, sexual abuse or exploitation? Yes No Unknown
4. Do you know of any reason why this person should not work with young people? Yes No Unknown

If you have answered **Yes** to any of the previous four questions please detail below.

Please also take the opportunity to include any additional information you believe we should know and take into consideration when reviewing this application.

Signature

____/____/____
Date

Any additional input on what would be a good service package for the applicant?

Referral Form #2

Applicant's Information

Name: _____
First Last

I, _____ hereby waive the right to review the
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completed by the referee.

_____/_____/_____
applicant's signature date

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Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the above qualities, please comment on one of the applicant's strengths and one area in need of improvement.

5. To your knowledge has the applicant been chemically dependent? Yes No Unknown
6. To your knowledge has the applicant ever been convicted of a felony offense? Yes No Unknown
7. To your knowledge has the applicant every been charged with and found to have committed harassment, sexual abuse or exploitation? Yes No Unknown
8. Do you know of any reason why this person should not work with young people? Yes No Unknown

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____/____/____
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