

Mature Christian Reference

—LEADER—

This section is to be completed by the applicant (please print):

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Mobile Phone: () _____

E-mail Address: _____

This section is to be completed by the person who is referring the leader:

A note from AIM:

The above-named person is applying to help lead a short-term missions trip through the Assemblies of God Ambassadors in Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your answers will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check one)
 not very well casually well very well

3. Do you believe the applicant is a committed Christian? Yes No

4. To what extent is the applicant involved in church?
 no involvement slightly involved involved very involved

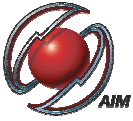
5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes No If yes, please explain. _____

8. Do you know of any reason why the applicant wouldn't be suitable to lead on an AIM trip?
 Yes No If yes, please explain. _____

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?
 Yes No If yes, please explain. _____



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(continued)

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude towards authority					
Other:					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: () _____

Your Reference Information

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Job/Title: _____ Date: _____

Your Name (please print)

Your Signature