

Mature Christian Reference

—STUDENT—

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 student:

A note from AIM:

The above-named person is applying for 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

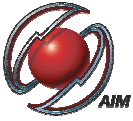
4. To what extent is the applicant involved in church?
 no involvement slightly involved involved very involved

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 participate on an AIM trip?
 Yes No If yes, please explain. _____



Mature Christian Reference

(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: _____

Contact Information

Your Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ E-mail: _____

Your Signature

Date