



3490 Lexington Ave. N.
 St. Paul, MN 55126
 651-287-9688
 FAX 651-287-9689
 1-800-659-6884
 www.youthencounter.org

REFERENCE FORM

All information supplied by you in this reference questionnaire will be held confidential, accessible only to the interviewing staff and team supervisors. Please return this referral form directly to Youth Encounter after completion.

Youth Encounter is an international ministry organization. Team members work closely both with young people in a ministerial environment, and with their teammates. Due to the nature of our work, a careful assessment of this applicant's strengths and weaknesses is critical to the application process. Thank you for the valuable role you are playing in this process!

Applicant's Information (to be completed by the Applicant)

Name _____ Home Phone (____) _____
 Current Address _____ Work Phone (____) _____
 City/State/Zip _____ E-mail _____

I hereby waive the right to review the contents of this referral form after it is completed.

 Applicant's Signature

 Date

Reference's Information (to be completed by the Reference)

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone (____) _____ Work (____) _____ If needed, I may be contacted at: home work either

E-mail _____ I am presently (circle one): Under 20 21 - 34 35+ years of age.

How familiar are you with Youth Encounter's Team ministry program?

No familiarity Basic familiarity Somewhat familiar Very familiar

What is your relationship to the applicant? Please check all that apply:

Teacher/Professor Youth Minister/DCE Employer/Supervisor Pastor

Peer Other _____

How well do you know the applicant? Very well Well Not well Very little

How long have you known the applicant? _____

Do you know of any reason why this person would not serve well as a Youth Encounter Ministry Team member? Yes No Unknown

Is there any indication the applicant possesses an unrealistic appraisal of what is involved in ministry? Yes No Unknown

Is there any indication the applicant's decision to join Youth Encounter has been significantly influenced by a desire to avoid personal, family or vocational situations? Yes No Unknown

Is there any indication the applicant's decision to join Youth Encounter has been significantly influenced by an unhealthy dependence on Youth Encounter itself? Yes No Unknown

To your knowledge, has the applicant ever been chemically dependent? Yes No Unknown

To your knowledge, has the applicant ever been charged with and/or found to have committed sexual harassment, sexual abuse, or sexual exploitation? Yes No Unknown

In the event that you have answered "yes" to any of the above questions, please elaborate in detail on separate paper.

Please rate the applicant's skill level in the following areas, using the scale below:

0 = unknown 1 = very low 2 = low 3 = average 4 = high 5 = very high

- | | |
|---|---|
| _____ Maturity | _____ Ability to relate to authority |
| _____ Flexibility/Adaptability | _____ Ability to relate to youth |
| _____ Organizational and administrative ability | _____ Ability to relate to peers |
| _____ Ability to share faith with others | _____ Tolerance for ambiguity |
| _____ Ability to express feelings | _____ Tolerance for differences in people |
| _____ Curiosity | _____ Empathy |
| _____ Open-mindedness | _____ Ability to handle failure |
| _____ Self-reliance | _____ Ability to laugh at self |
| _____ Self-awareness | _____ Ability to live and work in community |
| _____ Creativity | _____ Ability to initiate conversation |
| _____ Communication skills | _____ Ability to handle conflict |
| _____ Sense of humor | _____ Motivation |
| _____ Common sense | _____ Perceptiveness |

Is the applicant's character such that he/she would be a desirable role model for youth? Yes No Unknown
Please explain:

What do you see as the applicant's greatest gifts?

What do you see as the applicant's areas of weakness? Have you seen any growth in these areas? Please explain.

What have you witnessed of the applicant's faith journey?

Please evaluate the applicant's personal relationships with peers/co-workers.

How does the applicant respond to supervisors/peers in directive roles?

Please take this as an opportunity to include any additional information you believe we should know and take into consideration when making an acceptance decision.

Please check one:

- I strongly recommend the applicant.
- I recommend the applicant.
- I recommend the applicant with reservations. Please explain: _____
- I do not recommend the applicant for this ministry.
- I do not recommend the applicant for this year's Ministry Teams, but recommend for the future.

Signed: _____ Date: _____

THANK YOU!

I would like to receive the @youthencounter e-mail newsletter