



NY DISTRICT ASSEMBLIES OF GOD
NON-CHURCH
REFERENCE FORM



Outpost# _____

'Sec. _____

To be completed by an employer, an educator, or a friend. The applicant should choose the one of the three persons who knows them best and who is not a relative.

I _____ (staff applicant) am applying to serve on staff as a New York District Royal Rangers Leader. The New York District cannot process my application any further until this reference, fully completed and signed, is received by the District Office designee listed below. I have carefully read this entire form and authorize the release of any/all information requested herein to the New York District Assemblies of God to be deemed confidential between you and the district.

Applicant's signature _____ *date* _____

We would appreciate your complete and confidential answers to the following questions:

1. How long have you been acquainted with the applicant and in what relationship? _____

2. Would you recommend the applicant, without reservation, to be used in Royal Ranger events? Yes No . If no, please explain on the reverse side or on a separate sheet.
3. What leadership abilities has she/he evidenced? _____
4. What special talents has she/he shown? _____
5. State briefly your opinion of the applicant's dedication to Christ: _____
6. How would you rate the applicant's Christian standards? above average ; average ; below average .
7. Do you have any reasons to believe the applicant uses illegal drugs, alcohol, or tobacco? Yes No
8. To your knowledge, does the applicant have any emotional, mental, or physical handicaps that would hinder their effectiveness? Yes No If the answer is yes, please explain on a separate sheet or reverse side.
9. To your knowledge, has the applicant ever been charged with, convicted of, or pled guilty to a criminal offense (excluding minor traffic violations)? Yes No If please explain the nature of the offense. _____

10. Please list the various ministries or activities in which the applicant has been involved and indicate the approximate length of time. _____

Please check the column, which would best describe the applicant:

	<i>EXCELLENT</i>	<i>GOOD</i>	<i>FAIR</i>	<i>POOR</i>
Spiritual depth and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to the respective department's activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Over)

Great reliance is placed on the representation of each applicant's employer, educator, or friend that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. The EMPLOYER, EDUCATOR, or FRIEND must complete the following certification.

I am personally acquainted with the applicant, and in my opinion, he or 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 or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event and to work with minors in any situation.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: () _____ evening: () _____

Legible signature

check one: *employer* *educator* *friend*

print name

address

, NY

city, state, zip

/ /

date

() -

daytime phone #

() -

evening phone #

Please return this form to;
YOUR LOCAL CHURCH SCREENER