

Applicant Name: _____

CABC Mission Trip: Applicant Reference Form

Reference Name _____

Reference Phone _____

Reference Email _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please place an X in the box below that best represents the applicant's abilities.

	Never	Seldom	Sometimes	Often	Always	Unknown
Communicates well verbally						
Is adaptable/flexible						
Demonstrates a positive attitude						
Is dependable and conscientious						
Works well with others						
Is open and personable						

How have you seen this applicant grow in their faith throughout the last year?

How can this applicant be a productive member of a Missions Team?

What is your overall evaluation of the applicant? (Circle one)

Strongly Recommend Recommend Recommend with Reservations Not Recommended

Please return form to: College Acres Baptist Church, ATT: MET, 702 Eastwood Road, Wilmington, NC 28403

OFFICE USE ONLY: Date received _____