



Intern Confidential Reference

TO APPLICANT: Give a copy of this form to three individuals, at least one must be a pastor, who knows you personally. Ask the reference to complete this form and mail or fax it directly, as soon as possible to: Cross-Walk Ministries, 27990 269th Avenue, Holcombe, Wisconsin 54745 Fax: 715-595-4364 Questions? Please call 715-595-6110 or 877-221-1912

TO REFERENCE: This applicant is seeking to serve as an intern for a 10 month period. The internship will involve administrative work, taking classes, ministry promotion at churches and other events, working with and ministering to teenagers, etc. Stamina and the ability to work as part of a team are essential. Based on this information and your knowledge of the applicant, please provide your opinions in answering the questions below. (Note: All references must be received and reviewed by Cross-Walk Ministries before approval of the applicant.)

Applicant's Name _____

Your Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Your Occupation _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. In your opinion, how does the applicant handle stress or frustration? _____

4. Rate the applicant's degree of self-motivation on a scale from 1 to 5. (Circle one)

(Must be prompted) 1 2 3 4 5 (If told once, never needs to be checked up on)

5. On a scale of 1-5 (5 outstanding) how would you rate the applicant?

Attendance _____ Initiative _____ Team Work _____ Productivity _____

Creativity _____ Communication _____ Reliability _____ People Skills _____

If given a 3 or below, please state why...

6. Would you choose the applicant to serve in the following areas?

- As a role model for Christian youth? YES _____ NO _____
- Works well with others for an extended period of time under challenging circumstances? YES _____ NO _____
- Goes the extra mile in getting the job done? YES _____ NO _____

7. Are you aware of any convictions or law violations (except minor traffic violations) that this person has? YES _____ NO _____ If YES, please give details:

8. Please list anything that you think we should be aware of regarding this individual.

_____	_____
<i>Signature of Reference</i>	<i>Date</i>