

**Pastoral Reference**

**Applicant:**

Please complete the top section of this form and ask your pastor or campus ministry leader to complete the reference section. If there is a question as to whether the reference is appropriate, please email [teamsandinterns@childvoiceintl.org](mailto:teamsandinterns@childvoiceintl.org) to confirm.

Please ask the reference to return the form to you in a sealed envelope signed over the flap or email a signed scanned copy to [teamsandinterns@childvoiceintl.org](mailto:teamsandinterns@childvoiceintl.org) to confirm.

One pastoral reference must be submitted to complete the application.

**Applicant Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have the legal right to access this reference. Please check the correct box and sign below.

□ I waive my right to access this recommendation.

□ I do not waive my right to access this recommendation

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference:**

The ChildVoice internship program provides an opportunity for students to serve and learn from war-torn communities. To succeed the applicant must have a high degree of academic and personal motivation. He/She must also be flexible and demonstrate an ability to work with people of different social, religious, and cultural backgrounds in a respectful manner. With these challenges the applicant’s ability to contribute to a healthy team environment is critical. Therefore we greatly encourage your candid review of the applicant so that we are able to best provide an enriching and positive experience.

The student’s application will not be reviewed until this form is received; therefore, we kindly request that this form be submitted in a timely manner.

**Reference Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necessary, may we contact you with further questions regarding the applicant?

\_\_\_Yes \_\_\_ No

**Applicant’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long and in what capacity have you known the applicant?

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In comparison with other’s of equal position you have known, please rate the applicant on the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Poor | Unknown |
| Writing Ability |  |  |  |  |  |
| Oral Expression |  |  |  |  |  |
| Academic Initiative |  |  |  |  |  |
| Works well with Peers |  |  |  |  |  |
| Responds well to Instruction |  |  |  |  |  |
| Respectful of Differing Opinions |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Flexibility |  |  |  |  |  |
| Good Judgement |  |  |  |  |  |
| Handles Stress Effectively |  |  |  |  |  |
| Copes with Ambiguous/ Uncomfortable Situations Effectively |  |  |  |  |  |

I would enjoy having the applicant participate in a group of which I was responsible.

\_\_\_ Yes \_\_\_ No

What are the applicant’s strengths? In what ways do their strengths positively or negatively impact team members?

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What are the applicant’s limitations? In what ways do their limitations positively or negatively

impact team members?

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Please describe the applicant’s response when receiving constructive criticism either from an authority figure or from a team member.

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What causes the applicant to experience stress? How does the applicant deal with stress?

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Additional comments you believe to be helpful in making an informed review of the applicant are welcomed.

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□ I, without any reservation, strongly recommend the applicant.

□ I recommend the applicant.

□ I, with some reservation, recommend the applicant.

□ I do not recommend the applicant.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time and honest review of the applicant.