

Beyond Borders International

COLLEAGUE, PROFESSOR, OR FRIEND REFERENCE FORM

Please answer all of the questions on all 3 pages. This reference form is confidential, and we will not share the information given by you with the applicant. Do a **"Save As"** to download the form to your computer. After filling out this form, **Save** it and press the Print Form button above to print a copy for yourself. Then email this form as an attachment to: mail@beyondbordersinternational.com or mail directly to Beyond Borders International, P.O. Box 185, Downers Grove, IL 60517. If you have any questions, contact us at 1-630-460-4402.

APPLICANT INFORMATION

What is the name of the **applicant** for which you are providing this reference?

First Name

Last Name

COLLEAGUE, PROFESSOR, OR FRIEND INFORMATION

First Name

Last Name

Position/Title

Your Address

State/Province/Region

City

Country

Zip/Postal Code

Phone Number (###-###-####)

Email Address

Employer

Work Phone (###-###-####)

REFERENCE

How long have you known the applicant? (mo or yrs)

What is your relationship with the applicant (Colleague, Professor, or Friend).

In what context do you know the applicant? (Work, School, Personal Friend)

To your knowledge, has the applicant made a true commitment to Jesus Christ?

Yes No Not sure

How well do you know the applicant?

- Only by name
- Casual - few personal contacts
- Fairly well - numerous personal contacts
- Very close relationship

To your knowledge what is the applicant's level of involvement in church?

- Attends irregularly, shows little interest
- Attends regularly, but not involved
- Enthusiastic, high level of involvement
- Not sure

What do you consider to be the applicant's strong points? (Include positive personal traits.)

What do you consider to be the applicant's weak points? (Include negative personal traits.)

Please rate the skills of the applicant in all the following areas:

	Not Observed or N/A	Below Average	Average	Above Average	Excellent
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian Commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross Cultural Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity & Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PAST HISTORY & PERSONAL INFORMATION

Please select the term(s) which best describe the applicant's attitude in general.

- | | |
|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Warm hearted | <input type="checkbox"/> Relational |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Cynical | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Contemptuous | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Compassionate |

What kind of influence does this applicant have on his/her peers?

- Positive influence
- Neutral influence
- Negative influence
- Not sure

Does this applicant have any personality traits which would impair his or her relationship with others? If so, please list the trait(s).

To your knowledge, does this applicant smoke, drink alcohol in excess, use illegal drugs, and/or participate in other activities that would compromise his/her Christian character? If not, type no. If yes, please comment.

Any additional comments? (Optional)

By checking this box and submitting this form, you are declaring that all of the information supplied in this reference is accurate and truthful.

I agree. Date (Mo/Dy/Yr)