



Date: _____

**CHICO FIRST ASSEMBLY
ADRENALINE STUDENT CULTURE**
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Chico, CA 95926
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**PASTORAL Reference
Confidential**

To be filled out by your pastor or youth pastor, and mailed directly to EXCELERATE INTERNSHIP. The length of the relationship with the applicant should exceed one year.

Applicant's Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Instructions: Each applicant for admissions to EXCELERATE INTERNSHIP must submit recommendations. Serious consideration will be given to the following comments; **therefore it is necessary that the following questions are returned directly to EXCELERATE INTERNSHIP.** The following comments will be held in confidence. The applicant cannot be considered until all reference forms are received, therefore your speedy completion of this form would greatly appreciated.

Please mark the answer, that most applies to the applicant named above.

	Excellent	Good	Fair	Poor
Mental Ability	[]	[]	[]	[]
Personal Motivation	[]	[]	[]	[]
Industry/Achievement	[]	[]	[]	[]
Maturity	[]	[]	[]	[]
Disposition	[]	[]	[]	[]
Appearance	[]	[]	[]	[]
Personal Devotions	[]	[]	[]	[]
Church Attendance/Involvement	[]	[]	[]	[]
Spiritual Growth Observed	[]	[]	[]	[]
Self-Image	[]	[]	[]	[]
Emotional Stability	[]	[]	[]	[]
Coping With Personal Problems	[]	[]	[]	[]
Response to Pressure	[]	[]	[]	[]
Reliability/Faithfulness	[]	[]	[]	[]
Financial Responsibility	[]	[]	[]	[]
Honesty	[]	[]	[]	[]
Openness	[]	[]	[]	[]
Moral Standards	[]	[]	[]	[]
Positive Attitudes	[]	[]	[]	[]

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Grateful Spirit	[]	[]	[]	[]
Enthusiasm	[]	[]	[]	[]
Judgment/Common Sense	[]	[]	[]	[]
Creativity	[]	[]	[]	[]
Adaptability/Flexibility	[]	[]	[]	[]
Teamwork/Cooperation	[]	[]	[]	[]
Servanthood	[]	[]	[]	[]
Follows Instructions	[]	[]	[]	[]
Teachable	[]	[]	[]	[]
Liked by Others	[]	[]	[]	[]
Concern for Others	[]	[]	[]	[]
Can Express Feelings	[]	[]	[]	[]
Communication Skills	[]	[]	[]	[]
Ability to Motivate/Organize/Train Others	[]	[]	[]	[]
Ability to Plan/Set Goals	[]	[]	[]	[]
Self-Discipline	[]	[]	[]	[]
Physical Condition/Health	[]	[]	[]	[]

In your opinion this applicant's Christian witness is which of the following?

- Mature Contagious Genuine and Growing
 Over-emotional Superficial Other:

What character strengths or weakness would you like to comment on?

Does this applicant have any persistent habits that you feel would restrict him or her from fitting into a fairly intensive program?

Would you recommend this applicant for acceptance to the EXCELERATE INTERNSHIP at this time?

- Yes No
 Hesitant, Why? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Church and Denomination: _____

Position in church, if any: _____

Relationship to the applicant: _____

Date: _____

Length of relationship with applicant: _____

Any additional comments can be made on a separate sheet of paper.

Signature

Date