

# PASTOR'S REFERENCE FORM

for applicants to the One Year Internship program



**Strictly Confidential**

*Please complete and mail immediately*

\_\_\_\_\_ has applied for acceptance into our One Year Internship Program. Your frank evaluation of the personality and character of this applicant will aid us greatly in the selection of the best possible representatives for this program. Information contained herein will be kept confidential. If further space is needed for comments, feel free to attach an additional sheet of paper.

1. How long have you known the applicant?  
\_\_\_\_\_
2. How well do you know the applicant? Please circle response on a scale of 1--10 with 10 being highest.  
1    2    3    4    5    6    7    8    9    10
3. What are the applicant's strong points? (consider character and spiritual life, if known)  
\_\_\_\_\_  
\_\_\_\_\_
4. What are some areas in which the applicant could improve? \_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant willing to accept direction? \_\_\_\_\_
6. How would you describe this student's potential to lead his/her peers?  
Please circle response on a scale of 1--10 with 10 being highest.  
1    2    3    4    5    6    7    8    9    10
7. In what ways has this student initiated leadership? \_\_\_\_\_  
\_\_\_\_\_
8. Does the applicant have any disabilities or handicaps which would hinder his/her service? \_\_\_\_\_ If so, please specify. \_\_\_\_\_
9. How well do you know the applicant's parents?  
Please circle response on a scale of 1--10 with 10 being highest.  
1    2    3    4    5    6    7    8    9    10
10. To the best of your knowledge, please describe the relationship between the applicant and the applicant's father:  
\_\_\_\_\_  
How active is the applicant's father in your church?  
 Does not attend                       Inconsistent attender                       Attends fairly often  
 Attends regularly                       Participates in Church Activities                       Involved in church leadership
11. To the best of your knowledge, please describe the relationship between the applicant and the applicant's mother:  
\_\_\_\_\_  
How active is the applicant's mother in your church?  
 Does not attend                       Inconsistent attender                       Attends fairly often  
 Attends regularly                       Participates in Church Activities                       Involved in church leadership
12. Are you aware of any family &/or personal information regarding the applicant of which the Urban Hope Training Coordinator should be aware before this student ministers with a team?  
 No                       Yes                       I will call you so I can give information directly.
13. Do you know of any problem with relationships with others? \_\_\_\_\_ If so, please specify. \_\_\_\_\_
14. This applicant must raise his/her own support. Please specify any problems which would hinder his/her doing this. \_\_\_\_\_
15. Which attitude would best describe the applicant?  
 optimistic (positive)                       passive (unresponsive)                       pessimistic (negative)
16. Specify any habits of improper behavior with the opposite sex. \_\_\_\_\_

17. Please mark an X in the appropriate space that is the closest to a just evaluation of this person.

Qualities	Superior	Above Average	Average	Below Average	Inferior	No Chance to Observe
Cooperation						
Leadership						
Appearance (dress, cleanliness, etc.)						
Honesty						
Reliability						
Initiative						
Respect for authority						
Consistency of temperament						
Teamwork						
Artistic ability						
Dedication						
Consistency of Christian Life						

18. Please complete this section if you are familiar with the applicant's spiritual life.

- a. Has the applicant received Christ as Savior? Please share any details you know about the applicant's salvation testimony. \_\_\_\_\_
- b. Do you feel the applicant would present a positive testimony? \_\_\_\_\_
- c. How would you describe the applicant's spiritual maturity? \_\_\_\_\_
- d. Does the applicant have any habits of conduct that would hinder their Christian testimony? \_\_\_\_\_  
If so, please specify. \_\_\_\_\_
- e. In what type of ministry has the applicant participated? \_\_\_\_\_

Additional Comments:

SIGNATURE \_\_\_\_\_

Print name \_\_\_\_\_

**PLEASE NOTE:** Because of the importance we place on references, we cannot make a decision on this person's application until all reference forms have been returned. Please fax or mail A.S.A.P.

Urban Hope Training Center • 210 E. Tioga St. • Philadelphia, PA 19134  
 phone (215) 423-8047 ♦ fax (215) 259-3420 ♦ e mail Jason@urbanhope.net

# Adult Friend Reference Form

for applicants to the One Year Internship program



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\_\_\_\_\_ has applied for acceptance into our One Year Internship program. Your frank evaluation of the personality and character of this applicant will aid us greatly in the selection of the best possible representatives for this program. Information contained herein will be kept confidential. If further space is needed for comments, feel free to attach an additional sheet of paper.

1. How long have you known the applicant?  
\_\_\_\_\_
2. How well do you know the applicant? Please circle response on a scale of 1--10 with 10 being highest.  
1      2      3      4      5      6      7      8      9      10
3. What are the applicant's strong points? (consider character and spiritual life, if known)  
\_\_\_\_\_  
\_\_\_\_\_
4. What are some areas in which the applicant could improve? \_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant willing to accept direction? \_\_\_\_\_
6. How would you describe this student's potential to lead his/her peers?  
Please circle response on a scale of 1--10 with 10 being highest.  
1      2      3      4      5      6      7      8      9      10
7. In what ways has this student initiated leadership? \_\_\_\_\_  
\_\_\_\_\_
8. Does the applicant have any disabilities or handicaps which would hinder his/her service? \_\_\_\_\_ If so, please specify. \_\_\_\_\_
9. How well do you know the applicant's parents?  
Please circle response on a scale of 1--10 with 10 being highest.  
1      2      3      4      5      6      7      8      9      10
10. To the best of your knowledge, please describe the relationship between the applicant and the applicant's father:  
\_\_\_\_\_
11. To the best of your knowledge, please describe the relationship between the applicant and the applicant's mother: \_\_\_\_\_
12. Are you aware of any family &/or personal information regarding the applicant of which the Urban Hope Training Coordinator should be aware before this student ministers with a team?  
 No       Yes       I will call you so I can give information directly.
13. Do you know of any problem with relationships with others? \_\_\_\_\_ If so, please specify. \_\_\_\_\_
14. This applicant must raise his/her own support. Please specify any problems which would hinder his/her doing this. \_\_\_\_\_
15. Which attitude would best describe the applicant?  
 optimistic (positive)       passive (unresponsive)       pessimistic (negative)
16. Specify any habits of improper behavior with the opposite sex. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please mark an X in the appropriate space that is the closest to a just evaluation of this person.

Qualities	Superior	Above Average	Average	Below Average	Inferior	No Chance to Observe
Cooperation						
Leadership						
Appearance (dress, cleanliness, etc.)						
Honesty						
Reliability						
Initiative						
Respect for authority						
Consistency of temperament						
Teamwork						
Artistic ability						
Dedication						
Consistency of Christian Life						

18. Please complete this section if you are familiar with the applicant's spiritual life.

a. Has the applicant received Christ as Savior? Please share any details you know about the applicant's salvation testimony. \_\_\_\_\_

d. Do you feel the applicant would present a positive testimony? \_\_\_\_\_

e. How would you describe the applicant's spiritual maturity? \_\_\_\_\_

d. Does the applicant have any habits of conduct that would hinder their Christian testimony? \_\_\_\_\_  
If so, please specify. \_\_\_\_\_

e. In what type of ministry has the applicant participated? \_\_\_\_\_

Additional Comments:

**SIGNATURE** \_\_\_\_\_

Print name \_\_\_\_\_

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# Final Church Approval



(May be filled out by the Senior Pastor, Elder Board,  
CE or Missions Commission, etc.)  
For Urban Hope Training Center's  
**One Year Internship Program**

## Confidential

**Note: This form must be received at Urban Hope Training Center before the applicant will be considered.**

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Person completing the form: \_\_\_\_\_

1. Does this person have a good testimony before his peers and leaders of the church?

Yes  No

Please explain: \_\_\_\_\_

2. Would this individual participate in the with the approval and prayer support of your congregation?

Yes  No

Please explain: \_\_\_\_\_

3. What degree of success would you predict for this person on? Please keep in mind that the applicant must be a consistent Christian, be able to make friends easily, adjust to various circumstances, eat what is set before him, be of consistent temperament, etc. (*Check the appropriate box*):

Excellent  Very Good  Good  Satisfactory  Questionable

Please explain: \_\_\_\_\_

4. What, if any, financial support do you anticipate will be underwritten by your church?

Please explain: \_\_\_\_\_

**The following committee members give approval to this applicant:**

\_\_\_\_\_  
\_\_\_\_\_

**Sign as Applicable:**

\_\_\_\_\_  
Senior Pastor's signature

\_\_\_\_\_  
Missions Chairman's signature

Phone \_\_\_\_\_ Date \_\_\_\_\_

Your address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I would like to give further input by phone. I will contact Urban Hope (please speak to Jason Holt).

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please return this form to:

Urban Hope Training Center ♦ 210 E. Tioga St. ♦ Philadelphia, PA 19134 ♦

(215)423-8047

Fax (215) 259-3420 ♦ Jason@urbanhope.net

# Professor/Teacher Reference Form

for applicants to the One Year Internship program



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2. How well do you know the applicant? Please circle response on a scale of 1--10 with 10 being highest.  
1    2    3    4    5    6    7    8    9    10
3. What are the applicant's strong points? (consider character and spiritual life, if known)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are some areas in which the applicant could improve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant willing to accept direction? \_\_\_\_\_
6. How would you describe this student's potential to lead his/her peers?  
Please circle response on a scale of 1--10 with 10 being highest.  
1    2    3    4    5    6    7    8    9    10
7. In what ways has this student initiated leadership? \_\_\_\_\_  
\_\_\_\_\_
8. Does the applicant have any disabilities or handicaps which would hinder his/her service? \_\_\_\_\_ If so, please specify. \_\_\_\_\_
9. How would you describe this student's relationship with his/her parents? \_\_\_\_\_ Do you know of any problem with relationships with others? \_\_\_\_\_ If so, please specify. \_\_\_\_\_  
\_\_\_\_\_
10. This applicant must raise his/her own support. Please specify any problems which would hinder his/her doing this.  
\_\_\_\_\_  
\_\_\_\_\_
11. Which attitude would best describe the applicant?  
 optimistic (positive) comment: \_\_\_\_\_  
 passive (unresponsive) comment: \_\_\_\_\_  
 pessimistic (negative) comment: \_\_\_\_\_
12. Specify any habits of improper behavior with the opposite sex. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please mark an X in the appropriate space that is the closest to a just evaluation of this person.

Qualities	Superior	Above Average	Average	Below Average	Inferior	No Chance to Observe
Cooperation						
Leadership						
Appearance (dress, cleanliness, etc.)						
Honesty						
Reliability						
Initiative						
Respect for authority						
Consistency of temperament						
Teamwork						
Artistic ability						
Dedication						
Consistency of Christian Life						

14. Please complete this section if you are familiar with the applicant's spiritual life.

- a. Has the applicant received Christ as Savior? Please share any details you know about the applicant's salvation testimony. \_\_\_\_\_
- f. Do you feel the applicant would present a positive testimony? \_\_\_\_\_
- g. How would you describe the applicant's spiritual maturity? \_\_\_\_\_
- d. Does the applicant have any habits of conduct that would hinder their Christian testimony? \_\_\_\_\_  
If so, please specify. \_\_\_\_\_
- e. In what type of ministry has the applicant participated? \_\_\_\_\_

Additional Comments:

SIGNATURE \_\_\_\_\_

Print name \_\_\_\_\_

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