A logo with a child's face

Description automatically generatedChild Evangelism Fellowship of MI

4215 W. Mt. Hope Hwy

Lansing, MI 48917

**Reference Form for a Minor**

517-322-0001

[capareacef@gmail.com](mailto:capareacef@gmail.com); capareacef.org

This individual has applied to *Child Evangelism Fellowship*® Child Protection policy to work in CEF ministry and has listed you as a reference. A personal recommendation gives insights that would be very helpful in determining the person’s ability to perform his/her responsibilities. Please print and be candid and objective.

You may also complete this form online at: [Reference Form for a minor | CapAreaCef](https://capareacef.org/reference-form-for-a-minor/)

Name of Applicant

Name of Reference

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In what relationship do you know the applicant?

Pastor/Spiritual Leader Non-relative adult friend

3. How well do you know the applicant? (circle one) Very Well Well Casually

4. Is there any reason known to you why the applicant should not work with children?  Yes No

If yes, please comment

5. What is the applicant’s attitude toward authority?

Excellent Good  Average Poor

6. What is the applicant’s general outlook on life?

Positive Pos/Neg  Neg/Pos Negative

7. Does the applicant work well with others? Yes No

If no, please comment

8. Are you aware of any unbiblical sexual tendency in the applicant? Yes No

If yes, please comment

9. What is the applicant’s work ethic? Dependable Undependable

10. How would you rate the applicant’s standards for Christian living?Good Average Poor

11. How may we contact you if we have questions?

Phone: Email:

Position or occupation:

Address City St Zip

Signature: Date

(Typing your name on the signature line holds same authorization as your written signature)

Mail this reference to: CEF of MI, Capital Area Chapter

4215 W. Mt. Hope Hwy

Lansing, MI 48917

Or scan and email to: capareacef@gmail.com