Child Evangelism Fellowship of MI

4215 W. Mt. Hope Hwy

Lansing, MI 48917

**Reference Form for a Minor**

517-322-0001

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