

CHILD EVANGELISM FELLOWSHIP OF MAINE®, INC.

CENTRAL MAINE CHAPTER
48 S Main St, PO Box 26
Morrill, ME 04952
(207) 342-5780

HERMON OFFICE
2806 Route 2
Hermon, ME 04401
(207) 848-7572

_____ is applying to work/train with Child Evangelism Fellowship® of Maine. Two personal references are being requested to comply with the CEF Child Protection Policy. Thank you for filling out this form and mailing it directly to CEF of Central Maine, 2806 Route 2, Hermon, Maine 04401.

REFERENCE

APPLICANT'S NAME _____

1. How long have you known the applicant? _____ 2. In what relationship? _____

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

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

If yes, please comment _____

5. How does the applicant relate to others in general? *circle one* Poor Fair Good Very Good

6. What is the applicant's attitude toward authority? *circle one* Poor Fair Good Excellent

7. What are the applicant's strong points and special abilities? _____

8. What are the applicant's weaknesses? _____

9. What is the applicant's general outlook on life? *circle one* Negative Neg/Pos Pos/Neg Positive

10. Has the applicant been active in the church? _____ If so, in what capacities? _____

11. Does the applicant work well with others? *circle one* Yes No

If no, please comment _____

12. Are you aware of any unbiblical sexual tendency in the applicant? *circle one* Yes No

If yes, please comment _____

13. What is the applicant's work ethic? *circle one* Undependable Dependable

14. How would you rate the applicant's standards of Christian living? *circle one*

Poor Fair Good Very Good Excellent

15. If you were asked to have this applicant work for you, how would you respond? _____

16. How do you rate this applicant's potential for ministry? *circle one* Average Good Superior

17. Would you recommend that we accept this applicant? *circle one* No Questionable Yes Strongly so

Signature _____ Date _____

Address _____ Phone _____

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