



REFERENCE FORM

To the applicant: Please provide information below about yourself and then give this form to your reference.

Name: _____

Address: _____

City, State, Zip: _____

This reference is from (circle one): *Spiritual authority* *Dance teacher* *Friend*

To the individual providing the reference: Thank you for taking time to evaluate the applicant as part of the application for a position in Arrows International's Levitical Trainee Program. Serious consideration will be given to your evaluation of the applicant, and we appreciate your thoughtful, detailed responses. If necessary, use a separate sheet of paper to complete your response. This reference will be kept confidential and will not be shown to the applicant. Please mail this form directly to Arrows International.

*Arrows International
P.O. Box 30101
Edmond, OK 73003*

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Occupation: _____ Age: _____

How long have you known the applicant? _____

Describe your relationship with the applicant. _____

What do you perceive to be the applicant's greatest weaknesses? _____

What do you perceive to be the applicant's greatest strengths? _____

Do you know of any incidents in which the applicant has compromised his or her Christian faith or moral integrity? If so, please explain. _____

Are you aware of any addictions in the applicant's life? _____

Please rate the applicant in the following areas. If you are unable to comment on any quality, please leave the line blank.

Servanthood	Excellent	Good	Average	Minimal	Poor
Teachability	Excellent	Good	Average	Minimal	Poor
Submission	Excellent	Good	Average	Minimal	Poor
Emotional Stability	Excellent	Good	Average	Minimal	Poor
Commitment	Excellent	Good	Average	Minimal	Poor
Self-discipline	Excellent	Good	Average	Minimal	Poor
Spiritual discipline	Excellent	Good	Average	Minimal	Poor
Response to pressure	Excellent	Good	Average	Minimal	Poor
Ability to handle stress	Excellent	Good	Average	Minimal	Poor
Honesty	Excellent	Good	Average	Minimal	Poor
Responsibility	Excellent	Good	Average	Minimal	Poor
Adaptability/Flexibility	Excellent	Good	Average	Minimal	Poor
Teamwork/Cooperation	Excellent	Good	Average	Minimal	Poor
Leadership	Excellent	Good	Average	Minimal	Poor
Self-image	Excellent	Good	Average	Minimal	Poor
Appearance (modesty)	Excellent	Good	Average	Minimal	Poor
Communication skills	Excellent	Good	Average	Minimal	Poor
Ability to receive correction	Excellent	Good	Average	Minimal	Poor
Positive attitude	Excellent	Good	Average	Minimal	Poor
Consistency	Excellent	Good	Average	Minimal	Poor

Please use the following lines to tell us anything else you think would benefit us as we consider this applicant for a place in the program. _____

May we contact you for more information? YES NO

Please circle your overall recommendation of this applicant:

Highly Recommend *Recommend* *Recommend with Reservation* *Do not Recommend*

Name (printed): _____

Signature: _____

Date (MM/DD/YYYY): _____