



Applicant:

Please complete the following section and give this form to someone who has observed your character over a reasonable period of time.

First Name Middle Name Last Name Date of Birth

Address: Number & Street Apartment/Unit

City State Zip Code

Applicant Release and Waiver Status:

I hereby waive any right to inspect the content of this reference.

Applicant's Signature _____ Date _____

To the Evaluator:

The person above is required to submit this form as part of the admissions process to the Door to Missions Internship program. We value the honest input of adults who know and are familiar with the applicant. Space is limited in our program and we cannot approve an applicant without first receiving two recommendations for each one. Please know the sooner you return this form, the sooner we can give this applicant our admissions decision. Thank you!

Please rate the applicant in each of the following areas:	Superior	Above Average	Average	Below Average	Poor
Responsibility: Can be trusted to complete assigned tasks, even challenging ones					
Compassionate: Cares well for others					
Humility: Puts others first					
Self-Controlled: Does the right thing regardless of how they feel					
Faithful: Has a desire to follow Jesus					

1. How long have you known the applicant? _____ months/years
2. Describe your relationship with the applicant _____
3. Describe the applicant's pattern of church involvement.
4. Does the applicant profess to be a Christian? __Yes __No
5. Do you observe evidence to support this profession? __Yes __No
6. Can this applicant work hard and stay focused until a task is completed? __Yes __No
7. Can this applicant survive without electronic devices but for one hour a day? __Yes __No
8. To your knowledge, has the applicant been convicted of a crime? __Yes __No
9. To your knowledge, has the applicant been investigated for or accused of sexual or physical abuse? __Yes __No
10. Please share any additional information that would be helpful for us to make a decision:

- I **recommend this individual**
 do not recommend this individual
 recommend with reservation

(Please print) First Name Last Name

Phone Email address

Address: Number & Street

City State Zip Code

Evaluator's Signature Date

Please Note: this form should be returned as soon as possible to give the applicant the best possible admissions consideration.

There are two ways to submit this form:

1. Mail to:
2. Scan and email it to:
nicole@dofa.org

Door of Faith Attn: Nicole
 PO Box 6434
 Chula Vista, CA 91909