



227 W. 9th St. Sioux Falls, SD 57104

REFERENCE FORM FOR _____

(All responses will be held in strict confidence)

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Based on your knowledge how would you best describe the applicants stand regarding their Christian faith? _____

4. Please describe how the applicant performed as a member of a team. How do they interact with others?

5. How would you evaluate the applicant's communication skills? _____

6. Please briefly describe the applicant's strengths: _____

7. Please briefly describe the applicant's limitations: _____

8. Would you have any reservation in recommending the applicant to participate at Direct Line Prayer Center? Why or why not? _____

9. Please use this space to include anything else about the applicant that may help in determining his/her qualifications. _____

Reference Signature _____ Date _____

Print Name _____

Position/Title _____ Organization/Institution _____

Phone Number _____