Applicant Name: ____________________________________________________________

Internship Desired: _______________________________________________________

Please return this form directly to:

INTERNESHIP PROGRAM

CENTRAL WESLEYAN CHURCH
446 W 40TH STREET
HOLLAND, MI 49423
616.392.7083
THANK YOU FOR YOUR TIME IN FILLING OUT THIS REFERENCE!

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. How have you seen the applicant live out his/her faith?

4. Have you seen evidence of this applicant's interest in and work with the area of ministry he/she is applying for? Please describe.

5. What do you see as some of this applicant’s greatest strengths?

6. In what area(s) would you like to see the applicant develop?
7. Feel free to write in additional comments. Please respond by scoring as follows:
1 = always, 2 = usually, 3 = sometimes, 4 = seldom, 5 = never, U = unknown.

**Emotional behavior:** Does the candidate display appropriate responses to difficult situations? Are they generally even tempered, predictable and approachable?

1 2 3 4 5 U

**Personal Maturity:** Consider the applicant’s integrity, thoughtfulness, accuracy of perception, judgment, common sense, self-awareness and weaknesses.

1 2 3 4 5 U

**Social Sensitivity:** Consider the applicant’s ability to be sensitive, understanding to others’ feelings and reactions, and ability to make effective, insightful responses.

1 2 3 4 5 U

**Motivation for Ministry:** Consider the applicant’s desire to serve Jesus Christ; his/her love for the church and grace for fellow Christians; risk-taking ability, humility and response to challenge.

1 2 3 4 5 U

Full name ____________________________________________

Date ___________ Daytime phone ________________ Evening phone ________________

Position, if working ____________________________________________

Email ____________________________________________

SUBMIT
Applicant Name: _____________________________________________________

Internship Desired: ________________________________________________

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HOLLAND, MI 49423
616.392.7083
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1. How long have you known the applicant?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. What is your relationship to the applicant?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. How have you seen this applicant’s relationship with God develop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Have you seen evidence of this applicant’s interest in and work with the area of ministry he/she is applying for? Please describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Would you describe this person as someone who desires life with God? Why or why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. In what area(s) would you like to see the applicant develop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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SUBMIT