



DRIME REFERENCE CHECK

APPLICANTS: PLEASE HAVE REFERENCE FORM FILLED OUT BY TWO SEPARATE PEOPLE (PASTOR, LEADER, TEACHER, ETC.) AND RETURNED TO DRIME.

REFERENCES: PLEASE COMPLETE AND RETURN TO DRIME C/O 7600 GLOVER ROAD, LANGLEY, BC, V2Y 1Y1 OR FAX TO (604) 888.6240.

Name of Applicant: _____ Phone: _____

Name of Reference: _____ Phone: _____

[All information will be kept in strict confidence.]

How long have you known this applicant?

What is your relationship to the applicant?

To the best of your knowledge, does the applicant have a growing, committed relationship with Christ?

Does the applicant demonstrate a heart for the lost?

Have you observed the applicant 'in practice' as an evangelist?

Is this applicant a team player? How does he/she exemplify this?

Does he/she have leadership qualities?

How would you assess their potential for significant cross-cultural service?

To the best of your knowledge, is the applicant committed and involved in his/her local church?

What are the most evident strengths of the applicant?

What are some areas of improvement?

Do you have any reason to question this person's integrity or character? If so, why?

Any additional comments?

Do you know of someone else who could help in giving additional information to us regarding the applicant?

Name: _____

Phone: _____

Relationship to applicant: _____

Would you be willing to receive a phone call regarding the applicant? _____

THANK YOU FOR YOUR ASSISTANCE!