

GENERAL REFERENCE FORM STUDENT SHORT-TERM MISSIONS

PLEASE COMPLETE THIS FORM AND RETURN IT TO: Cedar Crest Bible Fellowship Church
Development Team
1151 S. Cedar Crest Blvd
Allentown, PA 18103

Student's Name: _____

1. I know this student ___ very well ___ moderately well ___ casually
2. I have known this student for ___ yrs. ___ mo.
3. Please describe your relationship to the student.

4. Please evaluate him/her in each of the following areas by circling the number that best correlates:

	Very Good				Needs Improvement
Relationship to the Lord	5	4	3	2	1
Flexibility/Adaptability	5	4	3	2	1
Leadership Potential	5	4	3	2	1
Ability to get along with Others	5	4	3	2	1
Respect for Authority	5	4	3	2	1
Sensitivity to Others	5	4	3	2	1
Positive Attitude	5	4	3	2	1
Ability to Work Hard	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Servant's Heart & Attitude	5	4	3	2	1

5. What are the strengths of this student that might help his/her team before or during this project?

6. What are any weaknesses that might hinder his/her team before or during this project?

7. Are there any other aspects we should be aware of from your perspective?

Thank you for your valued input

Name: _____ Signature _____

Phone: _____