



# Mature Christian Reference —STUDENT—

**This section is to be completed by the applicant (please print):**

Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**This section is to be completed by the person who is referring the student:**

### **A note from AIM:**

The above-named person is applying for a short-term missions trip through the Assemblies of God Ambassadors in Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your answers will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

### **Personal Information**

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant? (please check one)  
 not very well       casually       well       very well

3. Do you believe the applicant is a committed Christian?       Yes       No

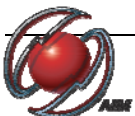
4. To what extent is the applicant involved in church?  
 no involvement       slightly involved       involved       very involved

5. What special talents has he/she shown? \_\_\_\_\_

6. What leadership abilities has he/she shown? \_\_\_\_\_

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?  Yes       No      If yes, please explain. \_\_\_\_\_

8. Do you know of any reason why the applicant wouldn't be suitable to participate on an AIM trip?  Yes       No      If yes, please explain. \_\_\_\_\_



# Mature Christian Reference

*Ambassadors in Mission (AIM)*

(continued)

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude towards authority					
Other:					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Your Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date