

REFERENCE FORM

DOVE USA Youth | EMT
Evangelistic Missions Training June, 2019

Applicant's Name _____

Name of Youth Leader/Senior Elder _____

*NOTE: PLEASE **BE HONEST!** This applicant is discerning whether participation in EMT (and perhaps a local outreach team) is the Lord's desire for him or her this summer. Would you please help in this process by **truthfully** providing the following information? If you have questions, please call 717.627.1996 or email youth@dcfi.org.*

Relationship

How long have you known the applicant? On what level do you know him/her?

Spiritual Maturity

Since you have known the applicant, have you seen growth in his/her relationship with the Lord? Please explain attitude and behavioral changes consistent with the Word of God.

Is there anything else you would like to say about the applicant's spiritual maturity? Does the applicant seek to obey God's Word and the conviction of the Holy Spirit in his/her life?

Emotional Maturity (Please indicate by circling a number - #1 is the highest maturity score)

| | | | | | | | |
|--|-------------------------|---|---|---|---|---|---------------|
| How the applicant expresses feelings, both good and bad. | <i>highest maturity</i> | 1 | 2 | 3 | 4 | 5 | <i>lowest</i> |
| How the applicant takes constructive criticism | | 1 | 2 | 3 | 4 | 5 | |
| How does he/she cooperate with others in a group/team setting? | | 1 | 2 | 3 | 4 | 5 | |

Recommendation

Do you have any reservation that the applicant attends EMT? Yes No

If yes, please explain _____

Comment on his/her strengths and weaknesses. Is there anything else you want to share about the applicant?

Signature _____

Date _____

Please return COMPLETED reference form via e-mail to youth@dcfi.org
OR via mail to DOVE EMT, 11 Toll Gate Road, Lititz, PA 17543