



Central Alberta Youth Unlimited / YFC

Central Office: 5025 50 St Lacombe, AB T4L 1X9

Phone: 403-789-CAYU (2298)

Email: info@cayu.ca

Web: www.cayu.ca

Level 3

CONFIDENTIAL VOLUNTEER REFERENCE FORM

Applicant Name: _____

TO BE COMPLETED BY REFERENCE:

Please complete and return to Central Alberta Youth Unlimited by mail to 5025-50 Street, Lacombe, AB T4L 1X9, or by e-mail to info@cayu.ca. **Do not return to applicant.**

	Superior	Above Average	Average	Below Average	No Basis for Judgment	Comments (Additional Space Below)
Kindness & generosity						
Moral integrity						
Perseverance						
Self-discipline						
Desire to serve God						
Spiritual influence on others						
Spiritual maturity						
Theological insight						
Leadership potential						
Plan & goal oriented						
Punctuality						
Self- initiative						
Wise use of time						
Working with others/ teamwork						
Teachable servant spirit						
Able to adjust to change						
Able to work through problems						
Able to handle confrontation productively						
Reputation in community						

How long, and in what capacity have you known the applicant?



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What do you consider to be the applicant's greatest strengths?

What areas of the applicant's life would you say need growth?

To your knowledge, does the applicant have a personal relationship with Christ? ☐ Yes ☐ No
If 'yes', what evidence have you seen of the applicant's spiritual maturity and relationship with Christ?

Have you had opportunity to observe the applicant work with youth? ☐ Yes ☐ No
If 'yes', please comment on the applicant's ability to build relationships, provide leadership and/ or relate to the youth they were working with.

Would you feel comfortable with this applicant caring for your own children? ☐ Yes ☐ No
Why/ Why not?

Would you recommend this applicant for volunteer Christian ministry specific to youth?
☐ Enthusiastically ☐ Fairly Strong ☐ With Reluctance
☐ Strongly ☐ Without Enthusiasm ☐ Don't Recommend

Is there anything else you feel would be valuable for us to know in relation to this applicant's ability to serve alongside the Central Alberta Youth Unlimited Team?

May we contact you if we have any further questions? ☐ Yes ☐ No

Preferred contact: ☐ Email ☐ Home Phone ☐ Cell Phone

Signature: _____ Date: _____

Name: _____ Position: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

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