Calvary Chapel Pearl Harbor Children's Ministry Reference Form

Name of Applicants		Date:				
мате от Аррисант		Da				
Name of Reference:		Phone #	E	mail:		
How long have you know this applical What is your relationship to this applic	nt? cant?					
To the best of your knowledge, would YesNo	you recommend the (please check one	• •	er with childre	en or youth?		
How would you rate applicant's ability	to work with and rela	ate to children?				
Above satisfactory	Sa	tisfactory	Below satisfactory			
Have you ever observed the applican		•				
ii so, in what capacity?						
Would you leave your own children/g	randchildren with this	person without res	ervation?			
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Would you leave your own children/gr yes no If no. Please rate this individual on the follo Dependable Honest Good Communication Skills Emotionally Mature Do you have any knowledge of this person.	randchildren with this , please explain: wing attributes, five b 5 erson having difficulty s, please explain:	eing the highest so	ervation? ore: 3	2	1	
Please rate this individual on the follo Dependable Honest Good Communication Skills Emotionally Mature Do you have any knowledge of this portion of the p	randchildren with this please explain: wing attributes, five b 5 erson having difficulty s, please explain:	eing the highest so	ervation? ore: 3	2	1	

We appreciate the time you took to fill out our questionnaire and mail or fax it back to us!

Calvary Chapel Pearl Harbor Attn: Mrs. Sherri Tomita Children's Ministry Director

94-1044 Waipio Uka St, Waipahu HI 96797

Fax: 808-678-3998 Consent to contact references is on file