CENTRAL CAROLINAS CHRYSALIS COMMUNITY

REFERENCE FORM

A pastor, youth counselor/pastor, or teacher who knows the candidate sufficiently should complete this form. This is to assist the placement of the young person in a group where he/she will benefit the most. *ALL INFORMATION IS KEPT IN STRICT CONFIDENCE.*

Please return this form in a sealed envelope at least one week before the scheduled weekend Flight to:

	Central Carolina C Attn: Registi PO Box 118 Charlotte, NC 2	rar 12		
Date of Flight	Number of Flight			
Candidate's Full Name:				
Address:	City/State/Zip:			
School:				
Church:	Phone:			
Pastor's Name:				
purpose of this form is fo juniors and seniors in hig <u>MATURITY IN RELATION</u>	riate description and commer or a church related activity and h school when you are makin SHIP TO AGE GROUP	d the design is g comments. POOR	s primarily GOOD	
EXERCISE OF LEADERSH		POOR	GOOD	EXCELLENT
COMMENTS:				
AREA OF LEADERSHIP COMMENTS:		POOR	GOOD	EXCELLENT

PEER RELATIONS

COMMENTS:

Name and Title of person comp	leting this form			
	Address			
In what capacity have you known the youth?				
How long have you known the youth?				
Do you feel there is anything in	the life of this person that will hinder the growth or			
participation in this intense weekend?				

Please supply any other information that you feel would help the team to work with and understand effectively the candidate. Comments about home life, attitude toward life, doubts, difficulties and hopes are helpful when we place him/her with adults and youth groups.

Signature_____