

CENTRAL CAROLINAS CHRYSALIS COMMUNITY

REFERENCE FORM

A pastor, youth counselor, 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 in a sealed envelope at least one week before the scheduled weekend flight.

Central Carolina Chrysalis
Attn: Registrar
P.O.BOX 19466
Charlotte NC 28219

Date of flight & number: _____
Candidate's Full Name: _____
Residence _____ School: _____
Church: _____ Phone: _____
Pastor's name: _____

Please CIRCLE the appropriate description and comment AS NECESSARY. Please, consider the purpose of this form is for a church related activity and design is primarily for sophomores, juniors and seniors in high school when you are making comments.

MATURITY IN RELATIONSHIP TO AGE GROUP POOR GOOD EXCELLENT

COMMENTS: _____

EXERCISE OF LEADERSHIP: POOR GOOD EXCELLENT

COMMENTS: _____

AREA OF LEADERSHIP:

POOR

GOOD

EXCELLENT

COMMENTS: _____

PEER RELATIONS:

POOR

GOOD

EXCELLENT

COMMENTS: _____

Name and Title of person completing this form _____

Telephone _____ 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? _____

On a separate page, please furnish 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: _____