



Presbytery of New Harmony

Nurturing Churches and People



YOUTH COUNCIL REFERENCE FORM

Please rate the applicant honestly and objectively.

Applicant's Name: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

How well do you know the applicant: ___very well ___rather well ___casually ___do not know this person

	Unreliable	Average	Above Average	Superior
Adaptability	_____	_____	_____	_____
Attitude of Cooperation	_____	_____	_____	_____
Character	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____
Health	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Patience	_____	_____	_____	_____
Self Confidence	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Integrity/Honesty	_____	_____	_____	_____
Willingness to follow rules	_____	_____	_____	_____
Christian Faith	_____	_____	_____	_____

If you would like to share additional information about the applicant's strengths, or weaknesses, please use the back of this letter.

Reference Signature _____ Date _____

Please print name here _____

Please return this form as soon as possible to the following address:

Attn: Youth Council-Presbytery of New Harmony
PO Box 4025
Florence, SC 29502