



## CONFIDENTIAL PARENTAL REFERENCE

**Applicant's Name:** \_\_\_\_\_  
**City, Province/State:** \_\_\_\_\_

**Position applied for** \_\_\_\_\_  
**Date** \_\_\_\_\_

We are striving to keep the standards of our work and workers high, accepting only those with a good Christian testimony and a desire to serve the Lord. Please answer frankly and to the best of your knowledge. All information will be kept confidential except where disclosure is required by law. Your responses to these questions may have personal, spiritual, ministry, and/or legal implications. Thank you for your assistance in accomplishing our vision and for protecting the vulnerable persons that we serve.

1. Are you in harmony with their desire to serve a term of service with us?  
\_\_\_\_\_
2. Are there any medical matters of which we should be aware?  
\_\_\_\_\_
3. Is the applicant respected in the community in which they live? \_\_\_\_\_
4. Is there any indication that their decision to enter this service has been significantly influenced by a desire to escape personal, or vocational situations?  
\_\_\_\_\_
5. Do they give evidence of genuine conversion? \_\_\_\_\_
6. Do they uphold the standards of New Testament Christian living? \_\_\_\_\_  
Conscientiously or out of obligation? \_\_\_\_\_
7. Would they be an asset to Christian service? \_\_\_\_\_
8. Do you know of anything that may disqualify them for Christian service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have they ever used drugs or alcohol? \_\_\_\_\_
10. Have they ever been involved in witchcraft or the occult? \_\_\_\_\_
11. Have they been known to use pornography? \_\_\_\_\_ If so, what action was taken?  
\_\_\_\_\_
12. Do you know if they have attempted or actually abused or sexually molested a minor?  
\_\_\_\_\_
13. Are they able to maintain healthy friendships with those of the same sex?  
\_\_\_\_\_
14. Do they maintain appropriate boundaries with members of the opposite sex?  
\_\_\_\_\_



**Communication**

Communicates clearly and discreetly  
Healthy in normal conversation  
Unhealthy voice (too loud, too quiet)

**Personal appearance**

Preoccupied with looks  
Attentive to personal appearance  
Careless about appearance

17. Indicate if they are prone to any of these negative behaviours:

- |               |             |           |
|---------------|-------------|-----------|
| Impatient     | Depressed   | Anxious   |
| Intolerant    | Embarrassed | Nervous   |
| Domineering   | Offended    | Shallow   |
| Sullen        | Discouraged | Exclusive |
| Prejudiced    | Irritated   | Moody     |
| Argumentative | Critical    |           |

Other:

\_\_\_\_\_

\_\_\_\_\_

18. List what you see as their three greatest strengths and weaknesses.

**Strengths**

**Weaknesses**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What type of work do you think would best suit them?

\_\_\_\_\_

20. Further comments and concerns

\_\_\_\_\_  
\_\_\_\_\_

This reference has been completed by:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number: \_\_\_\_\_

Please return this form to:

Northern Youth Programs  
Attn: Human Resources  
Email: personnel@nyp.ca  
Fax: 1.807.937.5524

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