



CONFIDENTIAL PARENTAL REFERENCE

Applicant's Name: _____
City, Province/State: _____

Position applied for _____
Date _____

Parents' Information

Name _____
Email address _____ **Phone** _____

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. Thank you for your time.

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 narcotics? _____
10. Have they been involved in the occult? _____
11. Have they been known to use pornography? _____ If so, when was it talked about?

12. Are they able to maintain healthy friendships with those of the same sex.
13. Are they discreet in conduct with 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

16. 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:

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

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____

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

19. Further comments and concerns

This reference has been completed by:

Signature _____

Printed name _____

Physical Address _____

Please return this form to:

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

By Mail in US
PO Box 171, International Falls, MN 56649

By Mail in Canada
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