

Atlantic District Youth On Mission

Pastor's Form

ATLANTIC DISTRICT YOUTH ON MISSION TRIP

Pastoral Reference (*Confidential*)

Applicant's name:

Pastor:

Phone:

Address:

The young person who has given you this reference form is applying for involvement in the Atlantic Youth On Mission. Your prompt reply is deeply appreciated and will be held in strictest confidence.

Please evaluate the applicant in the following areas:

	Top 10%	Average	Above Average	Below Average	Inadequate Opportunity To Observe
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Personal motivation	_____	_____	_____	_____	_____
Spiritual development	_____	_____	_____	_____	_____
Church faithfulness	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____

How long have you known this applicant?

Would you recommend this individual for **Youth On Mission**?

If not, please explain. Continue on a separate piece of paper if necessary.

Signature of Pastor: _____

Date: _____

Important: In order for the applicant to be considered, this completed form *must* be returned by

Please mail to: **Youth On Mission**
Stanley O'Donnell
33 Manor Rd.
St. George, NB
E5C 3N6