

This form is not to be copied or retained by local church

CLERGY WORKER REFERENCE FORM

TO BE COMPLETED BY THE DISTRICT SUPERINTENDENT FOR CLERGY OR FAMILY OF CLERGY
KANSAS EAST CONFERENCE OF THE UNITED METHODIST CHURCH

The clergy person (or family of clergy) named below has applied to work with children, youth and/or adults with developmental disabilities at Kansas East conference, district or local church events/programs. Each applicant must have two references, one from a person who has known them for two years and is not a relative (Form D-1), and the other reference must be from the District Superintendent in the District in which they serve (Form D-3). Please complete this form as it relates to this individual, their character, and their qualifications to work in such settings.

APPLICANT NAME _____ **DATE** _____

How long have you known the applicant? _____ In what capacity? _____

Would you affirm this person as a volunteer with children, youth, and/or adults with developmental disabilities?

_____ With no reservations _____ With some reservation _____ No, not at all

Please explain (use back of sheet if necessary) _____

RATE THE APPLICANT IN THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
PERSONAL HABITS					
CHARACTER					
MORAL					
ATTITUDE					
COMPASSION FOR THOSE IN NEED					
RESPONSIBLE TO COMPLETE COMMITMENTS					
EMOTIONAL STABILITY					
CHRISTIAN MATURITY					
ABILITY TO RELATE TO YOUTH (12 to 18 yrs. old)					
ABILITY TO RELATE TO CHILDREN (under 12 yrs. old)					
RECEPTIVITY TO CONSTRUCTIVE CRITICISM					
HEALTH					

Please Print

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Please be aware that the candidate for certification has the right upon request to review their file.

Please return the completed form to

Sexual Ethics Implementation Committee, Kansas East Conference Office
P.O. Box 4187, Topeka, KS 66604-0187