Child Evangelism Fellowship of MI

4301 W. Mt. Hope Hwy

Lansing, MI 48917

**Reference Form**

517-322-2193

This individual has applied to *Child Evangelism Fellowship*® as a summer worker and has chosen you as a reference. A personal recommendation gives insights that would be very helpful in determining the person’s ability to perform his/her responsibilities. Please print and be candid and objective. You may fill out this form online at cyiami.com.

[Forms - Gravity Forms ‹ CHRISTIAN YOUTH IN ACTION OF MICHIGAN — WordPress (cyiami.com)](https://cyiami.com/wp-admin/admin.php?page=gf_edit_forms&id=6)

**Please return this form by May 15, 2025**

Name of Applicant

Name of Reference

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In what relationship do you know the applicant?

 [ ] Pastor/Spiritual Leader [ ] Non-relative adult friend

3. How well do you know the applicant? (circle one) [ ] Very Well [ ] Well [ ] Casually

4. Is there any reason known to you why the applicant should not work with children? [ ]  Yes [ ] No

If yes, please comment

5. What is the applicant’s attitude toward authority?

[ ] Excellent [ ] Good [ ]  Average [ ] Poor

6. What is the applicant’s general outlook on life?

 [ ] Positive [ ] Pos/Neg [ ]  Neg/Pos [ ] Negative

7. Does the applicant work well with others? [ ] Yes [ ] No

If no, please comment

8. Are you aware of any unbiblical sexual tendency in the applicant? [ ] Yes [ ] No

If yes, please comment

9. What is the applicant’s work ethic? [ ] Dependable [ ] Undependable

10. How would you rate the applicant’s standards for Christian living?[ ] Good [ ] Average [ ] Poor

11. How may we contact you if we have questions?

Phone: Email:

Position or occupation:

Address City St Zip

Signature: Date

(Typing your name on the signature line holds same authorization as your written signature)

Mail this reference to: CYIA Registrar, 4301 W Mount Hope Hwy, Lansing MI 48917

Email to: cyiacefmi4301@gmail.com