

**Orcutt Presbyterian Church**  
**CONFIDENTIAL REFERENCE FORM**  
**For Short-Term Missions Applicant**

**Name of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Short Term Mission to:** \_\_\_\_\_

**Name of person submitted to:** \_\_\_\_\_

This confidential reference form is submitted to you in behalf of the above named applicant. He/she is applying to participate on a Short-term Mission trip. Your cooperation in carefully completing this form is greatly appreciated.

1. How long have you know the applicant?  
And in what capacity?  
(Teacher, employer, neighbor, youth leader, pastor, other) / *(not current team leader, not just a friend)*
2. To your knowledge, does this person live a consistent Christian life? Please comment:
3. To your knowledge, does the applicant have any physical ailment or condition that could hinder full participation in a heavy schedule of activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:
4. Please describe an area in which the applicant needs encouragement for growth.

For the following questions, please evaluate this person on a scale of 1-10. (1 is lowest, 6 is average, and 10 is excellent)

5. Your impression that the applicant would be an asset to an overseas ministry effort ..... \_\_\_\_\_
6. Clean and neat in appearance ..... \_\_\_\_\_
7. Conduct with the opposite sex ..... \_\_\_\_\_
8. Diligence in assignments ..... \_\_\_\_\_
9. Works well with others ..... \_\_\_\_\_
- 10 Honesty in communication ..... \_\_\_\_\_
- 11 Common sense judgment ..... \_\_\_\_\_
12. Controls their emotions ..... \_\_\_\_\_
13. Ability to lead others ..... \_\_\_\_\_
14. Willingness to submit to leadership ..... \_\_\_\_\_
15. Follow through with responsibility ..... \_\_\_\_\_
16. Usually follows instructions ..... \_\_\_\_\_
17. Mature enough to stay away from home for an extended length of time in another country ..... \_\_\_\_\_
18. A majority of peers would endorse this applicant ..... \_\_\_\_\_
19. Applicant's general health ..... \_\_\_\_\_

NOTE: Please provide any other comments on the back of this form, if any.

**Signature:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Please mail or FAX this form directly to:**  
Shawn O'Brien, Youth Director, OPC, 993 Patterson Road, Santa Maria, CA, 93455  
(805) 937-4974 FAX: (805) 937-9525 E-Mail: [shawn.opc@verizon.net](mailto:shawn.opc@verizon.net)