

## MISSION OF HOPE INTERN PROGRAM

## MINISTER REFERENCE SURVEY

## **PROSPECTIVE INTERN**

intern?

Yes

No

The prospective intern named above has applied for a Program and has given your name as a reference.	admission to the Mission of Hope Internship
Please fill out the following reference form to the best <a href="mailto:line">Internships@mohhaiti.org</a> or mail to: Mission of Hope, P.O. Box 60004 Fort Myers, FL 3390	, , , , , , , , , , , , , , , , , , ,
If you have any questions please call: (239) 791-812	5
How long have you known the applicant?	How would you describe your relationship to the applicant?
To your knowledge, in the past 3 years has the indivi-	dual used drugs illegally?
Please comment on the applicant's personal relations	hip with Jesus Christ.
Please comment on the applicant's home life.	
Please comment on the applicant's strengths and wea	aknesses.
Do you know of anything which might hinder the app	licant from making satisfactory progress as ar

If yes, explain:						
Would you hire this applican						
Please rate the following in r			F :	6	N. I. K	
Moral Character	Excellent	Good	Fair	Poor	Not Known	
Personal Appearance						
Emotional Stability						
Initiative						
Acceptance by Others						
Concern for Others						
Attitude Towards Authority						
Church Involvement						
Financial Responsibility						
Do you recommend applicant as a candidate for this internship program?						
Your name:		Job	Title:			
Church:		Posi	tion:			
Address:		Phor	ne Number:			
City:		Stat	e: Zip (	Code:		

According to PL 39-380, the Family rights and Privacy Act of 1974, the information contained in this
reference questionnaire must be shared with the intern upon request. However, the applicant may, at
his/her discretion, voluntarily waive the right of access to the information by signing the following
statement.

Waiver of Rights: I hereby waive my right of access to all information contained in this referen	ice
questionnaire with the understanding that it will be used only for the purpose of evaluating my	/
application for admission to the Mission of Hope Internship Program.	

Signature:	Date: