

MISSION OF HOPE INTERN PROGRAM

PERSONAL REFERENCE SURVEY

PROSPECTIVE INTERN

The prospective intern named above has applied for admission to the Mission of Hope Internship Program and has given your name as a reference.

Please fill out the following reference form to the best of your knowledge and e-mail to:

Internships@mohhaiti.org or mail to:

Mission of Hope, P.O. Box 171500, Austin, TX 78717

If you have any questions please call: (512) 256-0835

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 individual used drugs illegally?

☐ Yes ☐ No

Please comment on the applicant's personal relationship with Jesus Christ.

Please comment on the applicant's home life.

Please comment on the applicant's strengths and weaknesses.

Do you know of anything which might hinder the applicant from making satisfactory progress as an intern?

☐ Yes ☐ No

If yes, explain:

Would you hire this applicant? Why or why not?

Please rate the following in regards to the applicant:

	Excellent	Good	Fair	Poor	Not Known
Moral Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance by Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Towards Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you recommend applicant as a candidate for this internship program?

Your name:

Job Title:

Church:

Position:

Address:

Phone Number:

City:

State:

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 reference 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: