The following person desires to volunteer as a Hope and Grace Enter Servant Leader First and Last Name. to either minister to those in the church and community who seek help with an untimely pregnancy or who struggle over a past abortion and to provide support and resources through the church and community; or to help equip the church to respond proactively and redemptively to those in these areas of crisis. We will appreciate you taking the time to fill this out and return it to the address at the bottom of the form.

|  |  |  |
| --- | --- | --- |
| Volunteer: Name | Volunteer Phone | Volunteer Email  |
| You: Your Name | Your Phone | Your Email |

How long have you known the applicant? Choose an item.

How well do you know the applicant? Choose an item.

Please check the appropriate rating to indicate your opinion of the applicant.

|  |  |
| --- | --- |
| **Characteristic** | **Options** |
| Emotional Maturity | Choose an item. |
| Spiritual Maturity | Choose an item. |
| Communication Skills | Choose an item. |
| Listening Skills | Choose an item. |
| Compassion for Individuals | Choose an item. |
| Ability to Keep Confidences | Choose an item. |
| Dedication/ Commitment | Choose an item. |
| Kindness | Choose an item. |
| Humility | Choose an item. |
| Sees a Task Through | Choose an item. |
| Ability to Accept Criticism | Choose an item. |
| Teachability | Choose an item. |
| Dependability | Choose an item. |
| Patience | Choose an item. |
| Initiative | Choose an item. |
| Grooming/ Appropriate Dress | Choose an item. |

Please comment on the applicant's gifts and desire to minister. Click or tap here to enter text.

Please comment on the applicant's commitment to Christ and his or her lifestyle. Click or tap here to enter text.

What do you feel are the applicant's greatest strengths? Click or tap here to enter text.

What do you feel are the applicant's areas of weakness? Click or tap here to enter text.

Do you have any further comments regarding the applicant's potential as a volunteer? Click or tap here to enter text.

Please initial one of the following:

Initials This applicant receives my highest recommendation.

Initials I recommend this applicant with confidence.

Initials I recommend this applicant with some reservations.

Initials I would not recommend this applicant to volunteer at the Pregnancy Resource Center.

Click or tap here to enter text. Date: Click or tap to enter a date.

Typed Name will suffice as Signature

If you are a pastor or church leader, please give your title and name of church.

Click or tap here to enter text.

*Thank you so much for taking the time to fill out this reference form!.* *Please “SAVE AS,” adding Applicant’s initials to the title and return as soon as possible to* instructor@HopeandGraceAcacemy.org*.*