

## **Application for the Campus Minister in Training Internship Bellingham, WA**

*Dear Applicant,*

We're glad you're applying for our Campus Minister in Training Program! Before filling out the application, we want to communicate a few details about the application process itself.

Applications are due **January 21, 2011**. We graciously ask that, upon applying, you be 100% sure you will do the internship if accepted, because we will make decisions based on that assumption. Interviews will be conducted during the month of February. Notification of your acceptance status will be at the beginning of March. For now, mark your calendar for Internship Orientation (Orientation to spring/summer fund-raising and studies) on **Saturday, March 5, 2011**, all day (time and place TBA).

**You do not need to mail your application to the national office.** Applications are to be handed to a UCM staff person or mailed directly to the UCM office (address below), including reference forms. The UCM administrator will then mail it to the National XA office for you. ***Please attach a picture of yourself to the application.***

**UCM**

**1400 Larrabee Ave**

**Bellingham, WA 98225**

Please note that, if accepted, we ask that you not start a dating relationship from the point of acceptance in March 2011 until the completion of the internship in June 2012. We also ask that you not fund-raise for a mission trip or any other missions endeavor during the spring or summer before your internship, to allow you to focus all fund-raising efforts on the internship alone.

If you have any questions, please e-mail Jessica at [jessica@ccfministry.com](mailto:jessica@ccfministry.com).

*Blessings,*

*The UCM Staff*

## CMIT application checklist

Please make sure you have all of the following documents when sending in your Campus Missionary-In-Training application:

- \$30.00 Application processing fee
- Completed spouse application (if applicable)
- Christian conciliation form with 2 witness signatures and addresses
- Copy of your driver's license and social security card
- Copy of your spouse's driver's license and social security card (if applicable)
- Completed background and consent form with 5 years of residency listed



**CHI ALPHA CAMPUS MINISTRIES**

1445 Boonville Ave  
 Springfield, MO 65802-0204  
 (417) 862-2781 Ext 1422  
 (417) 865-9947—Fax  
 CHIALPHA @AG.ORG

**CAMPUS MISSIONARY-IN-TRAINING APPLICATION**

**Very important!**  
 A \$30 application processing fee must be sent in with the application.  
 Applications without the processing fee or photo will not be processed.

Please attach recent photo.  
  
 Application will not be accepted without photo.

**Instructions:** Please type or print clearly. If sufficient room is not available to respond to any question, please state your response on a separate sheet of paper. Completely type the question and your response. If you are married or engaged, your *spouse or fiancé is to complete Section II and Assemblies of God US Missions Spouse Background Investigation Consent form.*

*Please send us a copy of your social security card and driver's license, applications will not be accepted without both documentations.*

**I. Personal Information**

Date Available to Begin CMIT \_\_\_\_\_ Date Completed \_\_\_\_\_

A. Full Name (first/middle/last) \_\_\_\_\_

B. Nickname/Preferred Name \_\_\_\_\_ Sex  Male  Female

C. Present Address \_\_\_\_\_

D. City/State/Zip \_\_\_\_\_

E. Permanent Address (if different from present) \_\_\_\_\_

F. City/State/Zip \_\_\_\_\_

G. Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

H. E-mail \_\_\_\_\_

I. Birth Date (month/day/year) \_\_\_\_\_ Age \_\_\_\_\_

J. City, County, State of Birth \_\_\_\_\_

K. Country of Citizenship \_\_\_\_\_ If you have a green card, what type? \_\_\_\_\_

L. Social Security Number \_\_\_\_\_

M. Languages Spoken (primary and secondary) \_\_\_\_\_

N. Marital Status (at the time you may be interviewed)  Single  Engaged  Married  
Provide information if you have ever been  Separated  Divorced  Widowed

\_\_\_\_\_

\_\_\_\_\_

O. Wedding Anniversary (month/day/year) \_\_\_\_\_

P. List your unmarried children, age 22 or younger, still living at home. List their full name, birth date, social security number, and gender. If you are expecting, please note the due date.

Name	Birth date	SSN	Gender
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Spouse or Fiancé of CMIT Applicant** (Section II only for spouse or fiancé)

A. Full Name (first/middle/last) \_\_\_\_\_

B. Nickname/Preferred Name \_\_\_\_\_

C. Birth Date (month/day/year) \_\_\_\_\_ Age \_\_\_\_\_

D. Social Security Number \_\_\_\_\_

E. City, County, State of Birth \_\_\_\_\_

F. Country of Citizenship \_\_\_\_\_ If you have a green card, what type? \_\_\_\_\_

G. Marital Status (at the time you may be interviewed)  Single  Engaged  Married  
Provide information if you have ever been  Separated  Divorced  Widowed

\_\_\_\_\_

\_\_\_\_\_

H. Languages Spoken (primary and secondary) \_\_\_\_\_

I. College Attended, Degree, and Graduation Date \_\_\_\_\_

\_\_\_\_\_

J. Present Occupation \_\_\_\_\_

K. Parents' Name and Address \_\_\_\_\_

\_\_\_\_\_

L. What are your feelings about and commitment to university ministry? Be specific. \_\_\_\_\_

\_\_\_\_\_

M. Is there any reason/concern, that you are aware of, that might make it unwise for you and/or your spouse/fiancé to participate in next year's CMIT program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

N. Please describe the level of maturity and stability in your marriage. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Family Background of CMIT Applicant**

A. Name of Parents \_\_\_\_\_

B. Address \_\_\_\_\_

C. City/State/Zip \_\_\_\_\_

D. Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

E. Parent's Church Membership \_\_\_\_\_ Are they Christians?  Yes  No

**If you do not want your parents contacted in the event of an emergency, check here.**

F. Names and Ages of Brothers/Sisters \_\_\_\_\_

\_\_\_\_\_

**IV. Ministry/Ministerial Background**

A. Do you currently hold ministerial credentials with the Assemblies of God?  Yes  No

What date and where did you receive your credentials?

Certified Minister      Date \_\_\_\_\_ District \_\_\_\_\_

Ministerial License      Date \_\_\_\_\_ District \_\_\_\_\_

Ordination      Date \_\_\_\_\_ District \_\_\_\_\_

If you don not have credentials, would you be willing to apply?  Yes  No

B. Which district presently holds your ministerial credentials? \_\_\_\_\_

C. What biblical and theological education have you had to date? \_\_\_\_\_

\_\_\_\_\_

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D. What has been the nature of your involvement in secular campus ministry? Include ministry names and locations and describe tasks and responsibilities specifically.

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E. Outside of campus ministry, what other ministry/leadership responsibilities have you had? Provide tasks, dates, places, and responsibilities.

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F. Have you ever attended:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Student Activist Leadership Training (SALT)?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student Institute of Campus Ministry (SICM)                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Campus Ministers Conference (CMC)                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reach the University Institute (RUI – formerly ICM)?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reach the University Institute-Church Track (formerly ICM-CS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

G. Have you read the national five-fold Chi Alpha Mission Statement?  Yes  No

H. Do you fully subscribe to the national Chi Alpha Mission Statement?  Yes  No

**V. Religious Background**

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A. Describe when (date) and where you were converted to Christ. \_\_\_\_\_

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B. Have you received the baptism in the Holy Spirit?  Yes  No

When, where, and how did you know you had received the baptism in the Holy Spirit? \_\_\_\_\_

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C. Have you been baptized in water?  Yes  No

**VI. Education**

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A. High School \_\_\_\_\_

City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

B. College/University(ies) \_\_\_\_\_

City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degrees/Diplomas \_\_\_\_\_

GPA from College/University \_\_\_\_\_

C. Why did you select the degree you chose for your undergraduate studies? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. List special awards and/or areas of academic excellence. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **VII. Personal Studies**

A. Describe your normal devotional life. What is the normal content and format of these times? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What method of Bible study are you using? \_\_\_\_\_

\_\_\_\_\_

B. What books and/or periodicals have you read during the past year that have impressed you?

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

Title/Author: \_\_\_\_\_

C. Please note any biblical books from the Old and New Testament that you have not read or feel you have very little grasp of their basic contents. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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D. Please indicate your beliefs in regard to the following theological issues (provide scripture references):

*Salvation*

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*Healing*

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*Speaking in Other Tongues (Acts 2:4)*

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*Money and Material Blessings*

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*The Second Coming of Christ*

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**VIII. Occupational Background**

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A. Provide a history of places, dates, and types of employment you have held.

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B. Present Occupation/Employment and Dates \_\_\_\_\_

C. Have you ever been discharged or asked to resign from any employment or ministry position? Explain.

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**IX. Character/Relational**

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A. List any serious illnesses, emotional difficulties, learning disabilities, problems of substance abuse, or special diets you, your spouse, or your children have now or have had in the past.

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B. How many close, personal friends do you have presently? List by first names. \_\_\_\_\_

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How do you share the Lord together? \_\_\_\_\_

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C. Briefly describe how you respond emotionally to stress, time pressures, and expectation others may place on you. \_\_\_\_\_

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D. How do you express anger? \_\_\_\_\_

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E. Have you ever been convicted of a crime? If yes, please describe. \_\_\_\_\_

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F. Is your sexual orientation heterosexual, homosexual, or bisexual? \_\_\_\_\_

G. Describe your primary strengths of character. Answer fully. \_\_\_\_\_

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- H. Please complete the chart below by rating yourself in each category. Use the following key:
- 1 – Almost never true (less than 15% of the time)      3 – Repeatedly true (more than 50% of the time)  
 2 – Irregularly true (less than 50% of the time)      4 – Almost always true (more than 85% of the time)

QUALITIES	1	2	3	4
<b>Calling and Commitment to Missions</b>				
I am motivated to be a campus missionary				
I have a long-term commitment to campus missions				
<b>Spiritual</b>				
I have a consistent devotional life				
I am a person of godly morals				
I operate in the spiritual gifts				
I evidence spiritual fruit				
<b>Personal Character</b>				
I am a person of integrity				
I am a person of self-discipline				
I am a person who can be trusted				
I am a person who lives under authority				
People eagerly follow my leadership				
I am a person of self-initiative				
I am innovative and creative				
I take necessary risks				
I am able to stand on my own				
<b>Marriage and Family (if married)</b>				
I am supportive and respectful of my spouse				
I am a good, open communicator with my spouse				
I work to resolve conflicts in a healthy manner				
I balance family and work priorities well				
<b>Physical and Mental Health</b>				
I am a person of energy				
I manage stress well				
I show no signs of abusive behavior				
<b>Interpersonal Skills</b>				
I am a team player and network with others easily				
I am sensitive to the ideas and feelings of others				
I have good communication skills				
I am an open, transparent person				
I have a warm, non-critical sense of humor				

**X. Campus Ministry**

- A. Do you feel called to full-time campus ministry? Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- B. Do Christian friends, who know you well, affirm this calling or question it? Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- C. How do your parents view your intentions to become a CMIT? Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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D. Are you an active member of a local church in your community?  Yes  No

What church? \_\_\_\_\_

In what ways do you serve this church? \_\_\_\_\_

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E. Are you willing to make a 9-month commitment to a CMIT program with possible additional preparatory studies?  Yes  No

F. What do you hope to gain from your CMIT experience? Please be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. What are your plans immediately following the CMIT program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. What would you do next year if you were not accepted as a nationally approved CMIT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. How would you provide for your financial needs for your CMIT program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. Do you have a home church willing to help you financially?  Yes  No

K. Do you have debts?  Yes  No  
If yes, list the total amount, what they are (i.e. school loan, credit card), and how will you handle them.

\_\_\_\_\_

\_\_\_\_\_

L. What do you think you need specifically to occur in your life before you are able to be a career campus minister/missionary? Answer fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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M. Are you currently involved in evangelist outreach? What is the nature of this outreach and how consistent are you? \_\_\_\_\_

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N. How many non-Christians do you have as on-going friends? Provide their first names. \_\_\_\_\_

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**XI. Emergency Contact Names**

A. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

B. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

**XII. References for CMIT Applicants**

Three *Character Reference* forms have been provided with this application. Please have your campus missionary/minister (or home church pastor if you have no campus missionary/minister) fill out one. Select another persona who knows you well who has a position of ministry leadership (could include student discipling leader.) Lastly, have an employer fill out a reference form. *They are to fill these out privately and send to the national office under separate cover. Provide them with a stamped, addressed envelope.*

A. Campus Missionary/Minister

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Position and/or Relationship \_\_\_\_\_

B. Other Ministry Leader

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Position and/or Relationship \_\_\_\_\_

C. Employer

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Position and/or Relationship \_\_\_\_\_

**XIII. CMIT Policies: Be sure to read carefully!**

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- A. Upon receiving approval as a national Campus Missionary-in-Training, the CMIT is required to pay a \$100.00 CMIT fee to the national Chi Alpha office. You will be notified how to pay this fee upon approval.
- B. A CMIT is approved nationally and accepted locally. Once you have received national approval through this application process, the national office will contact the local CMIT programs of your choice to gain your acceptance into their program. With this application you will find a list of the CMIT programs for the next school year. Please prioritize these programs (1 being first choice) and the national office will inquire in this order. Every local CMIT program maintains the prerogative to accept or not accept any nationally approved CMIT.
- C. A nationally approved CMIT should attend the Reach the U Institute (RUI) **prior** to their CMIT program experience. RUI serves as an orientation and preparation for the CMIT program experience. Every CMIT with a national CMIT financial account **must** attend RUI prior to their CMIT program experience.
- D. CMIT programs prioritized, see XIII, B above (list at least three, no more than six.)
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  - 6. \_\_\_\_\_

**XIV. Personal Biographical Sketch**

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A. Please include with this application a typed, personal biographical sketch of 300-500 words outlining the general nature of your personality type and background. Include the primary formative events of your life.

**XV. CMIT Agreement and Authorization**

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**General Council of the Assemblies of God, US Missions  
Chi Alpha Campus Ministries Department  
CMIT Agreement and Authorization**

In making this application, I recognize the national US Missions (AGUSM) of the General Council of the Assemblies of God, to be the agency designated to appoint Campus Missionaries-in-Training (CMIT).

I agree to abide by the agency’s decisions, and if approved, to cooperate fully with US Missions in carrying out its policies and programs. I will submit reports as required by US Missions and complete forms with relevant information. I will support the AGUSM morally, spiritually, and financially in accordance with policy. I will also recognize that AGUSM, which has the responsibility to grant CMIT approval, has the right to withdraw that approval. Should I prove by temperament, disposition, attitude, doctrine, practice, or other reason to be unsuited for Assemblies of God CMIT approval, and should US Missions decide that my approval be terminated, I agree to abide by AGUSM’s decision.

I realize that as a CMIT, funds raised by me through monthly pledges and offerings are the property of US Missions of the General Council of the Assemblies of God. As a CMIT, I am entitled to a monthly personal allowance as established by the US Missions policy and as designated moneys from donors are sufficient for such allowance. This allowance is evaluated by AGUSM on a regular basis and adjusted as considered appropriate.

Any funds received into my account by the General Council or received by me during deputational work, in excess of my personal allowance, will be available to me only as work (ministry) funds, not as personal income. I will report the use of these work funds to AGUSM on a monthly ministry report.

Should my approval as a CMIT be canceled at my option or by US Missions, all funds remaining in my missionary account are the property of US Missions to use at their discretion, exclusive of any personal allowance to which I may be entitled. If there is a deficit in my account, I will reimburse AGUSM for that amount as soon as possible.

**Authorization**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for missionary work. In consideration of the receipt and evaluation of this application by Assemblies of God US Missions, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse of Applicant

# ASSEMBLIES OF GOD US MISSIONS

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ hereby authorize Assemblies of God US Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for US Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God US Missions.

I release Assemblies of God US Missions and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_ Full Name (Printed)

\_\_\_\_\_ Maiden Name or Other Names Used

\_\_\_\_\_ Date of Birth      \_\_\_\_\_ Social Security Number      \_\_\_\_\_ Driver's License Number      \_\_\_\_\_ State of License

Please list below all residences where you have lived in the past **5 years**. If necessary, use an attached sheet to complete this request.

Current Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Years of residence: \_\_\_\_\_

Previous Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Years of residence: \_\_\_\_\_

Previous Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Years of residence: \_\_\_\_\_

Previous Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Years of residence: \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

# ASSEMBLIES OF GOD US MISSIONS

## SPOUSE BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ hereby authorize Assemblies of God US Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for US Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God US Missions.

I release Assemblies of God US Missions and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Spouses Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

Please list below all residences where you have lived in the past **5 years**. If necessary, use an attached sheet to complete this request.

Current Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of residence: \_\_\_\_\_

Previous Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of residence: \_\_\_\_\_

Previous Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of residence: \_\_\_\_\_

Previous Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of residence: \_\_\_\_\_

\_\_\_\_\_  
Spouses Signature

\_\_\_\_\_  
Date





ASSEMBLIES OF GOD US MISSIONS  
CHRISTIAN CONCILIATION AND ARBITRATION  
AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolved their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18: 15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at [www.HisPeace.org](http://www.HisPeace.org)). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

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Signature

Date

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Spouse Signature

Date

Witness: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



**CAMPUS MISSIONARY-IN-TRAINING  
CMIT**

CHARACTER REFERENCE

**APPLICANT:** Please print your name:

Name of applicant \_\_\_\_\_

I willingly waive my right to see this recommendation. \_\_\_\_\_

Signature

**RESPONDER:** The above named applicant is applying for a Campus Missionary-in-Training internship program with our national college ministry. Your frank evaluation of the person named will be appreciated.

1. In what capacity and for how long have you known the applicant?

2. How would you rate the applicant in the following qualities using the following key to evaluate:  
1 = No Observation 2 = Below Average 3 = Average 4 = Very Good 5 = Exceptional

	1	2	3	4	5	Comments
Intellectual ability						
Reasoning ability to evaluate data and make sound judgments						
Creative ability to respond to new ideas						
Willingness to accept criticism						
Verbal communication skills						
Written communication skills						
Work habits, prompt, thorough						
Personal maturity						
Emotional stability						
Leadership potential						
Attitude towards hard work						

	1	2	3	4	5	Comments
Ability to get along with others						
Attitude towards authority						
Moral integrity						
Self-initiating/self-motivating						

3. Please state below your estimation of the applicant's capacity and motivation for vocational ministry leadership. Comment on the applicant's moral character, relational skills, work habits, and personal values as they pertain to developing leadership qualities.

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4.  I recommend this applicant to this internship training experience.  
 I do not recommend this applicant to this internship training experience.  
 I recommend with this reservation: \_\_\_\_\_

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Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your help.  
Please return to:

Chi Alpha Campus Ministries  
1445 Boonville Avenue  
Springfield, MO 65802  
417.862.2781 ext. 1425  
Fax 417.865.9947