

**InterVarsity Staff / Pastor Reference**

**Confidential Reference Form**

Applicant, complete the box below before sending to reference:

|  |
| --- |
|  |
| NAME OF APPLICANT |
| Please send this completed reference form to:  **Email**: [employment@intervarsity.org](mailto:employment@intervarsity.org) (preferred)  **or**  **Postal Mail**: InterVarsity Human Resources  635 Science Drive  Madison, WI 53711 |
| POSITION APPLYING FOR |
|  |
| NAME OF REFERENCE |
|  |
| DATE |
|  |
| PLEASE SEND TO HR BY |

Dear Reference,

Thank you for taking time to complete this reference form. We take your comments very seriously as we interview prospective staff members. In addition, your comments will assist in providing the best supervision for this person, if she or he is hired.

How to respond:

* Please do not answer any questions unless you have personal data from which to draw. Your prompt response will be greatly appreciated. We will need all references in order to make our hiring decision.
* Please complete this reference form, being sure that the form notes the applicant's name and is the appropriate form for you. Then send the form to the address above.

InterVarsity Christian Fellowship Fellowship/USA is an **evangelical** campus **mission** serving more than 35,000 **students** and faculty on more than 560 college and university campuses nationwide. Incorporated in 1941, InterVarsity has a rich **tradition** of campus **witness**, thoughtful **discipleship,** and a **concern** for **world missions.** InterVarsity’s National Office (also known as the National Service Center) is located in Madison, WI. Go to [www.intervarsity.org](http://www.intervarsity.org) for more information.

1. How long have you known the applicant?

1. What is your relationship to the applicant?

1. Using numbers 1, 2 and 3, please note below the applicant's three strongest areas. Using numbers 5 and 6 note his/her two weakest areas.

|  |  |
| --- | --- |
|  | 1. Knows self well |
|  | 1. Is supportive of others |
|  | 1. Is cool under pressure |
|  | 1. Can function in a job where there is more to do than time to do it |
|  | 1. Can structure his or her own time with minimal daily supervision |
|  | 1. Is a self-starter / takes initiative |
|  | 1. Has considerable drive / is goal-oriented |
|  | 1. Is quickly at home with new people |
|  | 1. Is effective at oral communication |
|  | 1. Exercises leadership |
|  | 1. Can work with a diversity of people |
|  | 1. Works best in a team context |
|  | 1. Is adept at problem-solving |

1. Please comment on any personal characteristic(s) listed above in order to help us know the applicant better.

1. Would you assess the applicant as stronger in developing / coordinating programs or working directly with people? Please illustrate.

1. Would you assess the applicant as stronger with groups or one-to-one? Please illustrate.

1. What spiritual gifts can you affirm in the applicant? Please note the context where gifts were exercised.

1. What impresses you most about the applicant's spiritual life?

1. What spiritual disciplines does the applicant practice?

1. Where have you seen the applicant engaged in ministry or leadership? With what degree of fruitfulness?

RECOMMENDATIONS

1. In your opinion does this person's character meet the biblical norms for leadership? Please state any reservations.

1. Would you recommend this applicant?

|  |  |  |
| --- | --- | --- |
| Yes, with enthusiasm | | Yes |
| Uncertain | | No |
| Any reservations? |  | |

1. Is there any further information that would be valuable in our assessment of this applicant?

**Please enter your contact information below.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FULL NAME |  | | ZIP CODE | |  | | DATE |  |
| PHONE NUMBER | |  | | EMAIL ADDRESS | |  | | |

**Please list one other person you would deem qualified to appraise the applicant.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FULL NAME |  | | | ZIP CODE | |  | | DATE |  |
| RELATIONSHIP TO APPLICANT | | |  | | | | | | |
| PHONE NUMBER | |  | | | EMAIL ADDRESS | |  | | |