

IMPACT Training Program Application

REFERENCE FORM

This reference form may be completed by a friend, hope group leader \ coach, or zone pastor – so long as this person has known you as a follower of Jesus for **at least 1 year.**

I, _____, have applied to be a student in the IMPACT Training Program at Hope in the City.

I have referred you to the Hope for the Nations leadership for information concerning my character and fitness for this school. Please provide honest, straightforward answers, evaluating both my assets and liabilities, and to make a fair appraisal of my qualifications. Your prompt cooperation in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence.

Reference's Name _____ **Phone** (____) _____

How long have you known the applicant? _____ years _____ months

In what relationship? _____

How well would you say you know the applicant?

Very well Well Average Not Very Well Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant.

If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the D-School has been significantly influenced by:

A. A desire to escape personal, family or vocational situations? **Yes or No**

B. An unrealistic appraisal of what is involved in following Jesus? **Yes or No**

If yes, please explain: _____

2. Does the applicant have the ability to make decisions and follow through on them? **Yes or No**

If no, please explain _____

3. How does the applicant respond to authority? _____

4. Can the applicant take responsibility and demonstrate leadership? Please give examples.

5. Comment on the applicant's:

A. Sensitivity to the needs, feelings and attitudes of others _____

B. Ability to work with others _____

6. What is the applicant's attitude toward other groups, races or nationalities? _____

7. To your knowledge, how does the applicant respond under difficult circumstances? _____

8. What is your understanding of this person's personal walk with the Lord? _____

9. Are you aware of any instance(s) of mental/emotional illness or difficulty which the applicant has had?

Yes or No

If yes, please explain on another page.

10. To your knowledge, has the applicant used narcotics, hallucinogens or drugs not prescribed by a physician in the past 5 years?

Yes or No

If yes, please explain on another page.

11. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant?

Yes or No

If yes, please explain on another page.

12. Have you ever had reason to question the applicant's morals?

Yes or No

If yes, please explain on another page.

13. Does the applicant have an outstanding ability or talent? _____

14. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

Comment: _____

15. Is there anything else that you think the D-School leadership team should know about the applicant?

Signed _____

Date ____ / ____ / ____

Occupation _____

This form is an essential part of each student's acceptance. Please mail this form directly to Hope in the City. The applicant should provide you with a stamped, addressed envelope.

Thank you so much!

Hope in the City Leadership Team

Hope in the City
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