**Reference Questionnaire**

**Applicant’s Name**:

Relationship to Applicant:

This applicant is applying for a training and equipping program with The Navigators. As you respond to the following questions, please be as objective as possible. When you have completed the Reference Questionnaire, please return it in the provided stamped and addressed envelope. This reference will be treated as CONFIDENTIAL.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHARACTER TRAIT EVALUATION** | Not Known | Poor | Below Avg. | Avg. | Above Avg. | Excel-lent | COMMENTS |
| **SOCIAL MATURITY** |  |  |  |  |  |  |  |
| Ability to communicate |  |  |  |  |  |  |  |
| Ability to develop relationships |  |  |  |  |  |  |  |
| Ability to handle conflict |  |  |  |  |  |  |  |
| Tactfulness/sensitivity |  |  |  |  |  |  |  |
| **EMOTIONAL MATURITY** |  |  |  |  |  |  |  |
| Self-awareness |  |  |  |  |  |  |  |
| Empathy |  |  |  |  |  |  |  |
| **PERSONAL MATURITY** |  |  |  |  |  |  |  |
| Self-discipline |  |  |  |  |  |  |  |
| Conscientiousness |  |  |  |  |  |  |  |
| Perseverance |  |  |  |  |  |  |  |
| Common sense and judgement |  |  |  |  |  |  |  |
| Flexibility |  |  |  |  |  |  |  |
| Honesty and integrity |  |  |  |  |  |  |  |
| **LEADERSHIP MATURITY** |  |  |  |  |  |  |  |
| Ability to initiate |  |  |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |  |  |
| Ability to motivate others |  |  |  |  |  |  |  |
| Coaching/mentoring ability |  |  |  |  |  |  |  |
| **SPIRITUAL MATURITY** |  |  |  |  |  |  |  |
| Passion to love & become like Jesus |  |  |  |  |  |  |  |
| Evidence of a spirit-filled lifestyle |  |  |  |  |  |  |  |
| Dignity, value & gifting of others |  |  |  |  |  |  |  |
| Honour, respect & serve others |  |  |  |  |  |  |  |

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

2. Have you observed the applicant to demonstrate any behaviour that would cause you to question their ability to work closely with others? If so, please explain.

3. Please summarize this person's strengths and weaknesses

STRENGTHS WEAKNESSES

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

4. Have you any hesitations in recommending this applicant? If so, please explain.

Your Signature:

Name (please print): Phone:

Address:

Email:

Thank you for the investment that you have made

in the life of this applicant and the Navigator ministry!

Please send the completed form to Darci Kovac either:

1. electronically to: darcik@navigators.ca
2. Or by mail:

**Darci Kovac**

**The Navigators of Canada**

**117 Glen Road**

**Hamilton, ON L8S 3M8**