



MISSION APPRENTICESHIP PROFESSIONAL REFERENCE FORM

Date submitted to reference: _____

Reference Name & Address: _____

Applicant's Name: _____

This applicant has applied for an apprenticeship with our short-term missions program and listed you as a reference. We are asking you to assist us in evaluating this applicant's qualifications by completing the following form. Pass over any items that may be outside your range of knowledge. (Please note: If you are a family member or spouse, you cannot serve as a reference.) We are grateful for your cooperation and will treat your reply confidentially. This reference form should be returned directly to Christian Veterinary Mission by email (shortterm@cvm.org), fax (206-801-0766) or post mail. If you have any questions, please contact the Short-term Missions Coordinator at 425-773-2609.

1. How long have you known the applicant? In what capacity do you know the applicant?

2. What are the applicant's primary strengths?

3. What are the applicant's main weaknesses?

4. Would you say this person works better in a team or independently?

5. How do you rate the applicant's potential success in international mission service?

6. Please state frankly your opinion of the applicant's all-around fitness for service with Christian Veterinary Mission.

7. If you had an opportunity to hire this applicant, would you? Why or why not?

Please return this form at your earliest convenience via:

Email: shortterm@cvm.org

Fax: (206)801-0766

Post mail: Christian Veterinary Mission

ATTN: Short-term Missions Coordinator

PO BOX 5888

Lynnwood, WA 98046-5888