



DUSTY FEET
The Road Less Travelled
Following in the Footsteps of Jesus
Leadership Development Program



Reference Form for Applicant Applying for Dusty Feet

Name _____ Phone (____) _____

Applicant: Please provide the above information, sign below and give a copy to each of your three references along with a stamped envelope addressed to Dusty Feet @ Cedar Grove Church. A reference must be someone who knows you well and is 18 years of age or older. At least one reference should be a Christian worker (e.g., pastor, small group leader, teacher, etc.). NOTE: We cannot process your application until we have received all of your references. It is not our responsibility to contact late references.

Waiver Statement: "I authorize the release of the disclosed information by the person completing this reference form, and waive any right or privilege to inspect or challenge its contents. I understand that this information will be held in strict confidence by the Dusty Feet Coordinators and that it will not be released to anyone else without the permission of the applicant, except when such disclosure is required by law."

Signature of Applicant: _____ Date _____

REFERENCE INFORMATION

NOTE: THE INFORMATION YOU PROVIDE IN THIS REFERENCE WILL BE HELD IN CONFIDENCE.

Name _____ Position / Organization _____

Work Phone (____) _____ Home Phone (____) _____

Address _____ City _____ Postal/Zip _____

E-Mail: _____

YOUR EXPERIENCE WITH THE APPLICANT

1. How long have you known the applicant? _____
2. In what capacity / relationship? _____
3. How well do you know the applicant?
☐ not very well ☐ fairly well ☐ very well ☐ very close relationship
4. How recent is your contact with this individual?
☐ more than a year since corresponding ☐ more than a year in person
☐ we have interacted in person in the past year ☐ current and regular contact

SPIRITUAL LIFE

1. To your knowledge, has the applicant received Jesus Christ as Lord and Saviour?
☐ yes ☐ no
2. What evidence have you seen of the applicant's spiritual maturity and relationship with Christ?

3. How has the individual been involved in their local church?

4. Are there any concerns about their involvement in their local church?



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STRENGTHS AND WEAKNESSES

1. What strengths would the applicant bring to this position (e.g., spiritual, skills, talents, character, personality, leadership, etc.)?

2. What characteristics of the applicant do you feel need further work or development?

3. Describe any significant problems the applicant is experiencing, or concerns you have about their beliefs, attitudes or morals.

4. Please describe any limitations you are aware of that might restrict the applicant's participation in the Dusty Feet program.

RELATIONSHIPS

1. Please describe any area of the applicant's home or family life that would help our understanding of him or her.

2. Would you say that the applicant's friendships have a positive or less than positive influence on him or her? Please explain.

RECOMMENDATION

1. Would you recommend this applicant for the leadership program Dusty Feet?

- ☐ Highly recommend
- ☐ Recommend, but with these reservations/comments
- ☐ Not able to recommend at this time

REASONS/COMMENTS/RESERVATIONS:

Signature: _____ **Date:** _____