



## Director Reference Check

Applicant's Name: \_\_\_\_\_

Office Use Only  
Date Received

Referee's Name: \_\_\_\_\_

Referee's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to volunteer: (choose one)

*Referees must not be family/relative or in a relationship with them or be the person approving their application*

How long have you known the applicant and in what capacity?

How regular and involved is the applicant in their church or local faith community?

How would you describe the applicant's faith ?

What responsibilities do they have at church/in Christian service (if any)

What makes them a good fit for a leadership position?

Would they be a good leader of leaders?

Have they shown a readiness to accept discipline and guidance in their Christian life?

What type of co-leader would best complement them?

Can you comment on their ability and experience in bible teaching and evangelism?



Can you comment on their ability and experience in children's or youth ministry?

SU is an interdenominational organisation. Do you consider this person to be able to lead, serve and work agreeably with others who may have different views?

Are there any spiritual, mental or physical condition which might hinder them in service?

Is there anything else about this person that we should be particularly aware of?

How strongly would you recommend this person to lead a Scripture Union ministry?

**Referee's Signature:**

**Date:**