



ALIEN KIDS
2018 ASSEMBLY FOR CHILDREN
July 19 – July 21, 2018

PASTORAL REFERENCE

Applicant name: _____

Reference name: _____

Reference address: _____

Reference phone: _____

Reference e-mail address: _____

1. How long have you known the applicant?
2. How well do you know the applicant?
3. How would you describe the applicant?
4. How would you describe the applicant's ability to relate to children?
5. How would you feel about having the applicant serve your child in children's ministry?
6. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
7. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe. (If the applicant is a minor, please disregard this question.)

Please make any comments you would like to make about the applicant:

Pastor Signature

Date

Please return to: Children's Ministries
PO Box 2910
Cleveland, TN 37320

Email: cgpkids@cogop.org
Fax: (423) 559-5351