



# Times of Refreshing Wellness Ministry

P. O. Box 1309, Blairsville, GA 30514 Phone: 855-867-4600 or 678-623-9800 Fax: 678-623-9800

## Volunteer Referral Form

Applicant Name \_\_\_\_\_ Referee Name (Please Print) \_\_\_\_\_

Applicant (Initial one) \_\_\_ I give up my right to review this reference once completed. \_\_\_ I do not give up my right to review this reference once completed.

Dear Referee: Processing of the above-named applicant cannot be finalized without your reference. Thank you for taking a few minutes to give us your candid perception of this potential volunteer. We value your input. Please indicate the qualities that the applicant possesses that would enable him/her to work and live well with others in a foreign environment. In each category, check the characteristics that best describe the applicant. Add brief performance-related comments if necessary. Check all that apply or leave blank if not known.

Reasoning & Comprehension	Emotional Strength	Spirituality	Personality Sociability
Brilliant	able to work in difficult and isolated situations	exceptional insight and discipline	seeks others out
Exceptional Capability	good control in difficult situations	active faith	makes friends easily
Makes thoughtful analysis	accepts constructive criticism	immature faith	accepts others
Alert	flexible in the face of change	Dedicated	reserved, but friendly
Has sound mind	able and willing to adapt	Growing	avoids others
Average mental ability	perseveres through difficulties	somewhat rigid beliefs	conceited
Learns and thinks slowly	usually well- balanced	Searching	critical of others
	easily discouraged	has made basic commitment	shy or withdrawn
	overly emotional	uncommitted	moody or sullen
			easily offended
			lacks a sense of humor
Interpersonal Relationships	Adventist Lifestyle & Standards	Leadership	Communication
listens accurately to others	lives in harmony with	exceptional leadership	skilled in public speaking
responds to the feelings and needs of others	accepts	inspires others	speaks clearly and tactfully
initiates friendships and cares for others	understands	respectful of others	writes clearly and tactfully
resolves interpersonal conflicts	somewhat rigid	has some leadership skills	able to express thoughts
relates well to individuals of other races/cultures	Challenges	tries but lacks ability	sometimes hard to understand
develops relationships with individuals of other races/cultures	ignores	prefers supportive roles	
impatient with others	Church Doctrines	makes no attempt to lead	Perception of Others
easily irritated	understands		sought after by others
	lives in harmony with	Teamwork	liked by others
	accepts	works well with others	tolerated by others
	Somewhat rigid	follows directions	avoided by others
	Challenges		
	ignores		
Work Habits	Knowledge of the Bible		Relationship to Authority
serves beyond what is required	superior grasp	prefers to work in a team	relates well to persons of authority
superior creative ability	well established	prefers to work alone	accepts authority
consistently reliable	basic, but improving	frequently causes friction	tolerates authority
organized	sketchy, limited	prefers a structured environment	challenges authority
detail oriented		prefers an open environment	resists authority
overly perfectionist	Spiritual Influence	tends to be domineering	often argumentative
does only what is assigned	positive		
average expectation	passive		
Unorganized	negative		
starts but often does not finish			

Describe any special performance-related skills or abilities you feel would contribute to the success of the applicant in mission service.

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Describe any performance-related weakness or tendency you believe might reduce the effectiveness of the applicant in their overall performance of mission service.

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Use this space for additional comments or remarks

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Referee, please: DATE \_\_\_\_\_

1. How often do you interact with the applicant?  
 Frequently  Occasionally  Rarely

2. How long have you known the applicant?  
 Over two years  One to two years  Less than one year

3. What is your relationship to the applicant?  
 Pastor  Church Officer  Employer  Co-worker  
 Friend  Other

NAME (Please Print) \_\_\_\_\_

Referee, Please e-mail this completed form to [wendy@torwm.org](mailto:wendy@torwm.org). Please mail original copy to P. O. Box 1309, Blairsville, GA 30514

SIGNATURE \_\_\_\_\_