# PERSONAL REFERENCE FOR WOMEN

**To The Applicant**

Please have a social worker, chaplain, counselor or close relative fill out this form and return it to the Mission Gate. A final determination on your admission will not be made until this form is received. Please sign below before giving it to your reference.

I, (applicant) give (reference)

my permission to fill out this form honestly and return it to:

Mission Gate Prison Ministry

PO Box 6644

Chesterfield MO 63006

Fax: 636-391-6611

Signed Name Date

Printed Name

**To The Reference**

(Applicant Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to the Mission Gate Aftercare Program. Please fill out the information below so that his/her application may be considered. Your honest and accurate answers will help us to determine if our program is suited for him/her. You have permission from the applicant to release any and all information that is requested on this form or that you deem beneficial to Mission Gate in making its determination. Thank you in advance for this consideration and your prompt reply.

How long and under what circumstances have you known the applicant?

What is your relationship to the applicant?

How would you describe your relationship with the applicant?

What is the applicant’s greatest strength and weakness?

Why should we accept or reject this applicant?

In your opinion, what is the most important counseling need of the applicant?

What is the applicant’s relationship with Jesus Christ?

**Comments**

**Please rate the applicant on a scale of 1 (poor) to 5 (excellent)**

(Circle your answer)

General attitude 1 2 3 4  5 Don’t Know

Spiritual commitment 1 2 3 4  5 Don’t Know

Attitude toward authority 1 2 3 4  5 Don’t Know

Ability to handle stress 1 2 3 4  5 Don’t Know

Ability to get along with others 1 2 3 4  5 Don’t Know

Work habits 1 2 3 4  5 Don’t Know

Neatness 1 2 3 4  5 Don’t Know

Personal hygiene 1 2 3 4  5 Don’t Know

Honesty 1 2 3 4  5 Don’t Know

Christian experience 1 2 3 4  5 Don’t Know

Other pertinent information

Reference Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_

Home Ph. Work Ph. Email

Signed Name Date