



Cross Trails Ministry
Lutheran Youth Leadership Experience
The LYLE Program

REFERENCE

The person named below is considering participating in the Lutheran Youth Leadership Experience which is a leadership development program that combines leadership skills, service, and each young person's individual God-given gifts and interests. This program provides intensive and challenging hands-on leadership experiences through participation in the camp community and experiential learning sessions. This program is designed for youth that have committed themselves to participation in their home communities and congregations, as well as those interested in future leadership in camping or other ministry settings.

Your name has been given as a reference for this applicant. We appreciate your time and consideration in completing this form. All responses will be kept confidential.

Application deadline is March 1, 2018.

TO BE COMPLETED BY THE APPLICANT

Printed Name of Applicant: _____

Printed Name of Reference: _____

Position/Title/Relationship to Applicant: _____

I hereby authorize the above request for information, and release all parties from liability for any damage that may result from furnishing this information. I understand that the information given will be kept confidential between Cross Trails Ministry and the Reference.

Signed: _____ **Date:** _____

TO BE COMPLETED BY THE REFERENCE

Please type or print neatly in ink

Please rate the following:

1 = poor, 2 = fair, 3 = good, 4 = excellent, 5 = outstanding, N/A = not applicable/don't know

___Reliability

___Emotional Stability

___Ability to Work with Children

___Honesty

___Flexibility

___Ability to Work under Stress

___Hard Worker

___Expression of Faith

___Follows rules

___"Team" Player

___Communication Skills

___Overall Attitude/Enthusiasm

Please complete the following:

- A. How well and in what capacity do you know the applicant?

- B. Please comment on the applicant's ability to work well with others.

- C. Please comment on the applicant's self-initiative and creativity.

- D. Please comment on the applicant's level of maturity and responsibility.

- E. Please comment on the applicant as a person of Christian faith.

- F. Is there any reason you know of why this person should not be involved in such a program and around young children?

Signature of Reference: _____

Address: _____

Phone: _____

PLEASE RETURN THIS FORM PROMPTLY TO:

Cross Trails Ministry
ATTN: LYLE PROGRAM
391 Upper Turtle Creek Road
Kerrville, TX 78028
Phone (830)257-6340 • FAX (830)257-3060