



## PASTOR CONFIDENTIAL REFERENCE FORM For International Medical Rotation Program

Name of Applicant (last, first, middle): \_\_\_\_\_

Date: \_\_\_\_\_

Applying for the following program:

\_\_\_\_\_

Applicant's Address:

\_\_\_\_\_

### TO THE APPLICANT

Fill in the above and give to your Pastor or Campus Minister. You should provide a stamped addressed envelope for the person filing this reference. Address envelope to: Hospital of Hope International, 3545 N Santa Fe, Wichita, Kansas 67219

### TO THE PASTOR

The above named applicant is asking you to furnish a reference. Hospitals of Hope International, offers structured International Medical Rotations for students pursuing training in medical professions (ex. physicians assistants, medical doctors, nurses, dentists, etc.) at our clinic in Bolivia. Hospitals of Hope is an International Christian Mission organization. Thank you for your time and consideration in filling out this reference for the student.

1. How long have you known the applicant?
2. How well do you know the applicant? very well\_\_\_\_ well\_\_\_\_ casually\_\_\_\_
3. Does the applicant know Christ as his/her personal Savior and Lord?
4. Does the applicant demonstrate the Lordship of Christ in his/her life-style?
5. Do you feel the applicant has leadership ability? Describe briefly
6. What goals does the applicant have?
7. What are the applicant's strong points?
8. Does the applicant have a good self-image? Describe briefly

9. Will the applicant be able to function under constituted authority?

10. On a scale of one to ten (ten being very dedicated) how would you rate the applicant's dedication to Christian service?

11. In your consideration, which of the following would best describe the applicant's Christian experience? Over emotional\_\_\_\_ Superficial\_\_\_\_ Genuine & Growing\_\_\_\_

12. I recommend\_\_\_\_ I do not recommend\_\_\_\_ I recommend with this reservation\_\_\_\_ this student.

Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Signature:\_\_\_\_\_ Title:\_\_\_\_\_

Date:\_\_\_\_\_ Phone: \_\_\_\_\_