



Personal Reference

Applicant

Last Name	First Name	Middle Name
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Mailing Address:

Street or Box Number	City
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Province/State	Postal/Zip Code	Country
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Phone: (____) _____

Reference (Please attach an additional page if more space is needed)

Name:

Last Name	First Name
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Address:

Street or Box Number	City
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Province/State	Postal/Zip Code	Country
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Phone: (____) _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. Please choose the most applicable response for the applicant (1 is low, 5 is high):

1 2 3 4 5 Applicant is reliable

1 2 3 4 5 Applicant is on time

1 2 3 4 5 Applicant relates well to others

1 2 3 4 5 Applicant relates well to leaders

1 2 3 4 5 Applicant is willing and helpful when asked to serve

4. How do you think the applicant will benefit from the Ironwood Internship?

5. What do you think will be the applicant's greatest challenge?

6. Comment briefly on the applicant's personality and character:

7. Would you recommend this applicant to the Ironwood Internship Track?

Yes Yes, with reservations No

If no, or you have reservations, please explain: _____

For those completing this Personal Reference:

Please forward your completed form to Gateway Church. This can be done by emailing a scanned copy, or by faxing or mailing it. Do not give this form back to the applicant. All information will be kept confidential. If you have any questions about your reference, please contact us by phone or email. We appreciate your help in our application process. Thank you.

Ironwood Internship

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