



Protection Policy Reference Form

Please give this page to three unrelated references who are 18 years of age or older and have known you for a minimum of 1 year.

References are required for each applicant prior to their authorization to work with children, youth, or vulnerable adults. The information that you share will be held in strict confidence.

PLEASE USE INK, PRINT CLEARLY

Applicant's name: _____

Reference name: _____

Reference address: _____

Reference phone #: _____ Email: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children, youth, or vulnerable adults?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. Do you know of any characteristics that would negatively affect the applicant's ability to work with children, youth, or vulnerable adults?
9. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
10. Please list any other comments you would like to make:

Signature: _____ Date: _____

We appreciate your time in answering these questions as we in the Michigan Conference of the United Methodist Church strive to do everything we can to protect our children, youth, and vulnerable adults. Thank you!

Send completed form to:
The Michigan Conference Protection Policy Committee
1161 East Clark Road, Suite 212, DeWitt MI 48820