

OFANA REFERENCE FORM

The person making the recommendation **must** complete and sign this form.

1. How long have you known the applicant? Circle your response.
 - a. 0-1 year
 - b. 2-5 years
 - c. > 5 years

2. In what capacity have you known the applicant? Circle your response.
 - a. Pastor/Spiritual Leader
 - b. Instructor
 - c. Employer
 - d. Community/Service organization leader
 - e. Other (specify)_____

How would you rate this applicant in the following areas ?

1. Excellent - far exceeded expectations
- 2 = Good - met and exceeded expectations
- 3 = Satisfactory - met expectations
- 4 = Fair - somewhat met expectations, but needs improvement
- 5 = Unsatisfactory - did not meet expectations

Items	1	2	3	4	5
Leadership					
Maturity/Responsibility					
Motivation					
Team-player					
Interpersonal skills					
Creativity					
Dependability					
Community involvement					
Initiative					

Comment on the strengths and weaknesses of this applicant (Limit your response to 100 words).