

Reference Form

American Baptist Youth Cabinet

1. Name of Nominee _____

2. Name of person completing this form _____

3. ADDRESS _____

CITY _____ STATE _____ ZIP _____

4. PHONE () _____ E-MAIL _____

1. How long have you known the nominee/ how? _____

2. Is this person an active, loyal member of your church? _____

3. Describe this person's spiritual walk and Christian maturity: _____

4. What strengths do you observe in this nominee? _____

5. What weaknesses does he/she have? _____

6. Describe tasks the nominee has taken leadership in: _____

7. How well does this individual work with others for the good of the group?

Cooperates willingly and actively regardless of self-benefit

Cooperates when there is a common cause

Gives limited cooperation- focused on his/her own interests

Obstructs the process

8. How does this person react to suggestions or criticisms?

Takes it as a personal insult

Listens to suggestions but may act without considering them

Follows suggestions willingly

Actively seeks feedback regularly

9. Are there any circumstances or experiences in the nominee's life that might hinder their service on ABY Cabinet or make it difficult for others to work with them? Yes No If yes, explain: _____

SIGNATURE _____

Mail this form to: Jillene Narraway
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Sandusky, NY 14133

OR

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at convention.