

CANADIAN CERTIFICATE IN YOUTH MINISTRY STUDIES  
REFERENCE FORM

Continuing Education Division  
University of St. Michael's College

*Note to Applicant: Please fill the spaces below. Give this form to the person who will write this reference with a stamped envelope to be mailed directly to this office.*

Applicant's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_

Title/Position of Reference \_\_\_\_\_

Business Phone # of Reference \_\_\_\_\_

=====

**Note to Author of Reference: This reference is being used as part of a profile of information about the above named prospective applicant for the Canadian Certificate in Youth Ministry Studies offered through Continuing Education at the University of St. Michael's College, in collaboration with the Canadian Ministry Support Services and the Centre for Ministry Development in Naugatuck, CT. This will be a confidential statement regarding the applicant. Thank you.**

**Name** \_\_\_\_\_

**Bus. Address** \_\_\_\_\_

**Bus. Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**How long have you known the applicant?**

**Please describe the applicant's ability to work with people, and young people in particular.**

**What gifts /talents does the applicant bring to ministry with young people?**

**Please rate the applicant on the following qualities/skills:  
(1=weak; 5=strong; NK=no knowledge)**

**RELATES WELL WITH YOUNG PEOPLE** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**WELL DEVELOPED FAITH LIFE** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**OPENNESS TO FAITH GROWTH** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**OPENNESS TO NEW LEARNING** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**ABILITY TO EXPRESS HIMSELF/HERSELF** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**CRITICAL AND ANALYTICAL SKILLS** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**ABILITY TO TAKE INITIATIVE AND COMPLETE  
A PROJECT** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**COMMITMENT TO YOUTH** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**UNDERSTANDING OF ORGANIZATIONAL  
DYNAMICS** 1 2 3 4 5 NK

**Comments** \_\_\_\_\_

**CAPACITY FOR LEADERSHIP**

**1 2 3 4 5 NK**

**Comments** \_\_\_\_\_

**Are you aware of any difficulties or limitations, which would impede the applicants' participation in such a program of study?**

**Please feel free to include any additional remarks concerning the applicant by using the space below.**

**Signed** \_\_\_\_\_

*Thank you for your time and cooperation in filling this form out.*

*Please return to:  
Certificate in Youth Ministry Studies  
Continuing Education Division—USMC  
81 St. Mary Street, Toronto, ON M5S 1J4*