



LEADERS-IN-TRAINING (LIT) REFERENCE

Lake Chautauqua Lutheran Center, Inc.

An Outdoor Ministry of the Upstate New York Synod
of the Evangelical Lutheran Church in America

5013 Route 430, Bemus Point, NY 14712

PHONE 716.386.4125 FAX 716.386.5714 EMAIL lclc@windstream.net

Reference

Request For _____
first & last name of applicant

Applicant ~ Please write in your name to
← the left, send or give this form to your reference,
and asked him/her to send it back directly to LCLC
as soon as possible. Applications are not complete
until at least three references have been received.

Dear Reference,

The person named above has applied to the Leaders-In-Training (LIT) program at Lake Chautauqua Lutheran Center (LCLC) and is asking you to complete both sides of this form. The LIT program is an intensive, four-week leadership training/development program for 16-18 year olds in order to prepare them for ministry in the greater church. Your reference responses will remain in strict confidence and is greatly appreciated. Your insightful and honest view of this applicant is critical to the success of this program. Thank you!

Lee M. Lindeman, Executive Director

1. How long have you know the applicant? (please state duration and dates)

2. In what capacity or relationship have you known the applicant?

3. For the following items, please rate the applicant, circling the appropriate code number with:

0 = No Response; 1 = Poor; 2 = Fair; 3 = Good; and 4 = Excellent

Additional comments are welcomed.

a. Dependability	0	1	2	3	4	k. Leadership abilities	0	1	2	3	4
b. Christian role model	0	1	2	3	4	l. Responsibility	0	1	2	3	4
c. Relating with children	0	1	2	3	4	m. Dealing with stress	0	1	2	3	4
d. Relating with teenagers	0	1	2	3	4	n. Is a "team player"	0	1	2	3	4
e. Relating with peers	0	1	2	3	4	o. Self-confidence	0	1	2	3	4
f. Relating with supervisors	0	1	2	3	4	p. Existing commitment to the Christian church	0	1	2	3	4
g. Working with others	0	1	2	3	4	q. Personal hygiene	0	1	2	3	4
h. Following rules and instructions	0	1	2	3	4	r. Appropriate appearance and attire	0	1	2	3	4
i. Relating to pastors and other church leaders	0	1	2	3	4	s. Emotional maturity	0	1	2	3	4
j. Self-motivation	0	1	2	3	4	t. Spiritual maturity	0	1	2	3	4

4. Would you leave your child in the overnight care of this applicant? Please explain.

5. To your knowledge, has the applicant ever been accused of any child, sexual, emotional, or physical abuse?

6. What are the applicant's strongest characteristics and attributes?

7. What are the applicant's strongest skills, talents, and/or abilities?

8. In what ways would you like to see the applicant grow?

9. May Lake Chautauqua Lutheran Center call you if there is any question about your reference responses? Yes No

↓

 If yes, when is the best time to call? _____

10. Please feel free to make any additional comments.

Signed _____ Date ____/____/20____
 Please Print Name _____ Occupation _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____ Email _____

Thank you for your time!

LCLC Office					
date rec'd	Notes	date of add'l phone	comments of add'l phone	date of add'l phone	comments of add'l phone