

CHRYSALIS HIGH SCHOOL REFERENCE FORM

THE CANDIDATE SHOULD GIVE THIS FORM TO A PASTOR, YOUTH PASTOR, OR TEACHER WHO KNOWS HIM/HER WELL (**NOT A PARENT, PLEASE**). THIS FORM WILL HELP US TO PLACE THE CANDIDATE IN A GROUP WHERE THE CANDIDATE WILL BENEFIT THE MOST.

CANDIDATE'S NAME _____

NAME AND ADDRESS OF SPONSOR _____

ADULT COMPLETING THIS REFERENCE FORM _____

ADDRESS _____ CITY _____ STATE, ZIP _____

PHONE WORK _____ HOME _____ CELL _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

DOES THIS CANDIDATE NEED HELP WITH THE EXPENSE OF THE WEEKEND? _____

DO YOU THINK HIS/HER CHURCH WILL HELP? _____

CHRYSALIS IS A 3-DAY RELIGIOUS EXPERIENCE FOR HIGH SCHOOL YOUTH (SOPHOMORE THROUGH SENIOR) WHO WISH TO STRENGTHEN THEIR RELATIONSHIP WITH CHRIST. WHY DO YOU FEEL THIS PERSON WOULD BE A GOOD CANDIDATE? _____

IT IS IMPORTANT THAT THE ADULT LEADERSHIP OF THE WEEKEND BE AWARE OF ANY PHYSICAL OR EMOTIONAL PROBLEMS THIS CANDIDATE MAY HAVE. PLEASE PROVIDE ANY COMMENTS YOU FEEL MAY HELP US UNDERSTAND AND DEAL SYMPATHETICALLY WITH THE CANDIDATE. COMMENTS ABOUT THE CANDIDATE'S HOME LIFE, PERSONALITY AND PRESENT RELATIONSHIP WITH CHRIST WOULD BE OF GREAT HELP. THESE COMMENTS WILL BE HELD IN STRICT CONFIDENCE. _____

THANK YOU FOR YOUR HELP. PLEASE BE IN PRAYER FOR ALL CANDIDATES AND TEAM MEMBERS OF THE UPCOMING WEEKEND. PLEASE RETURN THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE.

MADISONVILLE CHRYSALIS COMMUNITY
C/O FIRST UNITED METHODIST CHURCH
200 EAST CENTER STREET
MADISONVILLE, KY 42431

QUESTIONS:
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