

Lynnhaven UMC Youth
Request for Reference Form
(Please print neatly)

Name of Reference: *(check one)*

- Debbie Andrews
- Jana Kuenzli
- Marlene Passarelli
- Other: _____

Instructions:

1. Please thoroughly read and complete Parts 1-4.
2. Please give this form to the person from whom you wish to receive a reference.
3. Please allow 2 weeks for form to be completed.
4. If the form is to be mailed to a third party, please provide a stamped, addressed envelope.

Part I: To be completed by individual seeking a reference.

Name _____ Date _____
Address _____
Phone Number s: (home) _____ (cell) _____
Parent's name(s) _____

Part II: To be completed by individual seeking the reference.

Please provide name & address of the individual or organization that is to receive the reference letter.

Name _____
Address _____
City _____ State _____ Zip _____

Part III: To be completed by individual seeking the reference.

I am applying for _____

Please return the letter of reference to me by (date) _____.

How do you know the person you are seeking a reference from? (Sunday School teacher, youth leader, etc.?) _____ How long? _____

How many years have you attended LUMC? _____

Do you attend a church other than LUMC? _____

How many years have you been active in Youth Fellowship? _____ Small Groups? _____

How often do you attend Sunday School? ___ Weekly ___ Occasionally ___ Not at all

(Continued on the other side)

Part IV: To be completed by individual seeking the reference.

Please list dates of participation & descriptions of your involvement in mission trips, service projects, youth leadership roles, VBS or any other LUMC Youth activities you wish to be included in your letter of reference.