



Applicant's name: _____

**Note to Applicant: You must submit two separate references, either by mail or by fax. Each completed form must have the original reference signature. An e-mail copy cannot be accepted. Your application cannot be considered until both references have been received in the MK office.*

References may be selected from the following people:

- AGWM Appointed Missionary
- Senior Pastor
- AG Credentialed Minister
- Church Board Member
- Employer

You may NOT use as a reference someone who is related to you, Chad Phillips or any of the other MK Office staff, or anyone currently employed by the Assemblies of God national headquarters, including Regional directors.

Please have your reference complete the form below, and return it to the MK office no later than **April 1, 2010**.

International Society of Missionary Kids
1445 N Boonville Ave
Springfield MO 65802
Phone: (417) 862-2781 ext. 2040
Fax: (417) 869-6280

Reference Name (please print): _____

Address: _____

Phone Number: _____

I am:

- AGWM Appointed Missionary
- Senior Pastor
- AG Credentialed Minister
- Employer
- Church Board Member: (Church name) _____
- Other: (specify) _____

Please select one of the following:

- I am acquainted with the applicant and have personally observed the applicant in a teaching or other volunteer position involving minors. In my opinion, the applicant is fully competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response in regards to this applicant by telephone.

Signature: _____ Date: _____