TFC Connection
Summer Missions Project
Parents Reference Form

Teenager's Name_____

Your Name_____

This reference form is to help us understand your teenager better and it will be kept confidential. We consider it a privilege to work with your teenager, but as we consider them for this mission project, we would appreciate your valuable insight. For your teenager to be considered, please return this form to **TFC Connection 662 7th St Phillipsburg, KS 67661 by February 16th.**

1. Describe how your teenager responds to authority (towards you and others):

2. Positive characteristics you see in your teenager are:

3. Negative characteristics you see in your teenager are:

4. How does your teenager relate and respond within your family unit?

5. If your teen has been on a previous Mission Trip, describe any positive or negative changes you noticed in their lives.

6. Please tell us any negative or positive feelings you have about your teenager being involved in this trip: (Feel free to use the back for any or all of these questions)

TFC Connection
Summer Missions Project
Church Related Reference Form

(Must be filled out by the person in your church who has the most contact with you.
Pastor, Youth Pastor or Youth Sponsor, or Sunday School teacher)

Teenager's Name_____

Your Name_____ Relationship to Teen_____

This reference form will be confidential. For this teenager to be considered, this form must be returned to **TFC Connection 662 7th St. Phillipsburg, KS 67661 by February 16th.**

1. How would you describe this teenager's personal walk with Jesus?

2. How would you rate the teenager's commitment to church and its activities?

3. How would you describe the teen's teachable spirit and willingness to serve others?

4. What positive or negative characteristics do you see this teen bringing to a Mission Trip team?

TFC Connection
Summer Missions Project
Teacher Reference Form

(Must be filled out by a teacher you've been in class with sometime during the past 2 years.)

Teenager's Name_____

Your Name_____ Relationship to Teen_____

This reference form will be confidential. For this teenager to be considered, this form must be returned to **TFC Connection 662 7th St. Phillipsburg, KS 67661 by February 16th.**

1. The positive characteristics you see in this student are:

2. The negative characteristics you see in this student are:

3. The attitudes and actions displayed by this student in your classroom are:

4. How do you see this teenager functioning within a team if they are challenged and pushed beyond their comfort zone?