

EVANGELICAL SCHOOL FOR THE DEAF, INC. ESCUELA EVANGELICA PARA SORDOS

Name _____ Date _____
Address _____
City _____
State _____
Zip _____

_____ has applied to The Evangelical School For The Deaf in Luquillo Puer-
to Rico with regard to Christian service with the deaf. Your name has been given as a reference.
Since most applicants are complete strangers to us, would you prayerfully ask the Holy Spirit to
lead you in answering these questions. We do not wish to encourage anyone to consider Chris-
tian service without some evidence of the Lord's leading. Any information given by you will be
kept in strictest confidence.

1. Are you well acquainted with the applicant?

2. Under what circumstances and for how long have you known the applicant?

3. How would you describe (his) (her) spiritual qualifications?

4. Do you know any natural tendency that might hinder (his) (her) service for God?

5. Have you observed the applicant to be consistent in reaching others for Christ?



6. Is the applicant reliable and diligent? Give examples.

7. Will (he)(she) accept responsibility and stay with a job?

8. Does (he) (she) work well with others?

9. We are not suggesting support from you, but if you were going to support a missionary, is this the kind of person you would support?

10. Is there anything that you could tell us that might help us to make a more accurate decision before the Lord regarding the applicant?

Signature _____

Please send this form to:
Attn: Principal
Evangelical School for the Deaf
HC-01 Box 7111
Luquillo, Puerto Rico 00773-9602

Evangelical School for the Deaf (ESD) is a mission school. As such, no salary or monetary compensation is given to its workers. Each person is responsible to raise their own financial support to cover their needs during their time of service. For more information you may contact us or check out our website.

