

**CHRYSALIS OF SOUTHEAST MICHIGAN REFERENCE FORM**

The candidate should give this form to a pastor, youth counselor, Sunday school teacher, Christian Education Director, teacher, club leader, etc. who knows him/her. This information will help the Chrysalis leaders to place the candidate in a group where he/she will benefit the most. This information will only be seen by the Chrysalis leadership. It will be kept in **STRICT CONFIDENCE**.

**NOTE: THE CHRYSALIS IS A RELIGIOUS EXPERIENCE FOR SOPHOMORES, JUNIORS AND SENIORS IN HIGH SCHOOL AND COLLEGE FRESHMEN. IT IS NOT DESIGNED TO CORRECT OR COUNSEL PROBLEM YOUTH, BUT TO ENCOURAGE THE SPIRITUAL GROWTH AND LEADERSHIP OF CHRISTIAN YOUTH WITH WILLING HEARTS.**

Candidate's Name \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE COMMENT:**

How long have you known the candidate? \_\_\_\_\_ In what capacity have you known the candidate?

\_\_\_\_\_

Do you feel this youth exercises leadership? \_\_\_\_\_

In what areas? (church, school, athletics, government, dramatics, music, clubs, etc.)

\_\_\_\_\_

How does this youth relate to others the same age? (talkative, domineering, quiet, reticent, etc.)

\_\_\_\_\_

Do you feel this youth is emotionally and spiritually ready to understand this experience?

\_\_\_\_\_

How does this youth respond to new environment? \_\_\_\_\_

\_\_\_\_\_

On a separate page, please furnish any additional comments that you feel might help the team to understand and deal sympathetically with the candidate. (Comments about the candidate's home life, personality, attitudes, difficulties, hopes, etc.)

Are you member of Chrysalis? \_\_\_\_\_ Emmaus? \_\_\_\_\_ Other 3-day experiences \_\_\_\_\_

Where and when did you take your walk? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

**FORWARD FORM TO THE REGISTRAR**

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