Personal Reference Form

Please mail the completed form to: Informed Choice of Iowa P.O. Box 2537 Iowa City, IA 52244 Attention: Application Process If you have any questions regarding this form, please contact us at (319) 337-0575 or email Rachel@informedchoicesclinic.com

e above named individual have e would appreciate a confide alities listed below and their			t's conformity to the
EASE NOTE – As part of out formed Choice of Iowa staff r			
esired Qualities – As part of omen who may be facing an quired therein. Some of the c	unplanned pregnancy or s	sexually transmitted dis-	
A genuine commitmen	t to Jesus Christ as Savio	r and Lord of their life.	
A willingness to give of	f themselves with compas	sion to the men and wo	men they will serve.
Dependability and resp.	onsibility to perform their	role and corresponding	activities with excellence.
An ability to uphold their	r commitments to the Mission	on, Values, and Policies	of Informed Choice of Iowa.
Please check the best rate	_		
	ting for the areas listed. Below Average	Average	Above Average
Dependability	_	Average	Above Average
Dependability Spiritual Maturity	_	Average	Above Average
Dependability Spiritual Maturity Communication Skills	_	Average	Above Average
Dependability Spiritual Maturity	_	Average	Above Average
Dependability Spiritual Maturity Communication Skills Initiative	Below Average ———— ———— ————		
Dependability Spiritual Maturity Communication Skills Initiative How long have you known	Below Average the applicant?:	In what capacity?:	
Dependability Spiritual Maturity Communication Skills Initiative How long have you known Your Name	Below Average the applicant?:	In what capacity?:	
Dependability Spiritual Maturity Communication Skills Initiative How long have you known Your Name	Below Average the applicant?:	In what capacity?:	

Applicant's Name: _____ Position: _____