

**REFERENCE FORM FOR  
CONFERENCE CERTIFICATION OF WORKERS  
WITH CHILDREN, YOUTH AND  
DEVELOPMENTALLY DISABLED ADULT DEPENDENT PERSONS.**

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RETURN TO: Director of Outdoor and Retreat Ministries  
Conference Office West  
1600 West E St.  
North Platte, NE 69101

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

\_\_\_\_\_

The above name applicant has made application to serve as a volunteer or paid worker in the programs of the Nebraska Conference of the United Methodist Church. You are being asked to give a reference as required by the Conference Policy. Please answer the following questions to the best of your ability, and return within one week in the enclosed self-addressed stamped envelope.

1. How long have you known the applicant?

2. In what capacity have you been affiliated with the applicant?

3. Do you know of any problems the applicant has that would affect his/her leadership with children, youth and/or developmentally disabled adult dependent persons?

4. Would you entrust the care of your child to the applicant? Yes \_\_\_\_ No \_\_\_\_  
Why?

5. (This question for pastors and DS's only) Have you read and discussed with the applicant the Nebraska Conference Policy and the necessity of reporting abuse/neglect ?

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_