

ARMY CHAPLAIN CORPS ACTIVITIES CHILD PROTECTION

PERSONAL REFERENCE FORM

FOR OFFICIAL USE ONLY

Name of Applicant:					
How long have you known applicant and in what capacity?					
PERSONAL APPRAISAL: <i>Based on the experience you have with the applicant, indicate by check mark in the appropriate column your evaluation of the following factors.</i>	OUTSTANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATISFACTORY	INSUFFICIENT OPPORTUNITY TO OBSERVE
DEPENDABILITY: Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.					
COOPERATION: Team worker; works well with others.					
INITIATIVE AND CREATIVENESS: Thinks along original lines and works without detailed instructions or supervision.					
SOUND JUDGMENT / ABILITY TO ADAPT UNDER PRESSURE: Demonstrates poise and judgement in adverse or emergency situations.					
ADAPTABILITY: Adjusts well to changes in working or living environments.					
CONSIDERATION FOR OTHERS: Courteous in daily contacts including attitude toward different races, religions, and nationalities.					
CHECK APPLICABLE BOX: <i>If any answer is "yes" to the following questions; give details under "Remarks".</i>	YES	NO			
Do you have any reason to question this person's loyalty to the United States?					
Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is NOT reliable, honest, trustworthy, and of good conduct and character?					
REMARKS:					
PRINTED NAME AND EMAIL ADDRESS OF PERSON PROVIDING REFERENCE:					
SIGNATURE AND DATE:					

Return to _____ Chaplain's Office, (Phone _____, Email _____)

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This is equivalent to DA Form 3439 for use in ARMY CHAPLAIN CORPS ACTIVITIES.

31 July 2016