



MISSION GATE Ministry
A Nine-Month Residential Aftercare Program for Men

"If you hold to my teaching, you are really my disciples.
Then you will know the truth and the truth will set you free"
John 8:31a-32.

Rick Mathes, MA, D.D.
EXECUTIVE DIRECTOR
Trish Mathes, MA, MRSS
EXECUTIVE AFTERCARE DIRECTOR
Will Cook
ST. LOUIS MEN'S PROGRAM
EMPLOYMENT SPECIALIST
Gregory D. Smith, JD, CADC
FGS PROGRAM DIRECTOR

PERSONAL REFERENCE

To The Applicant

Please have a social worker, chaplain, counselor or close relative fill out this form and return it to the Mission Gate. A final determination on your admission will not be made until this form is received. Please sign below before giving it to your reference.

I, (applicant) _____ give (reference) _____

my permission to fill out this form honestly and return it to:

Mission Gate Prison Ministry
PO Box 6644
Chesterfield MO 63006
Fax: 636-391-6611

Signed Name _____ Date _____

Printed Name _____

To The Reference

(Applicant Name) _____ has applied for admission to the Mission Gate Aftercare Program. Please fill out the information below so that his/her application may be considered. Your honest and accurate answers will help us to determine if our program is suited for him/her. You have permission from the applicant to release any and all information that is requested on this form or that you deem beneficial to Mission Gate in making its determination. Thank you in advance for this consideration and your prompt reply.

How long and under what circumstances have you known the applicant? _____

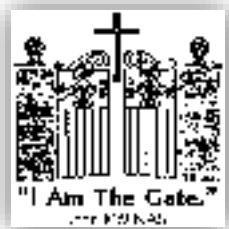
What is your relationship to the applicant? _____

How would you describe your relationship with the applicant? _____

What is the applicant's greatest strength and weakness? _____

P.O. Box 6644, Chesterfield, MO 63006 • missiongateminsty@msn.com • missiongateminsty.org
Office: **636-391-8832 • Fax: 636-391-6611**

CONTAINS CONFIDENTIAL INFORMATION



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Why should we accept or reject this applicant? _____

In your opinion, what is the most important counseling need of the applicant? _____

What is the applicant's relationship with Jesus Christ? _____

Comments

Please rate the applicant on a scale of 1 (poor) to 5 (excellent)

(Circle your answer)

General attitude	1	2	3	4	5	Don't Know
Spiritual commitment	1	2	3	4	5	Don't Know
Attitude toward authority	1	2	3	4	5	Don't Know
Ability to handle stress	1	2	3	4	5	Don't Know
Ability to get along with others	1	2	3	4	5	Don't Know
Work habits	1	2	3	4	5	Don't Know
Neatness	1	2	3	4	5	Don't Know
Personal hygiene	1	2	3	4	5	Don't Know
Honesty	1	2	3	4	5	Don't Know
Christian experience	1	2	3	4	5	Don't Know

Other pertinent information _____

Reference Name _____

Address _____ City _____ State _____ Zip _____

Home Ph _____ Work Ph _____ Email _____

Signed Name _____ Date _____

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