

Global Insights, Inc.
1094 Gordon Combs Road NW
Marietta, GA 30064
770-514-7346 Phone 770-514-0872 Fax
1-888-246-7863 Toll-Free
GLInsights@aol.com
www.globalinsights.org



REQUEST FOR CHARACTER REFERENCE

TO THE APPLICANT: Please fill in your name below and give this reference form to someone who knows you well (neighbor, friend, co-worker, pastor, school official, etc.) – *but not a relative.*

TO THE REFERENT: (Applicant's name)_____ is applying to be an Area Representative for Global Insights, a non-profit international high school exchange program. Area Representatives act as the official Global Insights contact in their communities. As Area Representatives, their responsibilities include: acting as a local information source for our programs; establishing relationships with assigned local high schools; recruiting, interviewing and selecting qualified host families; matching students with appropriate families; and providing support services to students and their host families throughout the school year. This position involves extensive contact with teenagers of both sexes, from many cultures, and of different religious persuasions.

Please use **BLACK INK** and answer the following questions as completely as possible. **ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.**

1. In what capacity have you know the applicant?_____

2. How long have you known the applicant?_____

3. What specific strengths and weaknesses does the applicant possess which might affect his/her performance of the above-mentioned responsibilities?_____

4. What words would you use to describe the applicant's character?_____

5. Please describe how the applicant relates to young people._____

6. Please describe the applicant's home life. _____

7. Do you believe this applicant's home is adequate to temporarily house an exchange student in an emergency situation?

8. Are you aware of any alcoholism, drug abuse, sexual abuse or any other personal difficulties involving this person? If yes, please explain. _____

9. Would you feel comfortable having this person act as an Area Representative for your child in a foreign country for 10 months? _____

10. Do you think this applicant can provide adequate counseling and support to all parties involved in order to resolve any situation that might arise during a student's stay in America? _____

11. Please discuss your overall impression of the applicant. Feel free to add any information which might be important to our assessment of the applicant and explain why you think he/she would or wouldn't be a qualified Area Representative. _____

Referent's Signature _____	Date _____		
Referent's Name _____			
Address _____	City _____	State _____	Zip _____
Home Telephone () _____	Work Telephone () _____		

Please return this completed form to:

**Global Insights
1094 Gordon Combs Road NW
Marietta, GA 30064**

If you have any questions, please feel free to contact our office at 1-888-246-7863. Thank you for your assistance.