

MINISTER'S REFERENCE

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed. Sign and return to the district office.

_____	(District name)
Address: _____	
City, State, Zip: _____	
_____ has made application for ministerial credentials with the _____ of the Assemblies of God. We were referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it in the enclosed envelope. Your reply will be regarded as confidential. (NOTE: The Authorization and Release forms signed by the applicant and spouse are on file in the district office. These guarantee that the applicant will not be aware of your responses.) Please return by: _____.	

- How well have you known the applicant? Personally Socially Casually
- Are you related to the applicant? Yes No
- How long have you known the applicant? _____
- How frequently does the applicant attend church?
 Regularly Occasionally Seldom Don't know
- How has the applicant participated in church life? _____
- In your opinion, does the applicant actively participate in worship?
 Always Often Seldom Never Don't know
- Does this applicant have a record of consistent tithing support of the local church?
 Yes No Don't know
- If you do not have knowledge of their tithing participation, who would have knowledge of this record?

- How would you describe the applicant's marriage? Not applicable
 Very Well-Adjusted Adjusted Very Strained
 Well-Adjusted Strained Don't know
- How would you describe the applicant as a disciplinarian?
 Very Capable Average Very Poor
 Capable Poor Don't Know

11. How would you describe the applicant's children? Not applicable
- Very Well-Behaved Average Very Poorly Behaved
- Well-Behaved Poorly Behaved Don't Know

12. If you assigned the applicant responsibilities would you indicate his/her response by checking the appropriate number on the scale below?

- | | Very | | | Not Very | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| Teachable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Loyal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Sincere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Dependable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Able to Inspire Others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |
| Capable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |

13. How would you describe the applicant's spiritual maturity? (please check)

- | Very | | | Not Very | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't know |

14. Was the applicant's call into the ministry evident to you? Yes No

If so, how? _____

15. Please check all the words below which you believe accurately describe the applicant:

- | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially Awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Deliberate | <input type="checkbox"/> Congenial | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Selfish | <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized | <input type="checkbox"/> Angry |

16. How well do you judge applicant's ability to keep confidence?

- | | | |
|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Average | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Don't Know |

17. Would you without hesitation recommend that applicant be granted credentials for ministry?

- Yes With reservation No Don't know

18. Further comments: _____

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Not married

NAME OF SPOUSE: _____

19. How well have you known the applicant's spouse? Personally Socially Casually

20. Are you related to the applicant's spouse? Yes No

21. How frequently does he/she attend church?

Regularly Occasionally Seldom Don't know

22. In your opinion, does he/she actively participate in worship?

Always Often Seldom Never Don't know

23. How would you describe him/her as a disciplinarian?

Very Capable Average Very Poor
 Capable Poor Don't Know

24. If you assigned him/her responsibilities would you indicate his/her response by checking the appropriate number on the scale below.

	Very			Not Very		
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Loyal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Sincere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to Inspire Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know

25. How would you describe his/her spiritual maturity? (please check)

	Very			Not Very		
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know

26. Please check all the words below which you believe accurately describe him/her:

<input type="checkbox"/> Timid	<input type="checkbox"/> Gentle	<input type="checkbox"/> Impatient	<input type="checkbox"/> Modest	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Nervous	<input type="checkbox"/> Loving	<input type="checkbox"/> Tactful	<input type="checkbox"/> Socially Awkward	<input type="checkbox"/> Intelligent
<input type="checkbox"/> Mature	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Patient	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Insecure
<input type="checkbox"/> Deliberate	<input type="checkbox"/> Congenial	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Studious	<input type="checkbox"/> Verbal
<input type="checkbox"/> Kind	<input type="checkbox"/> Selfish	<input type="checkbox"/> Secure	<input type="checkbox"/> Considerate	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Abrasive	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Motivated	<input type="checkbox"/> Organized	<input type="checkbox"/> Angry

27. How well do you judge his/her ability to keep confidence?

Very Good Average Very Poor
 Good Poor Don't Know

Please complete the last page.

28. Further comments:

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____ ext _____ E-mail _____
Name of Church _____
Signature _____ Date _____