



Northwest Ministry Network
Church Planting
Friend Reference Form (Non – Relative)

_____ has made application as a church planter with the Northwest Ministry Network of the Assemblies of God. You were referred to as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant. 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 to the address provided on the last page of the reference application. Your reply will be regarded as confidential. Your prompt attention to this matter is greatly appreciated.

Questions about Applicant:

1. How long have you known the applicant? _____

2. In what social context did you meet? _____

3. In what capacity do you view your relationship with the applicant?

_____ Acquaintance _____ Casual Friend _____ Close Friend

4. Have you ever been entertained in the home of the applicant? _____ Yes _____ No

5. Have you ever entertained the applicant in your home? _____ Yes _____ No

6. How often are you in social situations with the applicant?

_____ Seldom _____ Occasionally _____ Frequently

7. Please circle all the words below which you believe accurately describe the applicant:

- Timid Gentle Impatient Modest Impulsive Nervous
Loving Tactful Socially Awkward Intelligent Mature Sarcastic
Patient Compassionate Insecure Deliberate Congenial Stubborn
Studious Verbal Kind Selfish Secure Angry
Considerate Relaxed Abrasive Trustworthy Motivated Organize

8. How would you describe the applicant's marriage?

- | | |
|---|--|
| <input type="checkbox"/> Very Well-Adjusted | <input type="checkbox"/> Strained |
| <input type="checkbox"/> Well- Adjusted | <input type="checkbox"/> Very Strained |
| <input type="checkbox"/> Adjusted | <input type="checkbox"/> Don't Know |

9. How would you describe the applicant's children?

- | | |
|--|--|
| <input type="checkbox"/> Very Well-Behaved | <input type="checkbox"/> Poorly Behaved |
| <input type="checkbox"/> Well-Behaved | <input type="checkbox"/> Very Poorly Behaved |
| <input type="checkbox"/> Average | <input type="checkbox"/> Don't Know |

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

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

Questions about Applicants Spouse:

Name of Spouse: _____

12. How long have you known the applicant's spouse? _____

13. In what social context did you meet? _____

14. In what capacity do you view your relationship with him/her?

- Acquaintance Casual Friend Close Friend

15. Please circle all the words below which you believe accurately describe him/her:

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

16. How would you describe the applicant spouse as a disciplinarian?

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

17. How well do you judge the applicant's spouses ability to keep confidence?

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

Person Completing This Form:

First Name: _____ Last Name: _____
Church/Organization Affiliated: _____
Position within Organization: _____
Org. Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Contact Number: _____

Signature: _____ Date: _____

Mail/Email Reference Form To:

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