



Applicant's Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

The above applicant is applying for ministerial credentials with The Pentecostal Assemblies of Canada as a person affected by divorce and remarriage. We understand you are acquainted with the applicant and able 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. Please return it to the International Office, Attn: ASFS/Clergy Records, 2450 Milltower Court Mississauga ON L5N 5Z6. The authorization and release signatures of the applicant and spouse are on file at the national office. These guarantee that the applicant will not be aware of your response.

- 1. a. How well do you know the applicant? [] Friend [] Acquaintance [] Pastorally [] Professionally
b. Are you related to the applicant? [] Yes [] No
c. How long have you known the applicant? _____
d. Date of last meaningful contact: _____

- 2. How would you describe the applicant's current marriage?
[] Adjusted [] Well Adjusted [] Very Well Adjusted [] Strained [] Very Strained [] Don't know

Please comment: _____

- 3. In your observation, has the applicant demonstrated marital faithfulness for a minimum of 5 years?
[] Yes [] Questionable [] No [] Don't know

Please comment: _____

4. How would you describe the applicant in terms of his/her personal conduct following his/her divorce? (if applicable)

- 5. How would you describe the applicant's spiritual maturity? Please check (✓)
Maturity Very [] 1 [] 2 [] 3 [] 4 Not Very Don't know [] 5 []

Please turn over...

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

6. a. How well have you known the applicant's spouse?

- Friend Acquaintance Pastorally Professionally

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

7. In your observation, has the applicant's spouse demonstrated marital faithfulness for a minimum of 5 years?

- Yes Questionable No Don't Know

Please comment: _____

8. How would you describe the applicant's spouse in terms of his/her personal conduct following his/her divorce? (if applicable)

9. How would you describe the spouse's spiritual maturity? Please check (✓)

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

Please add additional comments here: _____

Signed: _____ Dated: _____

Please return to:
The Pentecostal Assemblies of Canada
Attn: ASFS/Clergy Records
2450 Milltower Court
Mississauga ON
L5N 5Z6