

Applicant's Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

The above applicant is applying for ministerial credentials with The Pentecostal Assemblies of Canada. 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 district office that the applicant is applying to** (please ask the applicant for the correct mailing address). The authorization and release signatures of the applicant and spouse are on file at the district 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 frequently does the applicant attend church?** Regularly Occasionally Seldom Don't know

3. **In your opinion, does the applicant actively participate in the life of the church?**

- Always Often Seldom Never Don't know

4. **How would you describe the applicant's marriage?**

- Adjusted Well Adjusted Very Well Adjusted Strained Very Strained Don't know Not Married

5. **How would you describe the applicant as a disciplinarian?**

- Average Capable Very Capable Poor Very Poor Don't know No Children

6. **How would you describe the applicant's children?**

- Average Well Behaved Very Well Behaved Poorly Behaved Very Poorly Behaved
 Don't know No Children

7. **If you assigned the applicant responsibilities, would you indicate his/her response by checking (✓) the appropriate number on the scale below?**

	Very				Not Very		Don't know
Teachable	<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"/>
Loyal	<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"/>
Sincere	<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"/>
Dependable	<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"/>
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"/>	<input type="checkbox"/>
Capable	<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"/>

8. **How would you describe the applicant'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"/>

9. a. **Is the applicant's call to ministry evident to you?** Yes No Don't know

b. **If so, how?** _____

10. **Please circle all the words below which you believe accurately describe the applicant:** *(continued on p. 2)*

- Timid Gentle Impatient Modest Impulsive Abrasive
 Nervous Loving Tactful Socially Awkward Intelligent Trustworthy

Mature	Sarcastic	Patient	Angry	Insecure	Motivated
Deliberate	Congenial	Stubborn	Studious	Verbal	Organized
Kind	Selfish	Secure	Considerate	Relaxed	Compassionate

11. How well do you judge the applicant's ability to keep confidences?

Average Good Very Good Poor Very Poor Don't know

12. Would you, without hesitation, recommend that the applicant be Ordained?

Yes With Reservation No Don't know

** Please remember to sign & date the bottom of this reference form.*

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

13. 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

14. How frequently does the spouse attend church? Regularly Occasionally Seldom Don't know

15. In your opinion, does the spouse actively participate in the life of the church?

Always Often Seldom Never Don't know

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

Average Capable Very Capable Poor Very Poor Don't Know No Children

17. If you assigned the spouse responsibilities, would you indicate his/her response by checking (✓) the appropriate number on the scale below?

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

18. 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"/>

19. Please circle all the words below which you believe accurately describe the applicant's spouse:

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

20. How well do you judge the applicant's spouse's ability to keep confidences?

Average Good Very Good Poor Very Poor Don't know

For any further comments, please feel free to attach additional pages.

Signed: _____ **Dated:** _____