



RESIDENCY REFERENCE FORMS
PASTORAL REFERENCE

MINISTRY RESIDENCY @ CENTRAL PASTORAL REFERENCE



Applicant Name: _____

Residency Position: _____

PLEASE E-MAIL REFERENCE FORMS TO: LEBBERS@CENTRALWESLEYAN.ORG

Thank you for your time in filling out this reference!

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. How have you seen this applicant's relationship with God develop?

4. Have you seen evidence of this applicant's interest in and work with the area of ministry he/she is applying for? Please describe.

5. Would you describe this person as someone who desires life with God? Why or why not?

6. In what area(s) would you like to see the applicant develop?

7. Feel free to write in additional comments. Please respond by scoring as follows:
1 = ALWAYS, 2 = USUALLY, 3 = SOMETIMES, 4 = SELDOM, 5 = NEVER, U = UNKNOWN.

EMOTIONAL BEHAVIOR: Does the candidate display appropriate responses to difficult situations?
Are they generally even tempered, predictable and approachable?

1 2 3 4 5 U

PERSONAL MATURITY: Consider the applicant's integrity, thoughtfulness, accuracy of perception, judgment, common sense, self-awareness and weaknesses.

1 2 3 4 5 U

SOCIAL SENSITIVITY: Consider the applicant's ability to be sensitive, understanding to others' feelings and reactions, and ability to make effective, insightful responses.

1 2 3 4 5 U

MOTIVATION FOR MINISTRY: Consider the applicant's desire to serve Jesus Christ; his/her love for the church and grace for fellow Christians; risk-taking ability, humility and response to challenge.

1 2 3 4 5 U

IF YOU HAVE ANY ADDITIONAL COMMENTS, USE THE SPACE BELOW OR THE BACK SIDE:

FULL NAME: _____

DATE: _____ **DAYTIME PHONE:** _____

EVENING PHONE: _____ **POSITION, IF WORKING:** _____

EMAIL: _____