



Applicant's Name: _____

Reference Name: _____

Reference Email: _____

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 judgement and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and to return it to the district office that the applicant is applying to (the applicant can confirm the 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?

Very well adjusted Well adjusted Adjusted Strained Very strained Don't know N/A

5. How well does the applicant disciple their children?

Very capable Capable Average Poor Very poor Don't know N/A

6. Based on your personal interactions, how would you describe the applicant in the following areas?

	Very				Not Very	Don't know
Able to inspire others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Capable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Dependable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Loyal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Personal Maturity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Teachable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>

7. a. Was the applicant's call into ministry evident to you? Yes No Don't know

b. If yes, how?

8. Click on the words below which you believe accurately describe the applicant:

- | | | | | | |
|---------------|------------------|---------------|------------|-------------|---------------|
| Abrasive | Anxious | Argumentative | Calm | Caring | Compassionate |
| Considerate | Controlling | Dismissive | Driven | Friendly | Gentle |
| Honest | Impatient | Impulsive | Insecure | Intentional | Kind |
| Motivated | Negative | Outspoken | Persistent | Quiet | Sarcastic |
| Self-Centered | Socially Awkward | Stubborn | Studious | Tactful | Trustworthy |

9. Based on your knowledge of the applicant, rate their ability to keep confidences:

- Very good Good Average Poor Very poor Don't know

10. Would you, without hesitation, recommend that the applicant be granted credentials for ministry?

- Yes With reservation* No* Don't know

**Please attach additional comments if you select "With Reservation" or "No."*

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

INFORMATION RELATIVE TO APPLICANT'S SPOUSE (if applicable)

Name of Spouse: _____

- 11. a. How well do you know the applicant's spouse?** Friend Acquaintance Pastorally Professionally
b. Are you related to the applicant's spouse? Yes No

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

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

- Always Often Seldom Never Don't know

14. How well does the spouse disciple their children?

- Very capable Capable Average Poor Very poor Don't know N/A

15. Based on your personal interactions, how would you describe the spouse in the following areas?

	Very				Not Very	Don't know
Able to inspire others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Capable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Dependable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Loyal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Patient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Personal Maturity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
Teachable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>

16. Click on the words below which you believe accurately describe the applicant's spouse:

- | | | | | | |
|---------------|------------------|---------------|------------|-------------|---------------|
| Abrasive | Anxious | Argumentative | Calm | Caring | Compassionate |
| Considerate | Controlling | Dismissive | Driven | Friendly | Gentle |
| Honest | Impatient | Impulsive | Insecure | Intentional | Kind |
| Motivated | Negative | Outspoken | Persistent | Quiet | Sarcastic |
| Self-Centered | Socially Awkward | Stubborn | Studious | Tactful | Trustworthy |

17. Based on your knowledge of the applicant's spouse, rate their ability to keep confidences:

- Very good Good Average Poor Very poor Don't know

For any further comments, please attach additional pages.

Signed: _____

Dated: _____

This form is to be returned to the district office directly.