

MINISTER'S REFERENCE

This form is to be completed by an *ordained* minister.
This form may be completed electronically and emailed or mailed to the district* office.

(District completes shaded portions.)

District Name _____
District Address _____
District City, State, Zip Code _____
District Email address _____
Name of Applicant _____

Please return by: _____

The above-named person has made application for ministerial credentials with the Assemblies of God. Thank you for taking the time to complete this form and returning a completed PDF via e-mail or hardcopy via mail to the district listed above. Your reply will be regarded as confidential. (NOTE: The Authorization and Release forms signed by the applicant and spouse are on file in the district office. These guarantee that the applicant will not be aware of your responses.)

1. How have you known the applicant? Personally Socially Casually Professionally
2. Are you related to the applicant? Yes No
3. How long have you known the applicant? 0-1year 1-3 years 3-5 years 5-10+ years
4. How frequently does the applicant attend church?
 Regularly Occasionally Seldom Don't know
5. In your opinion, does the applicant actively serve or volunteer in ministry?
 Always Often Seldom Never Don't know
6. In what ways has the applicant served or volunteered in ministry? _____

7. In your observation, does the applicant have a consistent devotional life?
 Yes No Don't know
8. Does the applicant give evidence of living a spirit-filled life?
 Yes No Don't know
9. Does this applicant have a record of consistent tithing support of the local church?
 Yes No Don't know
10. If you do not have knowledge of their tithing participation, who would have knowledge of this record?

*The term *district* is interchangeable with *network* throughout this form.

11. What are the applicant's greatest strengths as it relates to their ministry role? _____

12. What are the areas that the applicant needs to grow? _____

13. If applicable, how would you describe the applicant's marriage? Not applicable

- Very well-adjusted Adjusted Very strained
 Well-adjusted Strained Don't know

14. If applicable, how would you describe the applicant's parenting skills? Not applicable

- Very capable Average Very poor
 Capable Poor Don't know

15. If applicable, how would you describe the applicant's children? Not applicable

- Very well-behaved Average Very poorly behaved
 Well-behaved Poorly behaved Don't know

16. Please rate the applicant in the following categories:

	Out- standing	Very Good	Average	Fair	Poor	
Teachable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Authentic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Dependable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
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"/> Don't know
Capable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to manage conflict	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to communicate effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Shows care and concern for others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Shows respect for leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Self-aware	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to keep confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know

17. How would you describe the applicant's spiritual maturity?

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

18. Was the applicant's call into the ministry evident to you? Yes No

If so, how? _____

19. Please check all the words below which you believe accurately describe the applicant:

- | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Team-player | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Innovative | <input type="checkbox"/> Congenial | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Selfish | <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized | <input type="checkbox"/> Angry |

20. Would you recommend that applicant be granted credentials for ministry?

- Yes With reservation No Don't know

21. Is there anything else about the applicant that we should consider? _____

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____ E-mail _____
Name of Church _____
Signature _____ Date _____

- The applicant is not married. The remainder of the form should not be completed.
 The applicant is married. Please continue with the remainder of the form.

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

22. How have you known the spouse? Personally Socially Casually Professionally

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

24. How frequently does he/she attend church?

- Regularly Occasionally Seldom Don't know

25. In your opinion, does he/she actively serve or volunteer in ministry?

- Always Often Seldom Never Don't know

26. If applicable, how would you describe his/her parenting skills?

Not applicable

- Very capable Average Very poor
 Capable Poor Don't know

27. How would you describe his/her spiritual maturity?

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

28. Please check all the words below which you believe accurately describe him/her:

- | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Deliberate | <input type="checkbox"/> Congenial | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Selfish | <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized | <input type="checkbox"/> Angry |

29. How well do you judge his/her ability to keep confidence?

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

30. Is there anything else about the applicant's spouse that we should consider? _____
