

MINISTER'S REFERENCE

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed. Sign and return to the district office.

North Texas District Council

Address: _____

City, State, Zip: _____

_____ has made application for ministerial credentials with the North Texas District Council of the Assemblies of God. We were referred to you as one acquainted with the applicant and competent 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 and returning it in the enclosed envelope. 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.) Please return by: _____.

1. How well have you known the applicant? Personally Socially Casually
2. Are you related to the applicant? Yes No
3. How long have you known the applicant? _____
4. How frequently does the applicant attend church?
 Regularly Occasionally Seldom Don't know
5. How has the applicant participated in church life? _____
6. In your opinion, does the applicant actively participate in worship?
 Always Often Seldom Never Don't know
7. Does this applicant have a record of consistent tithing support of the local church?
 Yes No Don't know
8. If you do not have knowledge of their tithing participation, who would have knowledge of this record?

9. How would you describe the applicant's marriage?
 Very Well-Adjusted Strained
 Well-Adjusted Very Strained
 Adjusted Don't know
10. How would you describe the applicant as a disciplinarian?
 Very Capable Poor
 Capable Very Poor
 Average Don't Know

11. How would you describe the applicant's children?

- | | |
|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Very Well-Behaved | <input type="checkbox"/> Poorly Behaved |
| <input type="checkbox"/> Well-Behaved | <input type="checkbox"/> Very Poorly Behaved |
| <input type="checkbox"/> Average | <input type="checkbox"/> Don't Know |

12. If you assigned the applicant responsibilities would you indicate his/her response by checking the appropriate number on the scale below?

	Very	~	Not Very	
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
Loyal	<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
Sincere	<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

13. How would you describe the applicant's spiritual maturity? (please check)

- Very ~ Not Very 1 2 3 4 5 Don't know

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

If so, how?

15. 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"/> 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"/> Verbal |
| <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 |

16. How well do you judge the applicant's ability to keep confidence?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Average | <input type="checkbox"/> Don't Know |

17. Would you without hesitation recommend that applicant be granted credentials for ministry?

- Yes With reservation No Don't know

18. Further comments:

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

NAME OF SPOUSE: _____

19. How well have you known the applicant's spouse? Personally Socially Casually
20. Are you related to the applicant's spouse? Yes No
21. How frequently does he/she attend church?
 Regularly Occasionally Seldom Don't know
22. In your opinion, does he/she actively participate in worship?
 Always Often Seldom Never Don't know
23. How would you describe him/her as a disciplinarian?
 Very Capable Poor
 Capable Very Poor
 Average Don't Know
24. If you assigned him/her responsibilities would you indicate his/her response by checking the appropriate number on the scale below.
- | | Very | ~ | Not Very | | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| 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 |
| Loyal | <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 |
| Sincere | <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 |
25. How would you describe his/her spiritual maturity? (please check)
 Very ~ Not Very 1 2 3 4 5 Don't know
26. 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"/> Verbal |
| <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 |
27. How well do you judge his/her ability to keep confidence?
 Very Good Poor
 Good Very Poor
 Average Don't Know

28. Further comments:

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