

MINISTER'S REFERENCE FORM

FOR THE CHURCH OF THE UNITED BRETHREN IN CHRIST, USA

RETURN TO:
Office of the Bishop
302 Lake Street
Huntington, IN 46750
email: profiles@ub.org



**United
Brethren**
ALL FOR CHRIST

Applicant's Name
This person has applied for a ministerial license from the Church of the United Brethren in Christ, USA. We value your comments, and ask that you give a full, candid report so that fair consideration may be given to this person. Thank you.

Your Full Name:
Position:
Date:

1. What is your relationship to the applicant?	<input type="checkbox"/> Faculty <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Key Layperson <input type="checkbox"/> Cluster Leader <input type="checkbox"/> Friend/Relative
2. How long have you known this person?	
3. How well do you know the applicant?	<input type="checkbox"/> Casually (by name/sight) <input type="checkbox"/> Moderately (a few personal contacts) <input type="checkbox"/> Very well (numerous personal contacts)
4. What observations have you made that would affirm the call of God on the applicant's life? Have you personally observed this person serving in a specific ministry role?	
5. Please comment on specific ministry skills and strengths that this person would bring to a pastoral role.	

6. Please evaluate the applicant in the following areas.
--

Biblical knowledge	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Christian commitment	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Emotional stability	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Family relationships	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Flexibility/adaptability	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Initiative	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Integrity/honesty	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Leadership	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Relational skills	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Responsibility	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Service to others	Excellent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor <input type="checkbox"/> Don't Know
Please comment on any of the above ratings.	

7. What do you perceive as this person's spiritual gifts? (Please check all that apply.)

<input type="checkbox"/> Proclamation/Preaching	<input type="checkbox"/> Mercy/Shepherding
<input type="checkbox"/> Encouragement/Exhortation	<input type="checkbox"/> Leadership/Administration
<input type="checkbox"/> Helps	<input type="checkbox"/> Teaching
<input type="checkbox"/> Giving	
8. How would you describe the relationship between this person and their spouse (if applicable)?	
9. In social relationships, the applicant is: <input type="checkbox"/> Sought out <input type="checkbox"/> Well-received <input type="checkbox"/> Tolerated <input type="checkbox"/> Avoided Please explain.	
10. Are you aware of any moral or integrity issues that might prevent this person from being a good candidate for ministry within the United Brethren in Christ Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.	
11. To your knowledge, has this person ever pled guilty or been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. To your knowledge, has this person ever been charged with child neglect or abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. To your knowledge, does this person have the support of his/her family in undertaking the process of licensing for ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Please share what you believe this person can contribute to the United Brethren ministry.	
15. I recommend this person for a ministerial license in the United Brethren Church... <input type="checkbox"/> with enthusiasm. <input type="checkbox"/> with confidence. <input type="checkbox"/> without reservation. <input type="checkbox"/> with reservation. <input type="checkbox"/> I don't recommend this person at all.	
Your Signature	