

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"/> PRC Chair <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Board Chair <input type="checkbox"/> Key Layperson <input type="checkbox"/> Church Leader <input type="checkbox"/> Cluster Leader <input type="checkbox"/> Spouse <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Prev. Supervisor
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.
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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"/> Encouragement/Exhortation <input type="checkbox"/> Helps <input type="checkbox"/> Giving	<input type="checkbox"/> Mercy/Shepherding <input type="checkbox"/> Leadership/Administration <input type="checkbox"/> Teaching
<p>8. How would you describe the relationship between this person and their spouse (if applicable)?</p>	
<p>9. In social relationships, the applicant is:</p> <p style="text-align: center;"> <input type="checkbox"/> Sought out <input type="checkbox"/> Well-received <input type="checkbox"/> Tolerated <input type="checkbox"/> Avoided </p> <p>Please explain.</p>	
<p>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?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If so, please explain.</p>	
<p>11. To your knowledge, has this person ever pled guilty or been convicted of any crime?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>12. To your knowledge, has this person ever been charged with child neglect or abuse?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>13. To your knowledge, does this person have the support of his/her family in undertaking the process of licensing for ministry?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>14. Please share what you believe this person can contribute to the United Brethren ministry.</p>	
<p>15. I recommend this person for a ministerial license in the United Brethren Church...</p> <p style="text-align: center;"> <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. </p>	
<p>Your Signature (if mailing or scanning; otherwise, ignore)</p>	