



CHURCH – PASTOR / YOUTH PASTOR

This section is to be filled out by the applicant.

Name

Address

City, State, Zip

This section to be filled out by the reference.

How long have you known the applicant? \_\_\_\_\_ You have been the applicant's:

Pastor

Youth Pastor

The individual named above has given your name as a reference in applying to become a Missionary for TIME Ministries. We rely on people like you to help us accurately appraise our incoming Missionaries. We appreciate your honest estimate of this applicant's personality and character traits, and will treat your reply as confidential. It is the policy of TIME Ministries that reference forms are NOT made available to the applicant. This includes identifying positive or negative situations which would help us evaluate the applicant's ministry effectiveness.

Each applicant must submit a recommendation from the chairperson of the board or other executive of the organization in which the applicant served. Serious consideration is given to this recommendation, and therefore we request that you complete the form carefully and candidly and return it to the TIME Ministries office in a sealed envelope with your signature across the flap.

1. How well do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

2. Please give what information you can regarding the applicant's church life. \_\_\_\_\_

\_\_\_\_\_

3. Please give what information you can regarding the applicant's family life. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant relate well with others? \_\_\_\_\_

\_\_\_\_\_

5. Does the applicant work well with others? \_\_\_\_\_

\_\_\_\_\_

6. What do you consider the applicant's strongest talents and abilities? \_\_\_\_\_

\_\_\_\_\_

7. What do you consider the applicant's weak points? \_\_\_\_\_

\_\_\_\_\_

8. Have you observed weaknesses in the applicant's moral life? Yes No

(If yes, please explain.) \_\_\_\_\_  
\_\_\_\_\_

9. Please rate the applicant by circling one or more items under each of the headings below. If you wish, describe briefly and concretely specific instances which support or interpret your judgment. Do not circle items of which you feel uncertain or in which you have had no opportunity to observe.

	Below Average	Average	Above Average	Strong	Exceptional
Spiritual Life	1	2	3	4	5
Initiative	1	2	3	4	5
Industry	1	2	3	4	5
Follow-through	1	2	3	4	5
Influence on others	1	2	3	4	5
Acceptance by others	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership	1	2	3	4	5
Humility	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Personal organization	1	2	3	4	5
Emotional qualities	1	2	3	4	5
Personal appearance	1	2	3	4	5
Overall evaluation	1	2	3	4	5

10. Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are additional facts which we should know, please write on a separate sheet. You may include the names and addresses of additional references which you think would be of help in evaluating this application.  
Thank you.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_  
(please print)

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_