

LICENSED MINISTER'S REFERENCE FORM

DATE _____

TO THE APPLICANT: Give one of these forms to each of the persons you have selected, but including at least your local pastor, another pastor or lay leader, present employer and someone who knows you well and is familiar with your skills.

TO THE REFERENCE: Please complete this form and return it to:

The Christian Church (Disciples of Christ) in Indiana
1100 W. 42nd Street
Indianapolis, IN 46208

APPLICANT'S NAME _____

REFERENCE'S NAME _____

REFERENCE'S ADDRESS _____

_____ (_____) _____
City State Zip Phone

	Above Average		Average		Below Average		Do not know
Pastoral qualities (<i>genuine interest and concern for people, accessible, gives consistent care to all</i>)							
Knowledge of the program of the Christian Church and commitment to it							
Maturity (<i>Spiritual, ethical, intellectual, emotional</i>)							
Resourcefulness and creativity							
Willingness to work hard							
Skill in administration							
Skill in Christian Education							
Skill in leadership development							
Preaching ability							
Ability to develop and lead public worship							
Commitment to stewardship							
Commitment to social justice							
Commitment to personal, professional and spiritual growth							
Professional interest and concern (<i>use of newsletters, media, etc.</i>) to communicate church program							
Demonstrates an understanding of, and a capacity to articulate the Christian faith							

How long have you known the applicant? _____

In what relationship? _____

Please indicate in a manner of your own choosing your estimate of her/him in the following categories:

1. Character (*moral integrity, general behavior*): _____

2. Emotional stability and flexibility: _____

3. Personality: _____

4. Appearance and presence: _____

5. Family: _____

Please give any comments which would assist a personnel committee in making an employment decision regarding this person.

Signature _____ Date completed _____