



INITIAL REFERENCE FORM

Instructions to Candidate: Your local church conference has recommended you for licensing by the Regional Board of Ministerial Development as a ministerial student or licensed minister. Follow the instructions of your Regional Board of Ministerial Development as to appropriate persons who can complete this confidential evaluation.

Please give this Reference Form to the following:

1. The Pastor at the local Wesleyan Church where you hold membership
2. Vice Chair of the Local Board of your church
3. Another leader whom you serve in ministry with at your church

Fill in your name and address in the appropriate places on this form before giving printed copies to your references.

It is preferred that you email these to your references and have them returned to:
rbmd@thegl.org

If your references wish to mail them back, please supply them with a stamped envelope addressed to :

Great Lakes Region Board of Ministerial Development
3040 Ivanrest Ave SW, Grandville, MI 49418

The information provided on this form is confidential. It is only for use by the Wesleyan Regional Board of Ministerial Development and Wesleyan Church officials and will not be released or provided to any other parties.

I hereby freely give permission for the use of this information by the district and general officials of The Wesleyan Church and waive my right to examine any confidential information about me provided by other persons.

Date: _____

Signature:

Instructions to the Respondent:

_____ has completed an application for licensing as a ministerial student or as a licensed minister with the Great Lakes Region of the Wesleyan Church. The applicant/candidate has requested that you be one of the persons to make a candid evaluation to help our Regional Board of Ministerial Development better evaluate the potential of the candidate. Nurture and counsel of the candidate will be advanced by an honest and frank assessment of each of the areas listed. The information you give will be used discreetly as a means of directing and assisting the candidate in discovering God's will concerning the ministry.

Name of person filling out this form:

- 1. In what relationship did you know the applicant?
For how long?**

- 2. In your judgment, does the applicant demonstrate he/she has experienced genuine conversion?**

- 3. In your judgment, does the applicant demonstrate a sense of God's calling to vocational ministry?**

- 4. How do you evaluate him/her as to:**
 - a. Personal Integrity/honesty High Low
 - b. Maintaining a consistent Christian lifestyle High Low
 - c. Cooperative spirit High Low
 - d. Church attendance High Low
 - e. Promptness High Low
 - f. Ability to meet and relate to people High Low
 - g. Family relationships (*with parents/spouse/children*) High Low

h. Depth of spiritual life	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
i. Reputation in the community	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
j. Personal appearance	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
k. Management of finances	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
l. Speaking ability, communication	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low
m. Aptitude or potential for ministry	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low

5. **Have people been led to a personal relationship with Jesus and made a part of the local church body through the candidate's labors?**

6. **Have people grown spiritually due to the involvement of the candidate in their lives?**

7. **List the areas of greatest strength you see in the candidate.**

8. **List the areas you feel the candidate could improve and thereby enhance effectiveness as a person and as a ministerial aspirant.**

9. **In your judgment, does the candidate demonstrate social behaviors or a lack of social skills that could serve as a deterrent to effective ministry? If so, please explain.**

10. **In your judgment, does the candidate present any emotional or psychological issues that could serve as a deterrent to effective ministry? If so, please explain.**

11. **Give any other information that may be of help in understanding and advising the applicant in preparation for the ministry.**

12. **Are you aware of any circumstances, past or present, which cause you to question the applicant's qualifications for ministry?
If so, please provide details.**

13. **Are there other individuals we should check with before licensing this person?
If so, please identify them.**

14. **Would you be willing to hire this person as a staff member in your church if you had an opening and available finances to provide for their employment?
If not, please explain.**

Full name of person completing form:

Your role:

Date: _____

Forms can be returned to rbmd@thegl.org