

LICENSED MINISTRY REFERENCE FORM

DATE _____

TO THE APPLICANT: Give one of these forms to each of the persons you have selected, 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 _____

REFERENCE _____

ADDRESS _____

street city state zip phone

	Above Average		Average		Below Average		Do Not Know
Pastoral qualities (genuine interest and concern for people, accessible, gives consistent care to all)							
Knowledge of the program of the Christian Church and commitment to it							
Maturity (Spiritual, ethical, intellectual, emotional)							
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 evangelism							
Commitment to stewardship							
Commitment to social justice							
Commitment to personal, professional and spiritual growth							
Promotional interest and concern (use of newsletters, media, etc., to communicate church program)							
Demonstrates an understanding of and a capacity to articulate the Christian faith							

LICENSED MINISTRY REFERENCE FORM

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 that would assist a personnel committee in making an employment decision regarding this person.

Signature _____ Date _____