

SECTION B

(For the Pastor to complete)

ABOUT YOU (THE PASTOR)

REFEREE'S NAME: _____

CHURCH NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

REGARDING THE APPLICANT

HOW LONG HAS THE APPLICANT BEEN ATTENDING YOUR CHURCH? _____

HAT ROLE, OFFICES, MINISTRIES DOES THE APPLICANT HOLD AND/OR IS INVOLVED IN CURRENTLY? _____

PLEASE DESCRIBE BELOW YOUR OBSERVATIONS OF THE APPLICANT'S CHRISTIAN EXPERIENCE UNDER THE FOLLOWING CATAGORIES:

Servant hood: _____

Biblical studies: _____

Emotional stability: _____

Response to authority: _____

Leadership: _____

Relationship skills: _____

DO YOU KNOW OF ANY PECULIARITIES, DOCTRINAL OR OTHERWISE, WHICH COULD PROVE A DRAWBACK TO THE APPLICANT IN CHRISTIAN MINISTRY? Yes No

If yes, please provide details _____

PASTOR'S SIGNATURE: _____

DATE: _____