

For Office Use Only
Student ID:

REDEEMER MINISTRY SCHOOL
PASTORAL / ELDER REFERENCE FORM

DATE: M_____ D_____ Y_____

Applicant's Name: _____

To the Pastor / Elder: The above named person is applying to the Redeemer Ministry School. Your consideration to the following questions will be instrumental in our determination of the appropriateness of admission of the applicant to our program. Your responses will be kept confidential. Thank you for your valuable assistance.

Your name: _____
Name of your church: _____
Address of church: _____
City: _____ State: _____ Zip: _____ Country: _____
Your daytime phone: _____ Evening phone: _____
Email address: _____

How long have you known the applicant?

How well do you know him/her? by face casually fairly well very well

To your knowledge has the applicant had a salvation experience? yes no

Please describe this applicant's level of involvement in your church (check all that apply):

attends regularly cooperative interested involved willing to help
 distant attends irregularly attends infrequently uncommitted enthusiastic

If you described the applicant as attending irregularly or infrequently, please explain further:

Has the applicant served in your congregation in any capacity? yes no

If yes, please describe:

What have you observed are some strengths of this applicant?

What have you observed are some weaknesses of this applicant?

In your observation, how does the applicant affect his/her peers?

positively neutral negatively unknown

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Please rate the applicant on the following characteristics. Circle the number (1-5) which best reflects the applicant. If unknown, please leave blank.

	Poor				Excellent
Servanthood	1	2	3	4	5
Dependability / reliability	1	2	3	4	5
Respect for authority/leaders	1	2	3	4	5
Openness to correction	1	2	3	4	5
Overall maturity	1	2	3	4	5
Spiritual life/ devotion to Christ	1	2	3	4	5
Leadership skills	1	2	3	4	5
Openness to correction	1	2	3	4	5
Self discipline	1	2	3	4	5
Cleanliness/grooming	1	2	3	4	5

Please rate the applicant on the following characteristics. Circle the number (1-5) which best reflects the applicant. If unknown, please leave blank.

	Never				Often
Procrastination	1	2	3	4	5
Argumentative	1	2	3	4	5
Critical	1	2	3	4	5
Domineering	1	2	3	4	5
Irritable	1	2	3	4	5
Rebellious	1	2	3	4	5

To your knowledge has the applicant struggled with the use of tobacco, alcohol or illegal drugs in the past year? yes no

If yes, please briefly describe:

To your knowledge has the applicant struggled with pornography, heterosexual or homosexual sin in the past 12 months? yes no

If yes, please briefly describe:

Have you ever had reason to question the applicant's morals? yes no

If yes, please briefly explain:

Do you have any reason to lack confidence in this applicant? yes no

If yes, please explain:

On the basis of the above information, the applicant is:

- strongly recommended recommended recommended with reservation
 do not recommended

Please print your name here: _____

Your signature: _____

To submit this form:

1. Place this completed form in a sealed, standard sized envelope
2. Sign your name across the seal.
3. Return this completed form in the sealed envelope to the applicant.

Thank you for your valuable input.