

# BRIERCREST SEMINARY PASTORAL REFERENCE

*To be filled out by a pastor, priest, elder, deacon, district superintendent, or bishop*

## APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## To be filled out by the referee:

- I. How many years have you known the applicant? \_\_\_\_\_
- II. To what degree do you know the applicant? Very Well Well Casually
- III. Relationship to the applicant: Pastor/Priest Elder/Deacon Bishop or District Superintendent Other \_\_\_\_\_

IV. Please comment on the applicant’s general ministry experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. Please describe the applicant’s specific gifts and abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. Please comment on the applicant’s suitability for their chosen field of ministry or education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. Are there any traits or conditions that would limit the applicant’s effectiveness in their education and/or ministry? Yes No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



VIII. Please rate the applicant in the following areas (circle one):

AREA	NOT OBSERVED	WEAK	NEEDS IMPROVEMENT	AVERAGE	GOOD	STRONG
Time Management	0	1	2	3	4	5
Stewardship of Resources	0	1	2	3	4	5
Emotional Health/Stability	0	1	2	3	4	5
Ability to Handle Stress	0	1	2	3	4	5
Christian Character	0	1	2	3	4	5
Sensitivity to Others' Needs	0	1	2	3	4	5
Personal Discipline	0	1	2	3	4	5
Creative Thinking	0	1	2	3	4	5
Ability to Work on a Team	0	1	2	3	4	5
Oral Communication Skills	0	1	2	3	4	5
Written Communication Skills	0	1	2	3	4	5
Engagement with Local Church	0	1	2	3	4	5
Practice of Spiritual Disciplines	0	1	2	3	4	5

Name: \_\_\_\_\_

Phone Number (in case of questions): \_\_\_\_\_

By signing below I, \_\_\_\_\_ affirm that all the information is accurate and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not return this form to the applicant. Please send this reference to the Briercrest Enrolment Services office via fax or email.

Email: enrolnow@briercrest.ca | Fax: 1.306.912.7862

