

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: 1.800.667.2329 (Toll free)

