

Briercrest Seminary Pastoral Reference



To be filled out by a Pastor, Priest, Elder, Deacon, District Superintendent, or Bishop.

Applicant information:

Name: _____
First Last

Address: _____
Street City Province Postal Code

To be filled out by the referee:

1. How many years have you known the applicant? _____

2. To what degree do you know the applicant? Very Well Well Casually

3. Relationship to the applicant: Pastor/Priest Elder/Deacon Bishop or District Superintendent
 Other _____

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

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

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

7. 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: _____

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

Area	Not Observed	Weak	Needs Improvement	Good	Strong	Excellent
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 Other's 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

To be filled out by the referee:

Name: _____
First Last

Phone Number (in case we have any questions): (_____) _____

By signing below I, _____ acknowledge that, to my knowledge, all the information above is accurate and true.
Please print name

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)