

FRIEND'S REFERENCE

This form may be completed electronically and emailed or mailed to the district* office.

(District completes shaded portions.)

District Name _____

District Address _____

District City, State, Zip Code _____

District Email address _____

Name of Applicant _____

Please return by: _____

The above-named person has made application for ministerial credentials with the Assemblies of God. Thank you for taking the time to complete this form and returning a completed PDF via e-mail or hardcopy via mail to the district listed above. (NOTE: The applicant and spouse (if applicable) have a signed Authorization and Release form on file in the district office to release you to confidentially share and waiving their right to see your reference).

1. How long have you known the applicant? 0-1year 1-3 years 3-5 years 5-10+ years

2. Briefly explain how you met and what your relationship is like now. _____

3. What are the applicant's greatest strengths? _____

4. Describe the areas in which the applicant needs to grow. _____

5. What are the God-given gifts you observe that make the applicant well suited for credentials? _____

*The term *district* is interchangeable with *network* throughout this form.

6. Please rate the applicant in the following areas:

	Out-standing	Very Good	Average	Fair	Poor	
Ability to relate to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Self-aware	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Adaptable to change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Conflict resolution skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Sets healthy boundaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Dependability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Takes initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Values diverse people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Manages stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Keeps confidentiality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to prioritize and focus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Self-disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know

7. If applicable, how would you describe the applicant's marriage? Not applicable

- Very well-adjusted Adjusted Very strained
 Well-adjusted Strained Don't know

Briefly explain: _____

8. If applicable, how would you describe the applicant's parenting skills? Not applicable

- Very capable Average Very poor
 Capable Poor Don't know

Briefly explain: _____

9. If applicable, how would you describe the applicant's children? Not applicable

- Very well-behaved Average Very poorly behaved
 Well-behaved Poorly behaved Don't know

10. Is there anything else about the applicant that we should consider? _____

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____ E-mail _____
Occupation _____
Signature _____ Date _____

- The applicant is not married. The remainder of the form should not be completed.
- The applicant is married. Please continue with the remainder of the form.

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

Name of Spouse: _____

11. How many years have you known the applicant's spouse? 0-1 1-3 3-5 5-10+

12. Briefly explain how you met and what your relationship is like now. _____

13. If applicable, how would you describe the applicant spouse's parenting skills? Not applicable

- | | | |
|---------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very capable | <input type="checkbox"/> Average | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Capable | <input type="checkbox"/> Poor | <input type="checkbox"/> Don't know |

Briefly explain: _____

14. How would you rate the applicant spouse in with the following statements?

	Out- standing	Very Good	Average	Fair	Poor	
Ability to relate to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Self-aware	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Adaptable to change	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Conflict resolution skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Sets healthy boundaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Dependability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Takes initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Values diverse people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Manages stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Keeps confidentiality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Able to prioritize and focus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know
Self-disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Don't know

15. Is there anything else about the applicant's spouse that we should consider? _____
