

# ORDAINED MINISTER'S REFERENCE FOR AN ORDINATION UPGRADE

This form is to be completed by an *ordained* minister.  
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 ordination 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. Your reply will be regarded as confidential. (NOTE: The Authorization and Release forms signed by the applicant and spouse are on file in the district office. These guarantee that the applicant will not be aware of your responses.)

- I am an Ordained Minister.  Yes  No
- How have you known the applicant?  Personally  Socially  Casually  Professionally
- Are you related to the applicant?  Yes  No
- How long have you known the applicant?  0-1year  1-3 years  3-5 years  5-10+ years
- How has the applicant participated in church life? \_\_\_\_\_  
\_\_\_\_\_
- How would you describe the applicant's spiritual maturity?  
 Very good  Average  Very poor  
 Good  Poor  Don't know
- How has the applicant displayed a divine call to ministry in their life and leadership? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 No opportunity to observe.
- How has the applicant evidenced a durable commitment to continue in ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 No opportunity to observe.

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

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

Very well-adjusted       Adjusted       Very strained

Well-adjusted       Strained       Don't know

Briefly explain: \_\_\_\_\_

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

No opportunity to observe.

10. How has the applicant participated in ongoing education opportunities (Formal Education, conferences, workshops, etc.)? \_\_\_\_\_

\_\_\_\_\_

No opportunity to observe.

11. Describe how the applicant has effectively communicated the gospel message. \_\_\_\_\_

\_\_\_\_\_

No opportunity to observe.

12. Describe how the applicant has been effective in leadership. \_\_\_\_\_

\_\_\_\_\_

No opportunity to observe.

13. Describe how the applicant has been effective in personal ministry to others. \_\_\_\_\_

\_\_\_\_\_

No opportunity to observe.

14. Would you recommend that applicant be granted credentials for ordained ministry?

Yes       With reservation       No       Don't know

15. Further comments: \_\_\_\_\_

\_\_\_\_\_

Name _____
Ordained with the AG? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please indicate fellowship: _____
Daytime Phone _____ E-mail _____
Name of Church _____
Signature _____ Date _____