



A Global Movement of Evangelical Presbyterian Churches

REFERENCE FORM

Reference for _____

You have received this reference form from a person who values your opinion. The material you provide will be placed with other materials to comprise the individual's Personal Information Form for use in the Evangelical Presbyterian Church. The Office of the Stated Clerk encourages persons to update regularly or prepare a new Personal Information Form. ***Therefore, being asked to provide a reference does not necessarily imply that the person is interested in a change in position.***

Committees may use the material you provide in the future if the person seeks a change.

You are being asked to provide as clear a picture of this person as possible through the attached reference form which includes an opportunity to comment. Indicate the qualities evidenced in this person's ministry at this time as you have encountered them. Bear in mind that other congregations and/or ministries rely on the completeness and accuracy of the information that you provide.

For your information, the person for whom you are completing this reference form has signed the following statement of consent, which is on file at the Office of the General Assembly:

I authorize the persons and entities, such as members of search committees of a prospective calling body or appropriate staff persons, to make inquiries regarding all statements contained in my Personal Information Form. I also authorize all persons referred to in the Profile as references, members of congregations I have served, or personal/professional colleagues to supply verification of the information provided in the Personal Information Form. I understand that such persons may comment on and state their opinions regarding all matters addressed in the profile including, without limitation, my background and character. To encourage such persons to speak openly and responsibly, I hereby release them from any claims or liabilities arising from their responses and comments if made in good faith and without malice.

If you need additional space to answer any questions, please attached a separate sheet (and ensure that the question number is included). Send completed Reference Form to:

Office of the Stated Clerk
Evangelical Presbyterian Church
5850 T.G. Lee Blvd., Suite 510
Orlando, FL 32822

or you can fax to 407-930-4247 or scan and email to info@epc.org.

If the person asking for this reference provided the form to you as a hard copy, they should have also supplied a stamped envelope with this address for your use.

Reference for _____

Date _____

Please answer as many of the following questions as you are able. If you have no knowledge or opinion on any of the questions, please check "unknown."

1. In what capacity and how long have you known the candidate?

2. In comparison with other ministers you have known, indicate:

- (1) Serious Deficiency (2) Below Average (3) Average
(4) Above Average (5) Exceptional (6) Unknown

	1	2	3	4	5	6
Preaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and fosters evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in and fosters discipleship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to encourage others to develop their gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earns loyalty of colleagues and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to objectively evaluate own strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental and emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

3. Is he/she able to successfully work with others?

Reference for _____

Date _____

4. Does he/she show evidence of alcohol or other substance abuse? If so, please explain.

5. How does he/she handle anger or frustration?

6. Does he/she have any personal qualities that might hamper ministry effectiveness?

7. Would you recommend him/her as a minister?

8. Please state your reservations if you are unable to recommend him/her as a minister.

9. Additional comments:

Signature: _____

Print Name: _____

Address: _____

Email: _____

Preferred Phone: _____