

FRIEND'S REFERENCE

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed. Sign and return to the district office.

_____ **District Council**

Address: _____

City, State, Zip: _____

_____ has made application for ministerial credentials with the _____ District Council of the Assemblies of God. We were referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it in the enclosed envelope. 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.) Please return by: _____.

1. How long have you known the applicant? _____
2. In what social context did you meet? _____

3. In what capacity do you view your relationship with the applicant?
 Acquaintance Casual Friend Close Friend
4. Have you ever been entertained in the home of the applicant? _____
 Have you ever entertained the applicant in your home? _____
5. How often have you been with the applicant socially?
 Seldom Occasionally Never
6. Please check all the words below which you believe accurately describe the applicant:

<input type="checkbox"/> Timid	<input type="checkbox"/> Gentle	<input type="checkbox"/> Impatient	<input type="checkbox"/> Modest	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Nervous	<input type="checkbox"/> Loving	<input type="checkbox"/> Tactful	<input type="checkbox"/> Socially Awkward	<input type="checkbox"/> Intelligent
<input type="checkbox"/> Mature	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Patient	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Insecure
<input type="checkbox"/> Deliberate	<input type="checkbox"/> Congenial	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Studious	<input type="checkbox"/> Verbal
<input type="checkbox"/> Kind	<input type="checkbox"/> Selfish	<input type="checkbox"/> Secure	<input type="checkbox"/> Considerate	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Abrasive	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Motivated	<input type="checkbox"/> Organized	<input type="checkbox"/> Angry
7. How would you describe the applicant's marriage? Not applicable

<input type="checkbox"/> Very Well-Adjusted	<input type="checkbox"/> Adjusted	<input type="checkbox"/> Very Strained
<input type="checkbox"/> Well-Adjusted	<input type="checkbox"/> Strained	<input type="checkbox"/> Don't know
8. How would you describe the applicant as a disciplinarian?

<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

9. How would you describe the applicant's children? Not applicable
- | | | |
|--|---|--|
| <input type="checkbox"/> Very Well-Behaved | <input type="checkbox"/> Average | <input type="checkbox"/> Very Poorly Behaved |
| <input type="checkbox"/> Well-Behaved | <input type="checkbox"/> Poorly Behaved | <input type="checkbox"/> Don't Know |

10. How well do you judge the applicant's ability to keep confidence?
- | | | |
|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Average | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Don't Know |

11. Further comments: _____

INFORMATION RELATIVE TO APPLICANT'S SPOUSE

NAME OF SPOUSE: _____

12. How long have you known the applicant's spouse? _____

13. In what social context did you meet? _____

14. In what capacity do you view your relationship with him/her?
- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Casual Friend | <input type="checkbox"/> Close Friend |
|---------------------------------------|--|---------------------------------------|

15. Please check all the words below which you believe accurately describe him/her:
- | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving | <input type="checkbox"/> Tactful | <input type="checkbox"/> Socially Awkward | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Deliberate | <input type="checkbox"/> Congenial | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Studious | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Selfish | <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized | <input type="checkbox"/> Angry |

16. How would you describe him/her as a disciplinarian?
- | | | |
|---------------------------------------|----------------------------------|-------------------------------------|
| <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 |

17. How well do you judge his/her ability to keep confidence?
- | | | |
|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Average | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Don't Know |

18. Further comments: _____

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