



**COVENANT BRETHREN CHURCH
MINISTERIAL TRAINING PROGRAM
CONGREGATIONAL REFERENCE FORM**

This section to be completed by the applicant

Applicant name

Address

City, State, Zip Code

This section to be completed by the Pastor or Moderator of the congregation

The individual named above is applying for admittance to the Ministerial Training Program of the Covenant Brethren Church. Please write a statement which evaluates the applicant in the following areas: 1) applicant's current membership status in the congregation, 2) length of time of the applicant's involvement in the congregation, 3) the applicant's current activities and responsibilities within the congregation, and 4) the opinion of the local leadership concerning the applicant's character, spiritual maturity, fitness for ministry, and readiness for participation in a rigorous training program. In order to maintain confidentiality please email this form directly to the Ministerial Training Commission at 123@456.789 or mail it to [address goes here](#).

Name of individual completing form

Name of congregation

Address

Telephone/Cell phone

City, State, Zip Code

Signature

Date

Position

