



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

**Please Note:** Personal references may not be provided by family members of the applicant.

**This section to be completed by the applicant**

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Applicant name

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Address

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City, State, Zip Code

**This section to be completed by the personal reference**

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Name

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Address

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City, State, Zip Code

How long have you known the applicant and in what capacity?

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Please provide your evaluation for each of the categories below. If you have no personal, direct knowledge of a category please circle N/A for not applicable. A four (4) is average/adequate/satisfactory. A four (4) is not a bad rating. A one (1) is the lowest possible rating and a seven (7) is the highest possible rating. Please be honest and objective in responding to all categories. All responses are confidential.

Sociability and friendliness	1	2	3	4	5	6	7	N/A
General intelligence	1	2	3	4	5	6	7	N/A
Ability to formulate and accomplish plans	1	2	3	4	5	6	7	N/A
Perseverance in completing tasks	1	2	3	4	5	6	7	N/A
View of self in relation to others	1	2	3	4	5	6	7	N/A
Ability to work with others	1	2	3	4	5	6	7	N/A
Awareness of others' needs, feelings, etc.	1	2	3	4	5	6	7	N/A
Ability to handle conflict constructively	1	2	3	4	5	6	7	N/A
Teachable attitude	1	2	3	4	5	6	7	N/A
Ability to receive criticism and correction	1	2	3	4	5	6	7	N/A
Respected by others	1	2	3	4	5	6	7	N/A
General physical health	1	2	3	4	5	6	7	N/A
Leadership skills	1	2	3	4	5	6	7	N/A
Optimism	1	2	3	4	5	6	7	N/A
Spiritual maturity	1	2	3	4	5	6	7	N/A
Ability to communicate verbally	1	2	3	4	5	6	7	N/A
Ability to communicate in writing	1	2	3	4	5	6	7	N/A
Moral conduct and integrity	1	2	3	4	5	6	7	N/A
Financial conduct and integrity	1	2	3	4	5	6	7	N/A
Emotional stability	1	2	3	4	5	6	7	N/A
Marital relationship	1	2	3	4	5	6	7	N/A
Family relationships	1	2	3	4	5	6	7	N/A
Work ethic	1	2	3	4	5	6	7	N/A
Work relationships	1	2	3	4	5	6	7	N/A

Please comment on your reason(s) for marking any category above with a three (3) or lower.

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Do you believe the applicant is gifted for ministerial service and is being called by God to such service? Please explain.

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How would you rate the applicant's potential for success in Christian ministry?

Exceptionally good          Very good          Good          Fair          Poor

Please share any additional information about the applicant which you believe would be helpful to the Ministerial Training Commission in evaluating this applicant's request for admission to the Ministerial Training Program.

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Name of individual completing form

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Address

\_\_\_\_\_  
Telephone/Cell phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date