

Ministerial Reference Form

21 Blackthorn Ave Toronto, ON, Canada M6N 3H4 Email: ecamfc.ca@gmail.com Phone: 647-748-2120

Applicant's Section: Please complete this section and give the	is form to a Minister you are us	ing as a reference for your application.
Applicant's Name	Application for: Ordination License	
Address		
Reference's Section on Applicant's Please respond to the following question appreciate your prompt response and as The references are very important to the an applicant. If additional space is neede How long have you known the applicant?	ns and mail or fax this form to E sure you that all the informatio Credentials Committee in dete ad please use the backside of the	n received will be treated confidentially. rmining the qualification and character of his sheet to fully answer the questions.
Applicant's present Marital Status: ☐M.	ARRIED SINGLE SEPA	RATED □WIDOW(ER) □DIVORCED
To your knowledge, has the applicant eve	er been divorced? $\square_{\mathrm{YES}} \ \square_{\mathrm{N}}$	О
Applicant's completed level of formal edu	ucation: High School Colle	ege/University Dible College/Seminary
Applicant's present employment: □Chri	stian Work Secular Work	Unemployed
Name of Employer		
Applicant's time given to ministry: \Box Ful	Il-time \square Part-time \square No-time	- If Part-time give percentage:
Reference's Evaluation of the Appli	icant: Please answer to the be	est of your knowledge.
Is the applicant neat in appearance? \square_{Y}	_	-
Is the applicant living an exemplary Chri	istian life? □YES □NO - Doo	es he have sound doctrine? $\square_{ ext{YES}} \ \square_{ ext{NO}}$
If married, is the applicant's spouse in ag	greement with the call? \Box YES	$\square_{ m NO}$
Do you believe that the applicant is qualif	fied for ministry? $\square_{ ext{YES}} \; \square_{ ext{NC}}$)
If you answered NO to any of the above of	questions, please give an explan	ation
Does the applicant or his/her spouse have	e habits that would adversely af	fect their ministry? □YES □NO
If YES, please explain	111121.994	
Give examples of applicant's ministry and	d leadership abilities:	
What do you recommend the applicant for	or? □Licensing □Ordination	
Reference's Identity:		DI.
Reference's NameAddress		
Church Affiliation		
Signature		
Signature	Date	