



Personal Reference Form

21 Blackthorn Ave Toronto, ON, Canada M6N 3H4 Email: ecamfc.ca@gmail.com

Applicant's Section:

Please complete this section and give this form to a reference you are using for your application.

Applicant's Name _____ Application for: Ordination Licensing

Address _____ City _____ Province _____

Reference's Section on Applicant's Personal Information:

Please respond to the following questions and mail or fax this form to ECAMFC at the above address. We appreciate your prompt response and assure you that all the information received will be treated confidentially. The references are very important to the Credentials Committee in determining the qualification and character of an applicant. If additional space is needed please use the backside of this sheet to fully answer the questions.

How long have you known the applicant? _____

Are you related to the applicant? YES NO - If YES, in what way? _____

Applicant's present Marital Status: MARRIED SINGLE SEPARATED WIDOW(ER) DIVORCED

To your knowledge, has the applicant ever been divorced? YES NO

Applicant's present employment: Christian Work Secular Work Unemployed -

If Part-time in Ministry, give percentage: _____

Reference's Evaluation of the Applicant: *Please answer to the best of your knowledge.*

What has been the nature of your relationship with the applicant? _____

What type of character has the applicant revealed in the relationship? _____

Is the applicant neat in appearance? YES NO - Does he/she have an agreeable personality? YES NO

Your impression of the applicant living as a Christian: _____

If married, is the applicant's spouse in agreement with the call? YES NO

Do you believe that the applicant is qualified for ministry? YES NO

If you answered NO to any of the above questions, please give an explanation. _____

Does the applicant or his/her spouse have habits that would adversely affect their ministry? YES NO

If YES, explain _____

Give examples of the applicant's qualifications for ministry: _____

What do you recommend the applicant for? Licensing Ordination

Reference Identity:

Reference's Name _____ Phone _____

Address _____ City _____ Province _____

Occupation _____

Signature _____ Date _____