

Personal Reference Form

Candidate's Name: _____

Reference's Name: _____

The candidate named above has applied for a District Minister's License in the Church of the Nazarene. The assessment process that is necessary to receiving such a license requires the submission of personal references. As a reference, your answers will be held in confidence and not shared with the candidate. When completed, please return this form to: District Secretary, Southwestern Ohio Church of the Nazarene, 7943 Tylersville Rd., West Chester, OH 45069.

1.) How long have you known the candidate? _____ In what capacity?

2.) Were you aware that this person has professed a call to Christian ministry?

☐ Yes

☐ No

3.) What is your personal reaction to the idea of this candidate becoming a Christian minister?

☐ Very positive

☐ Mostly positive

☐ No feeling either way

☐ Mostly negative

☐ Very negative

4.) In your view, does this candidate's lifestyle and character seem fitting for a Christian minister?

☐ Yes

☐ No

5.) Is the candidate consistent in church attendance and actively involved in the work of a local church?

☐ Yes

☐ No

☐ Don't Know

6.) Is the candidate generally respected and trusted by others?

☐ Yes

☐ No

☐ Don't Know

7.) How confident are you in the candidate's character and abilities to serve in Christian ministry?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ No feeling either way
- ☐ Not very confident
- ☐ Not confident at all

Please provide any additional comments that you think will be helpful in assessing this candidate for a minister's license:

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Signed: _____

Date: _____