



PO Box 511424 Punta Gorda, FL 33951



www.gwfsc.com



info@gwfsc.com



732.644.2691



God's Word First

School of Christian Counseling

Pastoral Reference

Applicant's Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: () _____ Cell Phone () _____

To be completed by a pastor, Elder, or Deacon who knows the applicant but is not a member of the applicant's immediate family. This form should be returned by him/her directly to GWFSCC Office of Admissions. All statements are held in strict confidence.

TO THE APPLICANT:

I am aware that this confidential statement is being submitted to GWFSCC Admissions office with the understanding that its contents will not be shared with me. I hereby waive my right to see the statements submitted on this form.

Signature: _____ Date: _____

1. How long have you known the applicant _____
2. How well do you know him/her? (By name/sight, casually, few personal contacts, Fairley well numerous personal contacts, very close, pastoral relationship)

3. How active is the applicant in your congregation? Please describe.



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4. What is the applicant's attitude toward relationships with:

Spouse: _____

Family: _____

Others, particularly in the Church:

5. Is the applicant's behavior toward the opposite sex discreet? If no, please explain.

6. Are there moral or integrity problems of which we should be informed? If yes, please explain.

7. What is the applicant's attitude toward authority and instruction?

8. To your knowledge, does the applicant smoke? Drink alcohol? Use illegal drugs? _____



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9. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Not Observed
Reliability Maturity					
Christian Commitment					
Judgment					
Empathy					
Social Adaptability					
Integrity/Honesty					
Personal Appearance					
Leadership					

10. On the basis of the above information, the applicant is:

___ Strongly Recommended

___ Recommended with some reservation

___ Recommended

___ Not recommended

Please Print:

Minister's name: _____ Position: _____

Name of Church and denomination _____

Address _____

Minister's Signature _____