



RESIDENCY REFERENCE FORMS
PROFESSIONAL OR ACADEMIC REFERENCE

RESIDENCY PROGRAM @ CENTRAL PROFESSIONAL OR ACADEMIC REFERENCE



Applicant Name: _____

Residency Position: _____

PLEASE E-MAIL REFERENCE FORMS TO: LEBBERS@CENTRALWESLEYAN.ORG

Thank you for your time in filling out this reference!

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3 How have you seen the applicant live out his/her faith?

4. Have you seen evidence of this applicant's interest in and work with the area of ministry he/she is applying for? Please describe.

5. What do you see as some of this applicants greatest strengths?

6. In what area(s) would you like to see the applicant develop?

7. Feel free to write in additional comments. Please respond by scoring as follows:
1 = ALWAYS, 2 = USUALLY, 3 = SOMETIMES, 4 = SELDOM, 5 = NEVER, U = UNKNOWN.

EMOTIONAL BEHAVIOR: Does the candidate display appropriate responses to difficult situations?
Are they generally even tempered, predictable and approachable?

1 2 3 4 5 U

PERSONAL MATURITY: Consider the applicant's integrity, thoughtfulness, accuracy of perception, judgment, common sense, self-awareness and weaknesses.

1 2 3 4 5 U

SOCIAL SENSITIVITY: Consider the applicant's ability to be sensitive, understanding to others' feelings and reactions, and ability to make effective, insightful responses.

1 2 3 4 5 U

MOTIVATION FOR MINISTRY: Consider the applicant's desire to serve Jesus Christ; his/her love for the church and grace for fellow Christians; risk-taking ability, humility and response to challenge.

1 2 3 4 5 U

IF YOU HAVE ANY ADDITIONAL COMMENTS, USE THE SPACE BELOW OR THE BACK SIDE:

FULL NAME: _____

DATE: _____ DAYTIME PHONE: _____

EVENING PHONE: _____ POSITION, IF WORKING: _____

EMAIL: _____