

ABCOPAD COMMISSION ON MINISTERIAL LEADERSHIP

REQUEST FOR REFERENCE FORM

NAME OF APPLICANT _____ DATE _____

NAME OF REFERENCE _____ PHONE _____

ADDRESS _____

Dear _____,

_____ has contacted the American Baptist Churches of Pennsylvania and Delaware (ABCOPAD) requesting Recognition of a Previous Ordination.

Your name has been given as a personal reference. Please respond to the following areas of concern and return it in the enclosed envelope within two weeks of the above date. Please type or print your answers. Use additional sheets as necessary. Thank you.

1. How long have you known the applicant, and in what roles or relationships?

2. In what settings have you observed the applicant?

3. Describe the applicant's impact on a local church, or other organization, as you have observed the applicant. Please comment in the particular areas of: worship, preaching, teaching, administration, pastoral care, pastoral leadership, conflict, missions, counseling, other. This may also include experience in a secular setting.

4. Describe the applicant's strengths.

5. Describe the applicant's areas of needed growth.

6. Does the applicant establish and maintain healthy relationships? Please elaborate.

7. How does the applicant deal with conflict?

8. How does this candidate model his or her faith in daily life and work?

9. Would you want this person to be your pastor?

10. Other comments.

Please return to:

The ABCOPAD Regional Office
159 N. Bellefield Avenue
Pittsburgh, PA 15213

Approved November 2007
Updated February 2017