



Christian Church in Ohio

(Disciples of Christ)

355 East Campus View Blvd. Suite 110
Columbus, OH 43235

Commission on Ministry Candidate Information Form

Reference Form

Two copies need to be completed by a Personal Reference; one copy needs to be filled out by your Church Pastor. Completed forms need to be sent to the Regional Church Office.

I am a Personal Reference

Applicant's Name:

Address:

City: St: Zip:

Phone: Email:

Applicants Signature:

The Applicant's signature waves the right to review reference responses on this form.

Applicants Signature:

I am the Pastor Reference

Reference Name:

Address:

City: St: Zip:

Phone: Email:

Reference Signature:

You were chosen by the applicant as a reference their behalf. Complete this form and mail it to the Regional Church Office.

Reference Signature:

Personal Characteristics

Please circle the appropriate number that corresponds with the statement.

1=Outstanding 2=Highly Effective 3=Effective 4=Needs Improvement

Follows through with responsibilities 1 2 3 4 Protects Confidentiality 1 2 3 4

Handles pressure well 1 2 3 4 Manages time wisely 1 2 3 4

Appropriate personal appearance 1 2 3 4 Likes people 1 2 3 4

Handles conflict well 1 2 3 4 Portrays Christian Maturity 1 2 3 4

Takes constructive criticism well 1 2 3 4 Welcomes praise and glory 1 2 3 4

Seeks assistance when needed 1 2 3 4 Takes time to study 1 2 3 4

Is creative or imaginative 1 2 3 4 Displays a positive attitude 1 2 3 4

Displays flexibility & adaptability 1 2 3 4 Actively listens to others 1 2 3 4

Displays self confidence 1 2 3 4 Takes initiative 1 2 3 4

How long have you known the applicant:

In what capacity do you know the applicant:

Comments you can provide about the candidate: