



Calvary Baptist Bible Institute

1419 Linn-Hipsher Rd. ~ Marion, OH 43302

(740) 382-4173



PASTORAL CHARACTER REFERENCE FORM

Please do not return this form to the applicant. Send directly to the Institute at the above address.

Applicant name: _____

Are you aware of anything in the applicant's personal life which we should be aware of? Yes No (If yes, please explain)

Are you aware of anything in the applicant's family life which might hinder his effectiveness in Christian service? Yes No (If yes, please explain) _____

Please evaluate the applicant in the following areas.

Circle the appropriate number, with 5 representing excellent, 3 representing average, 1 representing poor.

Personal appearance: 5 4 3 2 1 Comments: _____

Compatibility: 5 4 3 2 1 Comments: _____

Cooperation: 5 4 3 2 1 Comments: _____

Maturity: 5 4 3 2 1 Comments: _____

Tact: 5 4 3 2 1 Comments: _____

Initiative: 5 4 3 2 1 Comments: _____

Patience: 5 4 3 2 1 Comments: _____

Perseverance: 5 4 3 2 1 Comments: _____

Spiritual condition: 5 4 3 2 1 Comments: _____

Scripture knowledge: 5 4 3 2 1 Comments: _____

Burden for lost souls: 5 4 3 2 1 Comments: _____

Spiritual growth: 5 4 3 2 1 Comments: _____

Teaching skills: 5 4 3 2 1 Comments: _____

Ability to resolve differences: 5 4 3 2 1 Comments: _____

Leadership skills: 5 4 3 2 1 Comments: _____

Organizational ability: 5 4 3 2 1 Comments: _____

Your name: _____ Title: _____ Date: _____

Your phone: _____ Email: _____