



World Harvest Ministers Network
530 E. Ireland Rd., South Bend, IN 46614
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www.whmn.net

Reference Form

This is being submitted on behalf of:

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

This is being submitted by:

Name of Reference: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

1. In what capacity have you known the applicant?

Business Minister Friend Relative Other: _____

2. How long have you known the applicant? _____

3. To the best of your knowledge and judgment, please rate the applicant concerning the following:

	Excellent	Good	Fair	Poor	Unknown
Integrity					
Reputation					
Honesty					
Compassion					
Submission					
Teachable					
Studious					
Devout					
Personal Habits					
Presentation					
Working with Others					

4. Please make a statement about the applicant's calling and how well the applicant would do in a position of ministry:

5. To the best of your knowledge and judgment, the applicant is:

	Excellent	Good	Fair	Poor	Unknown
In Christian life and testimony					
In ability to minister					
In conduct with the opposite sex					
In moral attitude and conduct					
In accepting responsibility					
In meeting financial obligations					

6. Why does the applicant need membership and/or credentials with us at this time?

7. Would you recommend affiliation for the applicant? Please explain.

8. Please add anything about the applicant that would help us make the proper decision.

9. Is there anyone else we should contact in reference to the applicant? If yes, please provide contact information.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____