



# PASTORAL REFERENCE

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Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**TO THE APPLICANT:** I am aware that this confidential statement is being submitted to GWFSCC Admissions office with the understanding that its contents will not be shared with me. I hereby waive my right to see the statements submitted on this form.

Signature: \_\_\_\_\_



PO Box 511424 Punta Gorda, FL 33951



info@gwfsc.com



732-300-6331



www.gwfsc.com



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*To be completed by a Pastor, Elder, or Deacon who knows the applicant but is not a member of the applicant's immediate family. This form should be returned by him/her directly to GWFSCC (info@gwfsc.com). All statements are held in strict confidence.*

Date: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know him/her? (By name/sight, casually, few personal contacts, fairly well numerous personal contacts, very close, pastoral relationship)

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3. How active is the applicant in your congregation? Please describe.

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4. What is the applicant's attitude toward relationships with:

Spouse:

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Family:

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Others, particularly in the Church:

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5. Is the applicant's behavior toward the opposite sex discreet? If no, please explain.

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6. Are there moral or integrity problems of which we should be informed? If yes, please explain.

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7. What is the applicant's attitude toward authority and instruction?

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8. To your knowledge, does the applicant smoke? \_\_\_\_\_  
Drink alcohol? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_

9. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Not Observed
Reliability					
Christian Commitment					
Judgment					
Empathy					
Social Adaptability					
Integrity/Honesty					
Personal Appearance					
Leadership					

10. On the basis of the above information, the applicant is:  
\_\_\_\_ Strongly Recommended \_\_\_\_ Recommended with some reservation  
\_\_\_\_ Recommended \_\_\_\_ Not recommended

**Please Print**

Minister's name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Church and denomination \_\_\_\_\_

Address \_\_\_\_\_

Minister's Signature \_\_\_\_\_



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