



## REFERENCE SHEET

Please type or print.

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

Your Name: \_\_\_\_\_

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

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

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

In what capacity have you known the applicant?  Minister  Friend  Relative

Other (please specify): \_\_\_\_\_

To the best of your knowledge and judgement, the applicant is (check one in each list):

	EXCELLENT	GOOD	QUESTIONABLE	POOR	UNKNOWN
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend the applicant for membership in Anchor, without reservation? \_\_\_\_\_

On a separate sheet of paper, please describe the applicant's ministerial giftings and any additional information which you feel would assist us in making our decision.

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

Please return this form to the Anchor Ministerial Fellowship office:  
151 St. David Street North, Fergus ON N1M 2J5 | [info@anchorministerial.org](mailto:info@anchorministerial.org)