

**ABCOPAD COMMISSION ON MINISTERIAL LEADERSHIP**

**REQUEST FOR REFERENCE FORM**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ has contacted the American Baptist Churches of Pennsylvania and Delaware (ABCOPAD) requesting Recognition of Ordination:

Standard Process

Non-Standard Process

Previous Ordination

Your name has been given as a personal reference. Please respond to the following areas of concern and return it in the enclosed envelope within two weeks of the above date. Please type or print your answers. Use additional sheets as necessary. Thank you.

1. How long have you known the applicant, and in what roles or relationships?
  
  
  
  
  
  
  
  
  
  
2. In what settings have you observed the applicant?
  
  
  
  
  
  
  
  
  
  
3. Describe the applicant's impact on a local church, or other organization, as you have observed the applicant. Please comment in the particular areas of: worship, preaching, teaching, administration, pastoral care, pastoral leadership, conflict, missions, counseling, other. This may also include experience in a secular setting.
  
  
  
  
  
  
  
  
  
  
4. Describe the applicant's strengths.

5. Describe the applicant's areas of needed growth.

6. Does the applicant establish and maintain healthy relationships? Please elaborate.

7. How does the applicant deal with conflict?

8. How does this candidate model his or her faith in daily life and work?

9. Would you want this person to be your pastor?

10. Other comments.

Please return to: The ABCOPAD; 159 N. Bellefield Avenue; Pittsburgh, PA 15213

Approved November 2007 / Updated May 16, 2023