**PASTORAL REFERENCE**

To be filled out by a pastor, leader or mentor of the applicant. If you have any questions or concerns, feel free to contact us. **Once completed we kindly ask that you email the completed reference to globalmercymissions@gmail.com.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **YOUR INFORMATION**

**First Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ Gender:**  Male / Female

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Zip/Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2. GENERAL INFORMATION**

Do you highly recommend, recommend, or not recommend this person to serve with Global Mercy Missions? Please provide additional comments as well.
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How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity and how well do you know him/her?

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To your knowledge, has the applicant made a personal commitment to Jesus Christ? **Yes / No**

To what extent is the applicant engaged in the activities of your church?
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In what form of Christian service has the applicant participated in regularly (Sunday School Teacher,
Youth Leader, Nursey Worker, etc.)?

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What do you consider to be the applicant’s strengths?

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Do you know of any weaknesses of which we should be aware of?

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To your knowledge, does the applicant use tobacco: Y**es / No**
*If yes, please explain:
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To your knowledge, does the applicant drink alcohol in excess: **Yes / No**
*If yes, please explain*
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To your knowledge, does the applicant use illegal drugs: **Yes / No**
*If yes, please explain*
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Please describe home factors which might affect the applicant’s success with Global Mercy Missions:

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1. **EVALUATION**

**For the following, rate the applicant on a scale of 1 – 10, with 1 being the weakest and 10 being the strongest. Please provide any additional information if necessary.**

The applicant’s influence on his or her peers: **1 2 3 4 5 6 7 8 9 10**

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Response to authority: **1 2 3 4 5 6 7 8 9 10**

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Reliability: dependability, responsibility: **1 2 3 4 5 6 7 8 9 10**

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Maturity: personal development, ability to cope with life situations: **1 2 3 4 5 6 7 8 9 10**

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Emotional Stability- reaction to stress, poise, mood stability: **1 2 3 4 5 6 7 8 9 10**

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Motivation- genuineness and depth of commitment: **1 2 3 4 5 6 7 8 9 10**

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Judgement- ability to analyze a problem: **1 2 3 4 5 6 7 8 9 10**

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Oral expression- clarity, coherence: **1 2 3 4 5 6 7 8 9 10**

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Interpersonal relations- rapport, cooperation, attitude toward supervision:
**1 2 3 4 5 6 7 8 9 10**

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Empathy- sensitivity to the needs of others: **1 2 3 4 5 6 7 8 9 10**

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Work Habits- stamina, conscientiousness, perseverance, resourcefulness, initiative:
**1 2 3 4 5 6 7 8 9 10**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Leadership- creative thought, curiosity, self-confidence: **1 2 3 4 5 6 7 8 9 10**

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Personal appearance- cleanliness, grooming: **1 2 3 4 5 6 7 8 9 10**

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Integrity- honesty, moral character: **1 2 3 4 5 6 7 8 9 10**

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Please add any further comments you may have which would help in our evaluation.

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Thank you for taking the time to fill out this reference.

**Once completed we kindly ask that you email the completed reference to** **globalmercymissions@gmail.com**