



Ministerial Credentialing Reference Form

(Applicant: Complete this form to the dotted line.

Make three additional copies and forward to your references. The References must not be related to you.)

Applicant name: _____
Last First Middle

Current Address: _____
Street City State Zip

Email: _____

Phone (____) ____ - _____ Cellular (____) ____ - _____

Applicant's Signature _____ Date _____

The individual named above has applied for either ministerial licensing or ordination from **Supporting Women In Ministry International**. Please provide an evaluation of this person by completing this form to the best of your understanding. A separate letter of recommendation would also be welcomed in addition to this form. Please mail this reference form to: *S.W.I.M. International*, Rev. Gwen Ehrenborg, 167 Vista Del Mar St., Camano Island, WA 98282-7254

1. How long have you known this applicant? _____

2. What has been/is your relationship to the applicant? _____

3. How well do you know the applicant? [] Very Well [] Well [] Casually

Please make concise, but descriptive comments regarding the applicant in the following areas:

4. How does the applicant demonstrate Christ-likeness in lifestyle? _____

5. How does the applicant demonstrate leadership in relationships? _____

6. How does the applicant demonstrate emotional maturity? _____

7. In what ways have you observed this applicant in ministry?

8. What unique contributions would this applicant likely make to church leadership?

9. What do you see as this applicant's strength for ministry? _____

10. In what area(s) would the applicant need the most help? _____

11. Please share any specific areas of giftedness which lead you to believe that this applicant will make a strong contribution to this credentialing program.

12. Please check one of the following:

- I recommend this applicant without reservation
- I recommend acceptance
- I recommend with some reservation
- I do not recommend

NOTE! If you checked either of the bottom two alternatives, please explain on an additional sheet and attach it to this reference form or contact, Rev. Laurie Graber, 661-406-1721.

Your Name _____

Signature _____ Date _____

Current Position _____ with _____

Address _____

Home Phone (____) ____-____ Work Phone (____) ____-____

Email _____

Thank you for completing this form. It will be held in confidence by the Board of Directors of S.W.I.M. International. Please do not return this form to the applicant but mail it directly to:

SUPPORTING WOMEN IN MINISTRY INTERNATIONAL
167 Vista Del Mar St., Camano Island, WA 98282-7254