



Ministry Development Services

REFERENCE FORM

A Standard Form Developed for the UMC Division of Ordained Ministry by the
Advisory Committee on Psychological Assessment

Instructions to the Evaluator

Please print all three sheets. Answer the Rating Form (Part A) and the Evaluator's Comments (Part B).

The applicant for candidacy whose name appears on these sheets is applying for entrance into the ordained ministry of The United Methodist Church. The applicant has asked that you be one of the several persons to evaluate him/her in this regard. Your response is needed. The material will be used in the screening and nurturing of the candidate as it relates to the Annual Conference of the UMC.

Remember that an evaluation containing only positive ratings is one-sided and therefore of little value to either the candidate or those working with her/him. Statements about a candidate are much more believable when the evaluator has been honest enough to include areas of concern or limitations as well as strengths.

The candidate has signed a statement authorizing the release of information from this form to the Annual Conference Ministerial Assessment Specialist. The candidate has waived access to this **reference form**.

The information you provide will be received, reviewed, and retained by the Ministerial Assessment Specialist only. Your ratings and pertinent comments will be combined with the reports from other evaluators and made available to the reviewing committee without identifying you as an individual evaluator. The applicant will not have access to this original recommendation form.

Please complete both sheets, sign, and e-mail to mdvs@ministryds.org.

If you have any questions about this process feel free to contact us.

Our office hours are 9:00 am - 4:00 pm Monday-Thursday.

Thank you for your participation.

Rating Form (Form 2001, Part A)

Candidate's Name _____ Phone _____

Evaluator's Name _____ Phone _____

In what relationship have you known the candidate? (Check those that apply)

Pastor Parishioner Employer Work colleague Friend Other: _____

Extent of your contact during the time of your association with this candidate -- Dates:

From _____ to _____. How often? Daily Weekly Monthly Infrequently

Compared to other persons you have personally encountered, how would you rate this candidate? If you have had no opportunity to observe the candidate concerning an item, blacken the "Don't know" circle at the right.

| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|---|---|---|---|---|--|---|
| A rare find, Truly superior, Exceptional, unusual; in the top 5%. | First class, eminently good, very valuable, much above average. | Much better than the norm or the usual; recognizable quality; better than what is usually seen. | Slightly above average; somewhat better than most others; | Average; Like most others, the norm; what is commonly seen or expected. | Below or less than the norm or what is most often seen; less than what is commonly expected. | Much below average; noticeably lacking; inferior quality, inadequate. |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Don't know |
|--|---|---|---|---|---|---|---|------------|
| Overall rating of General PERSONAL CHARACTERISTICS: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1. Integrity, ethics, and morality -character | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Energy level, stamina, persistence | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Motivation to pursue a task to completion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Reliability and promptness with assignments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Personal appearance appropriate to settings | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Reputation (what others think of the candidate) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Family relationships (parents, spouse, children) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Management of personal (family) finances | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Handles stressful situations appropriately | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Don't know |
|--|---|---|---|---|---|---|---|------------|
| Overall rating of General ABILITIES: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Ability to work independently | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Ability to organize responsibilities and tasks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Ability to work with people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Ability to adapt; degree of flexibility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Ability to learn, understand, and assimilate knowledge | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Ability to express self in writing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Ability to express self orally in public | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Ability to accept evaluation of performance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Other (fill in) _____ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Don't know |
|--|---|---|---|---|---|---|---|------------|
| Overall rating of POTENTIAL FOR EFFECTIVE MINISTRY: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Spirituality: How well do you think this person knows God? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Care: how well does this person demonstrate concern for others? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Evangelism: how well does this person share faith? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Leadership: how well does this person inspire and motivate others? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Preaching and teaching: Interesting and informative? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Social concern: how well does this person cope with injustice? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. Active involvement in church / congregation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Other (fill in) _____ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Evaluator's Comments (Form 2001, Part B)

Candidate's Name: _____

A. Please list five STRENGTHS this person brings (or could bring) to the ministry.

- 1.
- 2.
- 3.
- 4.
- 5.

B. Please list five AREAS OF CONCERN or AREAS OF NEEDED GROWTH that should be addressed to enhance this person's personal and/or professional effectiveness in the ministry.

- 1.
- 2.
- 3.
- 4.
- 5.

C. Comment specifically on this person's ABILITY TO COMMUNICATE:

1. Personally with individuals

2. In social and group situations

D. Please list any questions or concerns you have about this applicant's fitness for ministry.

E. Other comments and observations. (use additional sheets if needed)

Signed: _____ Date: _____

Address: _____ E-mail _____
 Street/ P.O. Box City State ZIP