

# Bill Prankard Evangelistic Association

## **ARCTIC HOPE PROJECT: PASTOR'S REFERENCE FORM**

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1.	Applicant name:
2.	Address:
3.	City:
4.	Prov.:
5.	Postal Code:
6.	Email:
7.	
7.	Phone/Cell:
PAST	OR to fill out this portion:
1.	Pastor name:
	Position Title:
	Church Name:
	Church Address:
	Church Address.
2.	Email:
3.	Phone/Cell:



#### PASTOR to fill out this portion:

The person named above is applying to be a ministry team member for BPEA's Arctic Hope Project and is asking you to provide a reference. Serious consideration is given to this reference, so your comments are important. The Arctic Hope Project (AHP) ministers to the spiritual, emotional, and social needs of young people in the Canadian Arctic and in northern First Nations reserves. Please be frank but fair in your comments to assist our assessment of the applicant.

**Note**: If you are closely related to the applicant, please have another staff Pastor or elder complete this form.

1.	How long have you known the applicant?	
2.	How long has he/she attended your church?	
3.	Does the applicant know Christ as his/her Saviour?	(Yes / No)
4.	Has the applicant received the infilling of the Holy Spirit?	(Yes / No)
5.	How well do you know the applicant? (check one)	
	Very well - close relationship	
	Well - due to church involvement	
	Casually – know by name and/or through casual visits	
	Not well	
6.	How does the applicant's life reflect a commitment to Christ?	

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7.	Does the applicant live by Biblical moral standards?
8.	How would you rate the applicant in leadership skills? (check one)
	Outstanding
	Above Average
	Average
	Below Average
9.	How would you rate the applicant in personal responsibility level? (check one)
	Outstanding
	Above Average
	Average
	Below Average
10.	How would you rate the applicant in loyalty to church? (check one)
	Outstanding
	Above Average
	Average
	Below Average
11.	To what extent is the applicant engaged in activities in your church? (check one)
	Irregular in attendance and shows little interest
	Regularly attends but seldom participates in activities
	Regularly attends and is co-operative and willing to help

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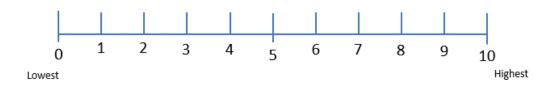
12.	Would you recommend the applicant for a leadership position in your own church (volunteer or
	salaried)? Please explain:
	<del></del>
13.	What type of involvement has the applicant had in your church?
	<del></del>
14.	Comment on the quality of performance:
15.	What are the applicant's strong points?
	<del></del>



16.	What are the applicant's weak points?
17.	Does the applicant have any doctrinal peculiarities that may hinder Christian ministry?
18.	Have there been any moral failings within the last twelve months that you are aware of
	If yes, please explain:
19.	Does the applicant, to your knowledge, have any medical, emotional, moral, or psychological conditions? (Yes / No)
	If yes, please explain:
20.	Would any of the above hinder him or her from ministering with Arctic Hope to youth?
	(Yes / No)



21. On a scale of 0 (lowest) to 10 (highest) how highly would you recommend the applicant as an AHP team member? Circle the number that reflects your rating:



22. Is the applicant married? \_\_\_\_\_ (Yes / No)

If Yes, do you see any potential challenge for him/her being away from his/her spouse for 7-10 days? Explain:

23. Please place a check on the appropriate statement:

- I recommend the applicant enthusiastically.
- I recommend the applicant with confidence.
- I recommend the applicant with reservation.
- I do not recommend the applicant. (Please give details why below)

\_\_\_\_\_

\_\_\_\_\_\_



## Pastor Signature and date

Pastor Signature:	
Date:	
First and last name of person who completed the form (if different from above):	

### **Next Steps:**

Upon completion, please send this reference to:

- BPEA Arctic Hope Program, Box 7007, Stn. V, Ottawa, ON K1L 8E2
- OR Scan and Email to: jacob@bpea.com

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