



Zion Fellowship International

PO Box 70 • Waverly, New York 14892

Phone (607) 565-2801 • Fax (607) 565-3329

www.zionfellowship.org • info@zionfellowship.org • zfredaffl@gmail.com

Character Reference for Ministerial Credentials Applicants

Instructions:

1. Your comments will be given serious consideration, so we ask that you carefully read and complete this form.
2. All comments on this form will be held in the strictest confidence.
3. This form should be returned directly to the office of Zion Fellowship, Inc. as soon as possible.
4. Please print or type all information.

Name of applicant: _____

Your Name (first/mi/last) _____

Address _____

City _____ State _____

Country _____ Zip Code _____

Home Phone # _____ Office Phone # _____

Email address _____

Are you a minister? Yes No If yes, are you **Licensed** or **Ordained**? (circle one)

When and by what organization? _____

How long have you known the Applicant? _____

Has your relationship been: (circle one) **Very Close** **Close** **Casual** **Distant** **Other**

If other, explain _____

What has been the nature of your relationship? (employer, pastor, family, friend, etc.)

Please evaluate the applicant's personal character: (check one for each category)

	Excellent	Good	Fair	Poor
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge does the applicant:

Smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use illegal drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Engage in improper sexual activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any of the questions above, please explain: _____

To your knowledge does the applicant have a call to the ministry?

Yes, definitely Maybe-It is not certain Probably not-It is not evident

Please comment: _____

The applicant's spiritual influence on others is (circle one): Positive Neutral Negative

What do you consider the applicant's positive personal traits? _____

What do you consider the applicant's negative personal traits? _____

Do you recommend this Applicant for ministerial credentials? Yes No

If so, why? _____

Do you have any further comments? _____

Your Signature _____ Date _____

PLEASE DO NOT GIVE THIS REFERENCE TO THE APPLICANT. Please postal mail this reference form directly to:

**Credential Services
Zion Fellowship Int'l
PO Box 70
Waverly NY 14892-0070
USA**