



Gospel Encounter

Pastoral Reference Form

Applicant's Information:

Legal Name [Printed]: _____ City: _____
Address: _____ State: _____ Zip Code: _____
Phone Number: _____

The following section is to be filled out by the applicant's pastor:

1. How long have you known the applicant? _____

2. How well do you know the applicant? [Circle one]
Very well
Well
Casually
Somewhat
3. To what extent is the applicant involved in your church? [Circle one]
No involvement
Somewhat involved
Deeply involved
4. In your opinion, is the applicant a committed Christian?
5. Do you believe the applicant has the fitness and aptitude for a missional internship?



On a scale from 1-10, (1 being the worst, 10 being the best) rate each aptitude.

- Mental ability ____
- Initiative ____
- Emotional stability ____
- Integrity ____
- Leadership ____
- Concern for others ____
- Ability to accept criticism ____
- Cooperation ____
- Attitude towards authority ____
- Reliability ____
- Teachability ____
- Christian life ____

Please circle which recommendation you would give the applicant:

Highly recommend

Recommend with reservations

No recommendation

6. Additional comments:



Pastor's Information:

Legal Name: _____

Church Name: _____

Physical Address: _____

State: _____ City: _____ Zip Code: _____

Mailing Address: _____

State: _____ City: _____ Zip Code: _____

Title/Position in church: _____ Denomination: _____

Church phone: _____ Email: _____

By signing this document, you are verifying that the above information is accurate.

Signature: _____ Date: _____

Please email or mail this form to:

Gospel Encounter

2901 Veterans Memorial Dr.

Mt. Vernon, IL 62864

Email: info@gospelencounter.com