

# Faithgroup Leader Reference

I, \_\_\_\_\_, have applied to be a student in the Community of Faith Training School beginning September, 20\_\_\_\_.

*I have referred you to CFTS for information regarding my character and fitness for this course. They would appreciate your honest, straightforward answers, evaluating both my assets and liabilities. CFTS needs accurate information in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence.*

Faithgroup Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant?

In what relationship?

How well would you say you know the applicant?

- Very well
- Well
- Average
- Not very well
- Almost not at all

Please discuss the following areas based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do CFTS has been significantly influenced by:

- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain:

2. Does the applicant have the ability to make decisions and follow through with them? Yes No

If no, please explain:

3. How does the applicant respond to authority?

4. Can the applicant take responsibility and demonstrate leadership? Give examples:

5. Comment on the applicant's:

(a) Sensitivity to the needs, feelings and attitudes of others:

(b) Ability to work with others:

6. What is the applicant's attitude toward other groups, races or nationalities?

7. To your knowledge, how does the applicant respond under difficult circumstances?

8. Are you aware of any instance of mental or emotional illness or difficulty which the applicant has had? If yes, please explain on another page.    Yes    No

9. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If yes, please explain on another page. Yes    No

10. Do you have any reservations concerning the financial integrity and/or indebtedness of the applicant? If yes, please explain on another page.    Yes    No

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page.    Yes    No

12. Does the applicant have an outstanding ability or talent? If so, please explain.

13. What degree of confidence would you have in this applicant in:

Pastoral Ministry

Leadership

1 2 3 4 5

1 2 3 4 5

lowest                      highest

lowest                      highest

Please comment.

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is an essential part of each student's acceptance into CFTS. Please mail this form directly to CFTS by June 25<sup>th</sup>. The applicant should provide you with a stamped, addressed envelope.