

Jail Ministry of Otsego and Schoharie County

Pastoral Reference Form

Name of Applicant: _____

Reference Submitted By: _____

Church: _____

Address: _____

Phone: _____

So that we may process this individual's application to the Jail Ministry, please provide us with the following information. We appreciate your honest assessment of the applicant's strengths and weaknesses. Your response will remain confidential.

1. What is your relationship to the Applicant? _____

2. How long have you known the applicant? *(Please circle)*

Less than 1 year

1-3 years

4-7 years

7 years or more

Character and Qualities

Please circle the appropriate response.

	Never	Rarely	Sometimes	Often	All the Time
Demonstrates Leadership	1	2	3	4	5
Encourages those around them	1	2	3	4	5
Willingness to help/servanthood	1	2	3	4	5
Involvement with youth events	1	2	3	4	5
Involvement in the community	1	2	3	4	5
Operates in spiritual giftings	1	2	3	4	5
Demonstrates passion for the Lord	1	2	3	4	5

	Poor	Fair	Good	Very Good	Excellent
Knowledge of Scriptures	1	2	3	4	5
Desire for excellence	1	2	3	4	5
Passion for God	1	2	3	4	5
Self-discipline	1	2	3	4	5
Respect for authority	1	2	3	4	5
Respect for others	1	2	3	4	5
Works well with others	1	2	3	4	5
Positive influence on peers	1	2	3	4	5
Motivation	1	2	3	4	5
Creativity/original thought	1	2	3	4	5

Please provide any further information that would be helpful in assessing this individual's application to the Jail Ministry:

We appreciate the time taken to fill out this reference form. Please note that this application will not be processed until this reference form is submitted. Please return completed form to the following address:

Jail Ministry of Otsego Schoharie County
P.O. Box 1023
Cooperstown, NY 13326
Phone: (607) 282-2521