**Leadership Pathway Personal Reference**

Please send this form to your chosen reference who will complete it and email it directly to [leadership.pathway@24-7prayer.com](mailto:leadership.pathway@24-7prayer.com).

In case we need to contact them please provide their details below.

**Personal Reference**

Name

Relationship to you

Address

Phone Number

Email

**Personal Reference Form**

**Please read before beginning:**

Thank you for involvement in this applicant’s plans to join the Leadership Pathway. Our hope is that this course will more thoroughly prepare and equip them for leadership and service in the local church community. Please complete this form as fully as possible and return it to the email address above.

Applicant’s Name

Your Name

Position/Occupation

How long have you known the applicant?

How well do you know them?

* Very well
* Fairly well
* Casually
* Not well

Do you feel the applicant has a realistic idea of what is involved in Christian service? If no, please explain.

What are the major strengths and gifts of the applicant according to your observation?

What is your assessment of the applicant’s weaknesses?

Please assess the following based on your knowledge of the applicant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trait** | **Unsure** | **Weak** | **Fair** | **Growing** | **Great** |
| Maturity |  |  |  |  |  |
| Personal Integrity |  |  |  |  |  |
| Self-discipline |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Willingness to Serve |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Clear Communicator |  |  |  |  |  |
| Leadership Skills |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Physical Health |  |  |  |  |  |
| Emotional/Psychological Health |  |  |  |  |  |

Please comment on anything else that would help us assess the applicant’s candidacy.

I recommend this applicant for admission onto the Leadership Pathway.

* Highly recommend
* Recommend
* Recommend with reservations
* Do not recommend

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Contact Information:

Email

Phone

Thank you for your honest assessment and willingness to do this on behalf of the applicant.