



REFERENCE FORM

Mountain Sky Conference of

Dear _____,

I am making application to the Mountain Sky Conference of the United Methodist Church for consideration for an appointment there. I request that you promptly respond to the questions in this Reference Form.

I authorize you to give any information that you may have regarding my abilities, character, personal habits and fitness for serving as a pastor in The United Methodist Church. I release you from liability for any damage that my result from furnishing such evaluations and I waive any right that I may have to inspect references, comments, and/or information regarding me and provided by you.

Date: _____

Applicant's Signature: _____

Applicant's Name Printed: _____

Questionnaire (Please use additional paper if needed.)

1. How long have you know this person, and in what capacity? (If District Superintendent or denominational executive, please indicate his/her current official status.)
2. What is your general impression of this person?
3. How do you view this person's faith? How mature is he/she in the faith?
4. What unique strengths or gifts for pastoral ministry does this person possess?

5. What qualities would make him/her an effective pastor in United Methodist Churches?
6. What limitations does she/he have, or what concerns do you have about this person serving as a pastor for the United Methodist Church?
7. Comment about her/his ability to communicate the Gospel in preaching and teaching.
8. Comment about his/her pastoral skills.
9. Comment about her/his leadership style and abilities.
10. What else should we know as we consider her/him for an appointment in the Mountain Sky Conference?

Signature: _____

Official Title _____

Address: _____

City, State, Zip: _____

Phone Number(s): _____

E-mail: _____

Send completed form to:

Rev. Deborah Christine
District Superintendent
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Great Falls, MT 59403
dchristine@mtnskyumc.org