

LIBERTY CHRISTIAN SCHOOL

2323 Columbus Avenue
Anderson, IN 46016
Phone: (765) 644-7774
Fax: (765) 644-7779
www.libertyonline.org

Applicant: Please check one box and sign before disseminating this form.

I waive my right to view this completed form.
 I do not waive my right to view this completed form.

Signature _____ Date _____



PASTORAL REFERENCE

Pastor, the individual named below has applied for a position in our school. Please fill out this Pastoral Reference Form and mail or fax it to the attention of the Superintendent of Liberty Christian School. Feel free to attach an additional paper if needed.

_____ is applying for a position in our school.
(Applicant's Name)

1. How long have you known the applicant? _____
2. Are you currently his/her pastor or associate pastor? _____ How long? _____
3. How would you evaluate him/her in the following areas:
 - a) Their personal relationship with Christ? _____
 - b) Their involvement in ministry opportunities? _____
 - c) Does the applicant attend services weekly? Yes No Unsure

Please check the appropriate boxes	Excellent	Good	Average	Poor	Unknown
Actively involved/serving in church					
Completes given or accepted tasks					
Interacts well with others					
Demonstrates spiritual maturity in judgments					
Maintains confidentiality					
Uses diplomacy and tact					
Controls demeanor under stress					
Is appropriate in their dress and appearance					
Exhibits compassion with hurting people					
Demonstrates Christian commitment					
Demonstrates Spiritual leadership					

Is this applicant a member in good standing at your church? Yes No If no, please explain:

Is the applicant a regular or faithful attendee? _____
Additional Comments _____

Your printed name _____ Your signature _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Date _____

Please list another individual who knows this applicant well and could serve as a secondary reference.
Print name _____ Telephone _____