



Clergy/Pastoral Reference

CONFIDENTIAL WHEN COMPLETED

This Portion is to be completed by Mentor Applicant:

Name of Applicant: _____

Name of Pastor: _____ Position: _____

I hereby grant permission for this Clergy/Pastor Reference to be released to Pathways to Freedom Ministries and for Pathways to Freedom Ministries to contact this reference if further information is required.

Mentor Applicant Signature

Date

****Please include a self-addressed stamped envelope that your reference can use to mail this form to Pathways to Freedom Ministries.***

Instructions for Clergy/Pastor:

We thank you for taking the time to fill out this application. We realize your time is valuable and we appreciate your willingness to help us. The above noted individual is applying to become a mentor/volunteer with our organization. Because of the sensitive nature of this ministry, we want to know as much as possible about future volunteers in regards to his/her character within a Christian context. We ask you to be as clear and factual as you can be, as this will help us assess the suitability of this individual to become either a friend (match) to an individual in our program; or as they work to help shape this ministry as a board member or other volunteer. At any time in this reference process you may, for clarity, contact PTFM for more information to help you be complete in your reference.

1. a) How long have you known the applicant? _____ Years _____ Months

b) How would you describe the depth of your knowledge of the applicant?

Well known Casually known Not well known

2. Is this applicant a member of your congregation in the context that this would apply to your church?

YES If yes, how long? _____ NO

3. Does this applicant serve in a capacity in your congregation? YES NO

If yes, in what areas do they serve? _____

4. Do you know anything of the individual's spiritual journey? If so, please briefly describe here:

5. How would you describe this individual's ability to disciple a new Christian?

6. What would you say is this individual's spiritual gifting? Has he/she demonstrated these gifts in your church?

7. Have you noted areas of concern in regards to appropriateness of relationships within your congregation? in areas of ministry? or externally in their personal life?

8. Does the applicant demonstrate a lifestyle consistent with biblical standards? Yes No

If no, please explain:

9. Are you aware of a criminal record (including that for which a pardon was granted) or other social problems (addictions) which may interfere with the ability of this individual to work with offenders?

10. What do you consider the applicant's strong points? (include positive personal traits)

11. What do you consider the applicant's weak points? (include negative personal traits)

12. Is there anything else you would like us to know about this applicant? Any other comments, suggestions?

13. Would you like a representative of PTFM to contact you regarding this applicant, or anything else regarding this ministry? Yes No

IF YES, briefly what is your question or concern?

14. If your congregation or ministry has not previously had a presentation from PTFM, would this be of interest to you or your congregation? Yes No

15. May we contact you for further information if necessary? Yes No

Clergy Signature

Date

Please send this form directly to our office at the address below and do not return to the applicant.

Again, thank you for taking the time to complete this reference. We appreciate your time and patience.

Pathways to Freedom Ministries

P.O. Box 73

Lower Sackville, NS B4C 2S8 Phone:

(902) 441-5019

www.pathwaystofreedom.ca