
PASTOR REFERENCE FORM

Thank you for answering these questions in an honest and prayerful manner.

Name of Referee:

Name of QHOP Staff Applicant:

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. What do you see as the applicant's strengths?

4. What are his/her weaknesses?

5. Would you recommend this applicant for a ministry position? Please give reasons.

6. How would you describe the applicant's relationship with the Lord?

7. Does the applicant respond well to authority?

8. In your opinion, does the applicant work well within a team?

9. Please add any other pertinent information.

Thank You!

Please return this form to info@qhop.ca