



**SCOTTSDALE MASTER'S COMMISSION
1ST YEAR APPLICATION 2009 – 2010
PASTORAL REFERENCE**

APPLICANT'S NAME: _____

TO THE APPLICANT:

THIS REFERENCE SHOULD BE COMPLETED BY YOUR PASTOR OR YOUTH/COLLEGE PASTOR AND MAILED, EMAILED OR FAXED DIRECTLY TO US. IF YOUR PARENT IS YOUR PASTOR, PLEASE REFER THE FORM TO ANOTHER PASTOR IN YOUR CHURCH.

TO THE PASTOR:

THE ABOVE APPLICANT HAS APPLIED TO BECOME A STUDENT IN SCOTTSDALE MASTER'S COMMISSION (SMC). SMC IS AN INTENSE, 'HANDS-ON' MINISTRY TRAINING AND DISCIPLESHIP SCHOOL. THE INFORMATION YOU PROVIDE ASSISTS US IN EVALUATING THE APPLICANT'S SUITABILITY FOR OUR PROGRAM. APPLICANTS WILL NOT BE CONSIDERED UNTIL ALL REFERENCE FORMS ARE RECEIVED. THIS REFERENCE WILL BE KEPT IN CONFIDENCE. THANK YOU FOR YOUR ASSISTANCE.

PLEASE TYPE OR PRINT IN INK

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2. HOW LONG HAS THE APPLICANT ATTENDED YOUR CHURCH? _____

3. HOW WELL DO YOU KNOW HIM/HER? _____

4. IN YOUR ASSOCIATION WITH THE APPLICANT WHAT HAS BEEN THE LEVEL OF COMMITMENT YOU HAVE SEEN EXEMPLIFIED?

5. WHAT IS YOUR EVALUATION OF THE APPLICANTS EMOTIONAL MATURITY:

PLEASE CHECK ONE:

- OUTSTANDINGLY MATURE. HAS PROVEN HIS/HER ABILITY TO OPERATE EFFICIENTLY UNDER A HEAVY WORKLOAD.
- MORE MATURE AND EMOTIONALLY STABLE THAN AVERAGE.
- POSSESSES ADEQUATE EMOTIONAL STABILITY AND MATURITY.
- DOUBTFUL. EXPERIENCE HAS SHOWN THAT THE APPLICANT MIGHT NOT BE ABLE TO ENDURE PRESSURE OR A FAST PACED ENVIRONMENT.
- APPLICANT HAS FREQUENTLY DEMONSTRATED SIGNS OF INABILITY TO COPE, SUCH AS RAGE OR WITHDRAWAL. HE OR SHE IS ERRATIC IN ATTITUDE OR ACTION, OR HAS DEMONSTRATED INSTABILITY IN OTHER WAYS.

6. HOW DOES THE APPLICANT USUALLY REACT IN TRYING SITUATIONS?

- WITHDRAWS
- GETS DISCOURAGED
- GETS ANGRY
- THRIVES
- OTHER : _____

7. HAS THE APPLICANT PROVEN ON ANY OCCASION TO BE UNRELIABLE, DISHONEST, OR OF QUESTIONABLE CHARACTER?

- YES NO

IF YES, PLEASE EXPLAIN: _____

8. AS FAR AS YOU KNOW, HAS THE APPLICANT EVER BEEN ARRESTED FOR ANY OFFENSE?

YES

NO

IF YES, PLEASE EXPLAIN: _____

9. EVALUATION OF APPLICANT'S CHARACTERISTICS (PLEASE CHECK ONE IN EACH GROUP):

PHYSICAL CONDITION

- FREQUENTLY INCAPACITATED
- BELOW AVERAGE
- FAIRLY HEALTHY
- GOOD HEALTH
- RUGGED AND VIGOROUS

WILLINGNESS TO SERVE

- RELUCTANT TO SERVE
- USUALLY WILLING TO SERVE
- EAGER TO SERVE AS NEEDED

RELATIONSHIPS

- AVOIDED BY OTHERS
- TOLERATED BY OTHERS
- LIKED BY OTHERS
- WELL-LIKED BY OTHERS

INTELLIGENCE

- LEARNS AND THINKS SLOWLY
- AVERAGE MENTAL ABILITY
- ALERT, HAS A GOOD MIND
- BRILLIANT, EXCEPTIONAL

LEADERSHIP ABILITY

- MAKES NO EFFORT TO LEAD
- TRIES BUT LACKS ABILITY
- HAS SOME LEADERSHIP ABILITY
- GOOD LEADERSHIP ABILITY

CHRISTIAN EXPERIENCE

- RELATIVELY SUPERFICIAL
- OVER-EMOTIONAL
- GENUINE BUT MILD
- GENUINE AND GROWING

TEAMWORK

- FREQUENTLY CAUSES FRICTION
- INSISTS ON HAVING OWN WAY
- USUALLY COOPERATIVE
- WORKS WELL WITH OTHERS

RESPONSIVENESS TO OTHERS

- SLOW TO SENSE HOW OTHERS FEEL
- REASONABLY RESPONSIVE
- UNDERSTANDING AND THOUGHTFUL
- ALOOF

ACHIEVEMENT

- DOES ONLY WHAT IS ASSIGNED
- STARTS BUT DOES NOT FINISH
- MEETS AVERAGE EXPECTATIONS
- TAKES INITIATIVE

10. PLEASE CHECK WORDS THAT DESCRIBE THE APPLICANT. CHOOSE ONLY A FEW THAT STAND OUT TO YOU.

- TEACHABLE
- EASILY DISCOURAGED
- DEPENDABLE
- COMMITTED
- LACKING HUMOR
- DOMINEERING
- MOTIVATED
- SHY
- EASILY OFFENDED

- NERVOUS
- FEARFUL
- UNDERSTANDING
- ANXIOUS
- CRITICAL
- WISE
- DISCIPLINED
- GOOD LISTENER
- PREJUDICED

- FLEXIBLE
- MOODY
- HUMOROUS
- TOLERANT
- PERFECTIONIST
- STABLE
- PATIENT
- PEACEFUL
- SERVANT HEARTED

11. IN YOUR OPINION, IN WHICH OF THE FOLLOWING AREAS OF MINISTRY DOES THE APPLICANT SEEM GIFTED?

- | | | |
|--|---|---|
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> SECRETARIAL | <input type="checkbox"/> ART |
| <input type="checkbox"/> EVANGELISM | <input type="checkbox"/> TEACHING | <input type="checkbox"/> DISCIPLESHIP |
| <input type="checkbox"/> PRAYER | <input type="checkbox"/> PRAISE & WORSHIP | <input type="checkbox"/> YOUTH & CHILDREN |
| <input type="checkbox"/> THEATRE | <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> COUNSELING |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MEDIA | <input type="checkbox"/> HOSPITALITY |
| <input type="checkbox"/> OTHER _____ | | |

12. DO YOU RECOMMEND THE APPLICANT FOR ACCEPTANCE AS A MASTER'S COMMISSION DISCIPLE?

- YES, UNRESERVEDLY YES, WITH HESITATION No

13. PLEASE ADD ANY ADDITIONAL COMMENTS THAT YOU MAY FEEL MAY BE NECESSARY.

YOUR NAME: _____

CHURCH NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE SEND THIS FORM DIRECTLY TO:

SCOTTSDALE MASTER'S COMMISSION
28700 N. PIMA RD.
SCOTTSDALE, AZ 85266
EMAIL: LARAE@SCOTTSDALEMC.COM
FAX: 480-348-7984
ATTENTION: SMC ADMISSIONS

IF YOU HAVE ANY QUESTIONS PLEASE CALL 480-367-8182.