

Applicant - (Please print your name.)

Last Name: _____

First Name: _____

Middle Name: _____

Referee

The above-named applicant is applying to become a ministry-trainee with the Artizo Institute. Your honest evaluation of the person would be appreciated. The information you provide will be kept confidential.

1. In what capacity and for how long have you known the applicant? _____

2. Please rate the applicant in the following categories: (fill the appropriate number)

Not observed: (N/A), Below average: 1, Average: 2, Good: 3, Excellent: 4, Extraordinary: 5

- Work habits, promptness
- Thoroughness
- Personal maturity
- Emotional stability
- Leadership potential
- Ability to get along with others
- Moral integrity
- Social concern
- Tolerance of difference
- Ability to teach
- Ability to share his/her faith
- Willingness to learn

3. Please estimate the applicant's capacity and motivation for the Christian ministry. Assess the applicant's strengths and weaknesses with particular reference to the Christian faith, moral character and personal values. Comment on any factors that you feel affect the applicant's ability to serve in Christian ministry situations.

4. In what specific areas do you believe we could help the applicant achieve further growth and development?

5. Please check the appropriate statement:

- I expect the applicant to be an outstanding candidate for full-time Christian ministry.
- I expect the applicant to be above average.
- I expect the applicant to perform satisfactorily in Christian ministry.
- I feel there is some doubt as to the applicant performing satisfactorily.

6. Please check the appropriate statement:

- I recommend the applicant enthusiastically.
- I recommend the applicant with confidence.
- I recommend the applicant with reservation. (Please specify.) _____
- I do not recommend the applicant. _____

Signature of Referee: x _____ Date: _____

Position/Title: _____	Name (Please print): _____
Mailing Address: _____	E-mail: _____
_____	Church/School/Organization: _____
_____	_____
Phone: _____	_____

Please return this form as soon as possible to:

info@artizo.org

Or mail this form and applicable items to:

The Artizo Institute
#1490 Nanton Avenue
Vancouver, BC
V6H 2E2
Email: info@artizo.org

Thank you for your assistance!