

**NORTH CAROLINA CONFERENCE OF THE  
INTERNATIONAL PENTECOSTAL HOLINESS CHURCH**

**REFERENCE FORM  
APPLICANT FOR MINISTERIAL CREDENTIALS**

I. Applicant's Name: \_\_\_\_\_ of \_\_\_\_\_ (city, state)  
has applied for Minister's credentials in the North Carolina Conference of the International Pentecostal Holiness Church.

Local Church Minister    Minister's License    Ordination    Transfer    Reinstatement

The North Carolina Conference Council and the Credentialing Committee would appreciate your frank and unbiased estimate of this applicant as a potential Minister of the Gospel of Jesus Christ, holding credentials in this organization. Under law, the applicant may examine this evaluation in his/her file any time, unless the applicant waives the right to review this evaluation.

**APPLICANT, PLEASE CHECK ONE:**

- I waive my right to review or examine this evaluation, and your comments will be treated confidentially.  
Signed: \_\_\_\_\_
- I reserve the right to examine this evaluation.  
Signed: \_\_\_\_\_

II.

- A. How long have you known the applicant? \_\_\_\_\_
- B. In what capacity? \_\_\_\_\_
- C. To your knowledge, has the applicant lived a consistent Christian life?    Yes    No  
If no, please explain below. If necessary, please use the opposite side of this sheet.
- \_\_\_\_\_
- \_\_\_\_\_

D. Please give your evaluation of the applicant by rating him/her in the following areas (please circle your response):

	<b>Worst</b>											<b>Best</b>
1) Seriousness of Purpose	0	1	2	3	4	5	6	7	8	9	10	
2) Self-Motivation	0	1	2	3	4	5	6	7	8	9	10	
3) Concern for Others	0	1	2	3	4	5	6	7	8	9	10	
4) Emotional Stability	0	1	2	3	4	5	6	7	8	9	10	
5) Ministerial Potential	0	1	2	3	4	5	6	7	8	9	10	
6) Personality	0	1	2	3	4	5	6	7	8	9	10	
7) Honesty	0	1	2	3	4	5	6	7	8	9	10	
8) Family Relationships	0	1	2	3	4	5	6	7	8	9	10	
9) Morality	0	1	2	3	4	5	6	7	8	9	10	

E. Would you recommend this applicant's ministerial character without reservation?

Yes    No   Please use the opposite side of this sheet if necessary for further explanation.

Referee Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

North Carolina Conference of the IPHC, C/O SOM Office  
MAIL: Post Office Box 59, Falcon NC 28342 | EMAIL: [SOMAssistant@nciphc.com](mailto:SOMAssistant@nciphc.com)