

# REFERENCE QUESTIONNAIRE

We have recently received a request from \_\_\_\_\_ to join our ministry team. As part of the process, we ask each applicant to provide us with 2 references. You were given as a reference. We would like to ask your honest opinions and impressions.

HOW LONG HAVE YOU KNOWN THIS PERSON?

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WHAT IS YOUR RELATIONSHIP WITH THIS PERSON (FRIEND, COWORKER, ETC)?

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IF YOU HAVE HAD WORKED WITH THIS PERSON IN MINISTRY, IN WHAT WAY?

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WHAT DO YOU SEE AS A STRENGTH THIS PERSON WOULD BRING TO THIS MINISTRY?

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WHAT DO YOU THINK WOULD HELP THIS PERSON SUCCEED IN THIS MINISTRY?

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ON A SCALE OF 1-3, 1 being poor and 3 being good, HOW WOULD YOU RATE THIS PERSON IN:

|                   |                            |                            |                            |
|-------------------|----------------------------|----------------------------|----------------------------|
| ATTENDANCE        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| COOPERATION       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| COMMUNICATION     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| TEAMWORK          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| PRODUCTIVITY      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| QUALITY OF WORK   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| HANDLING CONFLICT | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| RELIABILITY       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

IN YOUR OPINION, IS THIS PERSON QUALIFIED TO WORK IN THIS MINISTRY?  YES  NO

IF NO, WHAT ARE YOUR RESERVATIONS? \_\_\_\_\_

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The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE