

Approval for Service Reference Form

The following is a reference form which will be considered by the Bishop and Cabinet of the SC Annual Conference. This form is confidential and will only be used by the Cabinet and the Office of Clergy Services. Please feel free to share honestly and openly. The candidate will not see this reference form.

SECTION I

Applicant's name: _____

Your name: _____

Relationship to applicant: _____

How long have you know the applicant? _____

SECTION II

Please rate the candidate on the following. Circle the number that applies.
(1-*needs improvement*; 2-*effective*; 3-very effective; 4-*no opportunity to observe*)

Preaching	1	2	3	4
Teaching	1	2	3	4
Pastoral care	1	2	3	4
Leadership	1	2	3	4
Spiritual Gifts	1	2	3	4
Relational skills	1	2	3	4
Theological Knowledge	1	2	3	4
Biblical Knowledge	1	2	3	4
Commitment to Call	1	2	3	4

SECTION III

Please share any additional information regarding this applicant:

Signature: _____

Date: _____

Please mail, email, or fax your reference form to:

The Office of Clergy Services
Attention: Coordinator of Clergy Services
4908 Colonial Drive
Columbia, SC 29203
Email: clergysecurities@umcsc.org
Fax (803) 735-8777