



**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: _____

Your Relationship to the Applicant: _____

How long have you known 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: _____ | Relational skills: _____ |
| Teaching: _____ | Theological Knowledge: _____ |
| Pastoral care: _____ | Biblical Knowledge: _____ |
| Leadership: _____ | Commitment to Call : _____ |
| Spiritual Gifts: _____ | |

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: clergyservices@umcsc.org Fax (803) 735-8777. If you completed this form online and submitted automatically, thank you.