

Supervisor Recommendation APPROVAL FOR SERVICE APPLICATION

Applicant's Name:				
Your Name:				
Your Relationship to the Applica	nt:			
How long have you known	the applicant?			
Do you personally recommo	end this applicant for mir	nistry in the Uni	ted Methodist Church?	?
Please rate the candidate of	on the following (please o	check only one	answer on each row):	
	- "	Effective	•	_ no opportunity to observe
Teaching _	needs improvement	 Effective	Very effective	_ no opportunity to observe
Pastoral care	needs improvement	 Effective	Very effective	_ no opportunity to observe
Leadership _	needs improvement	 Effective	Very effective	_ no opportunity to observe
Spiritual Gifts _	needs improvement	 Effective	Very effective	_ no opportunity to observe
Relational skills	 needs improvement	Effective	Very effective	_ no opportunity to observe
Theological Knowledge _	 needs improvement	Effective	Very effective	no opportunity to observe
Biblical Knowledge _	 needs improvement	Effective	Very effective	_ no opportunity to observe
Commitment to Call	 needs improvement	Effective	Very effective	_ no opportunity to observe
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.