



**EAGLE MOUNTAIN FELLOWSHIP OF MINISTRIES**  
***Reference Form for Individual***

---

---

Please type or legibly handwrite the following reference completely and return to:

*Eagle Mountain Fellowship of Ministries, PO Box 7345, Bend, OR 97708*

[emfom@eaglemountainfellowship.org](mailto:emfom@eaglemountainfellowship.org)

---

---

**Reference For** \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_

1) What is your relationship to the applicant (i.e. friend, pastor, fellow minister)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

5) Please relate one incident or example that you think best portrays the applicant's faith and/or commitment to moral integrity.

6) What ministry or spiritual gifts have you observed in operation in the applicant?

7) What is the greatest difficulty for the applicant in ministry?

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain:

9) Please rate the applicant's ability to relate to authority.

Outstanding      Excellent      Good      Fair      Poor

10) Please rate the applicants leadership skills.

Outstanding      Excellent      Good      Fair      Poor

11) Please rate the applicant's ability to overcome adversity.

Outstanding      Excellent      Good      Fair      Poor

12) Please take the time to write any additional information that might be helpful.

---

---

---

---

---

---

---

---

13) In your opinion, is there any reason the applicant should not be admitted to EMFOM?

---

Signature

Date