

**REFERENCE FORM**  
Rocky Mountain Conference  
The United Methodist Church

Dear \_\_\_\_\_,

*I am making application to the Rocky Mountain Conference of the United Methodist Church for consideration for an appointment there. I request that you promptly respond to the questions in this Reference Form.*

*I authorize you to give any information that you may have regarding my abilities, character, personal habits and fitness for serving as a pastor in The United Methodist Church. I release you from liability for any damage that may result from furnishing such evaluations and I waive any right that I may have to inspect references, comments, and/or information regarding me and provided by you.*

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Applicant's Name Printed \_\_\_\_\_

(Please use additional paper if needed.)

1. How long have you know this person, and in what capacity? (If District Superintendent or denominational executive, please indicate his/her current official status.)
  
  
  
  
  
  
  
  
  
  
2. What is your general impression of this person?
  
  
  
  
  
  
  
  
  
  
3. How do you view this person's faith? How mature is he/she in the faith?
  
  
  
  
  
  
  
  
  
  
4. What unique strengths or gifts for pastoral ministry does this person possess?
  
  
  
  
  
  
  
  
  
  
5. What qualities would make him/her an effective pastor in United Methodist Churches?

6. What limitations does she/he have, or what concerns do you have about this person serving as a pastor for the United Methodist Church?
  
7. Comment about her/his ability to communicate the Gospel in preaching and teaching.
  
8. Comment about his/her pastoral skills.
  
9. Comment about her/his leadership style and abilities.
  
10. What else should we know as we consider her/him for an appointment in the Rocky Mountain Conference?

Signature \_\_\_\_\_ Official Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (s) \_\_\_\_\_

E-mail: \_\_\_\_\_

Send completed for to:

Rev. Deb Olenyik, Superintendent  
Wyoming/Northeast Colorado District  
1603 Capitol Ave. Suite 507  
Cheyenne, WY 82001-4563  
Fax to: 307-634-2506