



INTERNATIONAL COVERING ALLIANCE AND LICENSING FOR MINISTRIES

3730 Wittaker Circle, Johnstown, Colorado 80534

(623) 210-9661



PERSONAL REFERENCE FORM

PLEASE NOTE: The Credentialing Committee of ICALM would appreciate your frank and candid opinion as to this applicant's character, reputation and abilities as listed. Your cooperation in completing this form is appreciated. All information is confidential. *Thank you. Apostle Dr. Brian Alton, Presiding Bishop*

Applicant's name: _____

How long have you known applicant? _____ In what capacity? _____

Are you in the ministry? _____ If so in what capacity? _____

Have you had the opportunity to observe this applicant's ministry? _____

How would you rate the applicant in the following:

	Excellent	Very Good	Good	Poor	Unknown
Marital Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Relations With Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing With Financial Matters / Paying Their Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Would Rate The Applicants Dedication To God & Christian Principles As:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Gifts & Ministerial Abilities:					
1. Preaching / Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evangelism / Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Music / Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prophecy/Word of knowledge/Miracles/Faith/Helps etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To the best of your knowledge does the applicant refrain from the abuse of alcohol, tobacco, and the illegal use of drugs?

☐ Yes ☐ No ☐ Unknown

Do you feel the applicant has a willingness to cooperate in unity with his/her peers and with those in authority?

☐ Yes ☐ No ☐ Unknown ☐ Other (explain on reverse side)

Can you truly and sincerely recommend this person for ministerial credentials? _____

Please give any comments you feel would be helpful to us in making a determination of this applicant.

(Use reverse side of this form).

Your Name _____ Date _____

Please Print or Type

Your Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Please Sign And Return This Form (to Address Listed Above) At Your Earliest Convenience.