



**Saved 2 Save
Trainingschool
Salvation Army
Sweden/Latvia**



PASTOR'S REFERENCE FORM

Applicant:

Please fill in your information on this form, sign it and give it, with a stamped envelope, to your pastor/leader to complete.

Applicant's information:

Last name: First name:

The above applicant has applied for admission to the Saved2Save Training School, a mission oriented school run by The Salvation Army Swedish/Latvian Territory.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is appreciated. Thank you for your assistance. Please check the following, and comment where necessary.

1) How well do you know the applicant?

.....
.....

2) To what extent is the applicant active in church work?

.....
.....

Does he/she display high moral standards?

.....
.....

3) With reference to his/her Christian service, how would you describe the applicant?

.....
.....

4) How would you best describe the applicants Christian experience?

.....
.....

5) Overall, what do you consider to be the applicant's strong points?

.....
.....

6) Please comment on the applicants family background, if known:

.....
.....

7) In your opinion: what are the applicant's motives for applying to S2S?

.....
.....

8) What could S2S do to aid in the applicant's personal development?

.....
.....

9) Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related, or other life situations we should know more about).

.....
.....

10) How would you describe the applicant in the following categories?
(on a scale from 1-4 where "1" is not so good and "4" is great)

	1	2	3	4
a. Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Concern for others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social adaptability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to follow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- f. Judgement/decision making:
- g. Emotional stability:
- h. Health:
- i. Personal appearance:
- j. Intellectual ability:
- k. Industry:
- l. Diligence:
- m. Reliability:
- n. Cooperativeness:
- o. Flexibility:
- p. Christian character:
- q. Disposition:
- r. Punctuality:
- s. Financial responsibility:

11) Would you recommend the applicant for acceptance into the S2S Training School?

I have known for years, and believe that she/he possesses the qualities indicated above.

Signed:

Date: D..... M..... Y.....

Name:

Position:

Address:.....

Phone: E-mail:

**Please mail all forms to: S2S, Frälsningsarmén
Mellangatan 21
S - 621 56 VISBY
SWEDEN**