

Southwest Covenant Schools
2300 S. Yukon Parkway
Yukon, OK 73099
Phone (405) 354-9222 Fax (405) 350-2127

PASTOR'S REFERENCE FORM

This portion is to be completed by the applicant:

Name of the Applicant _____

Name of Pastor _____

WAIVER OF RIGHT TO ACCESS: I, undersigned hereby voluntarily waive any right to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the writer and Southwest Covenant Schools.

To the Referent: The above applicant is applying for a position to Southwest Covenant School. It is important that you be frank, fair, and accurate in your remarks and estimation. Please complete and send this form to the school office at your earliest convenience. Thank you.

1. Approximately how long have you known the applicant? _____Years _____Months
2. Is the applicant professing born-again believers? _____ Is the applicant a member of your church? Yes No
3. In what capacity has he/she been active in your church? _____
4. Does the applicant and his/her family attend church regularly? _____
5. What is your overall appraisal of the Christian character of the applicant's family? _____

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Personality Traits of the Applicant

Circle the one that best describes the applicant, or have someone else on staff who knows the student:

1. Christian Character	Above Average	Average	Below Average	Do Not Know
2. Dependability	Above Average	Average	Below Average	Do Not Know
3. Positive Influence on Others	Above Average	Average	Below Average	Do Not Know
4. Ability to get along with others	Above Average	Average	Below Average	Do Not Know
5. Leadership	Above Average	Average	Below Average	Do Not Know
6. Responsibility	Above Average	Average	Below Average	Do Not Know
7. Emotional Stability	Above Average	Average	Below Average	Do Not Know

Please feel free to add any further comments that could be useful in determining whether the applicant would be ministered to in the academic and spiritual ministry of Southwest Covenant Schools. _____

Signature _____ Date _____

Title _____ Printed Name _____

Name of Church _____

Address _____ City _____ State _____

Phone (Day) (_____) _____ (Evening) (_____) _____

Please return this form to SWCS in the enclosed self-addressed envelope.