



Personal Reference for Certification as an NALC Pastor

This section to be completed by the pastor applying for certification:

Applicant's Name:

Phone Number:

Address:

City, State/Province:

Zip/Postal Code:

Email:

The pastor named above is applying for certification as a pastor in the North American Lutheran Church. It is important that we receive objective and valid statements from those who have some personal knowledge of the applicant's abilities and character. Please send this completed form as soon as possible. If sent directly to the NALC, any information you provide will be regarded as strictly confidential.

It is preferred that you send this form directly to the General Secretary: certification@thenalc.org.

If you send by regular mail send to:

North American Lutheran Church
PO Box 130455
Roseville MN 55113

1. How long have you known the applicant?

2. Specify the years and context in which you had firsthand knowledge of the pastor's ministry and service.

3. What is or was your relationship with the applicant?

4. Please evaluate the pastor's abilities and service in the following areas for which you have firsthand knowledge. If no knowledge, leave blank. (Use words such as Exceptional, Acceptable, Area for Growth.)

a. Leadership in a congregation/ministry organization

b. Preaching

c. Worship leadership

d. Pastoral care and counseling

e. Discipleship and evangelism

f. Stewardship of time and resources

g. Engagement with the community and other Christian churches

h. Dealing with conflict situations

i. Care for spouse and family, if applicable

j. Personal care for spiritual and physical health

5. What are the pastor's greatest strengths for pastoral ministry and leadership?

6. What are the pastor's weaknesses for pastoral ministry and leadership?

7. To the best of your knowledge, has the pastor ever been accused or convicted of a crime?

Has the pastor ever been accused or convicted of criminal and/or inappropriate sexual conduct involving a minor or adult?

Has the pastor been accused or convicted of financial malfeasance or been involved in situations of domestic violence?

Please elaborate here:

8. To the best of your knowledge, has the pastor ever been convicted of a DUI?

Has the pastor received treatment and/or recovered from any addiction (alcohol, drugs, etc.).

If yes, please indicate circumstances here:

9. Do you **unconditionally** recommend the applicant for ministry as an NALC pastor?

If not, or you have any reservations, please be specific:

10. Is there anything else we need to know that we did not ask? Please use the box below to answer.

Your Name:

Title:

Organization:

Address:

City, State/Province:

Zip/Postal Code:

Email:

God bless you and thank you for your assistance!
Rev. Amy C. Little, General Secretary of the NALC

certification@thenalc.org