

# The United Methodist Church, Florida Conference

The Office of Congregational Transformation

P.O. Box 3767, Lakeland FL 33802

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## REFERENCE FORM

The person named below has made application to be a volunteer, non-paid coach to help United Methodist churches engage in a complex process of transformation. This person listed you as a reference. We appreciate your evaluation. What you share will be kept in confidence.

Section I: To be completed by the Applicant

Applicant's Name: \_\_\_\_\_ Church/District: \_\_\_\_\_

Clergy Person     Lay Person    Position (if applicable): \_\_\_\_\_

has applied to serve the Florida Conference in the following capacity(ies): \_\_\_\_\_

Section II: To be completed by the Evaluator:

	Excellent	Good	Average	Needs Improvement	Not Observed
Diagnosing, Planning, and Monitoring Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (written, verbal, listening, framing of questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of "Good" Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Function Under Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Handle Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Handle Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Knowledge or Competency in this Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known this applicant:

as a student     as an employee

as a co-worker     personally

Dates of employment or length of time you have known the applicant (mm/yyyy):

From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ or # of years: \_\_\_

Do you know this person to be one who abides in Christ, loves Jesus and the Church, and is passionate to make disciples?    Yes \_\_\_ No \_\_\_

Do you know of any reason why it would not be advisable for this individual to serve in a capacity where he/she would assist congregations in facilitating organizational change and transformation? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Additional  
 Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you consider this applicant to be: (ck all that apply)

- visionary     self confident     trustworthy  
 teachable     humble in spirit     dependable  
 patient     self-assessing     a non-anxious presence

Evaluator's Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Church/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Please mail this form to the address above.**

10/5/06