

# CROSS LANES CHRISTIAN SCHOOL

5330 Floradale Drive  
Cross Lanes, West Virginia 25313  
(304) 776-5020

## PASTOR'S REFERENCE FORM

Applicant's Name : \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Note to Applicant: Because the school is seeking a confidential and candid reference on your behalf, you are requested to sign this waiver indicating your agreement to forfeit your right to review this form once it is returned.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Pastor: Please respond to the following items. Know that your responses will remain confidential provided the applicant has signed the waiver given above. Return this form to the address cited at the top of this reference form. Use a checkmark.

1. I have known the applicant for:  less than one year;  from 1-3 years;  from 3-5 years;  more than five years.
2. I know the applicant:  extremely well;  rather well;  only casually.
3. The applicant's marital status is:  single, never married;  married;  single, engaged;  married, previously divorced;  single, previously divorced;  widowed;  separated.
4. Are the applicant's relationships to family members a credit to Christian ministry?  
 yes;  no.
5. If married, is the applicant's spouse fully in accord with the plan to serve at Cross Lanes Christian School?  yes;  no.

