



Office: 538 Breeze St. Craig, Colorado 81625 (970) 824-5204 info@yvcenter4hope.org

# Confidential: Pastoral Reference Form

This portion is to be completed by the applicant:

Name of Applicant \_\_\_\_\_

Name of Referent \_\_\_\_\_ Position \_\_\_\_\_

The purpose for which this confidential reference form is being obtained is employment at Hope Pregnancy Center of the Yampa Valley (HPC). It will be received and maintained in confidence. If you are employed, and if HPC retains this confidential reference form, you may inspect this reference form and any attachments unless you voluntarily waive this right by signing the following statement: WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby expressly and voluntarily waive any and all access rights I might have to this confidential reference form under any state law, or any other laws, regulations, or policies. I understand that the observations made shall remain confidential between the writer and HPC. I acknowledge and represent that I am over the age of 18, have carefully read and understand this Waiver of Rights to Access, and I have signed it knowingly and voluntarily.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(This signing of this waiver is voluntary, it is not required as a condition of employment)

INSTRUCTIONS TO THE REFERENT: Thank you for taking the time to complete this form. We realize your time is valuable and we appreciate your willingness to help us. The clearer and more factual you can be enables us to serve the applicant in the best way possible. The person named above is applying for the position of Executive Director at Hope Pregnancy Center, a Christian organization whose purpose is to provide crisis pregnancy services. Please be frank, fair, and accurate in your remarks and estimation. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and condor will exist between the applicant and the referent regarding this reference. After completing this form, please drop off the form at 538 Breeze St, or email it to info@yvcenter4hope.org

**Pastoral Referent:** A leader at a Local Christian Church with direct access/oversight into the applicant's spiritual life, and can be any of the following: Pastor, Elder, Deacon or Small Group Leader. It must be someone who has known the applicant for at least one year and cannot be a relative of the applicant.

- 1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
- 2. Please describe the applicant's spiritual life. \_\_\_\_\_
- 3. In what capacities has (s)he been active in your church? \_\_\_\_\_
- 4. Is the applicant living a consistent Christian life?  Yes  No  
If No, please explain \_\_\_\_\_
- 5. Do you have any reservations in recommending this person?  Yes  No  
If Yes, please explain \_\_\_\_\_

Would you recommend that we employ this applicant in the role of an Executive Director?  
 No  Not at this time  Questionable  Yes, with reservation  Yes  Strongly So

Please add any further comments you wish about the applicant's spirituality, cooperativeness, tactfulness, good judgement, honesty, and potential for impacting the abortion issue.

Referent's name (please print) \_\_\_\_\_

Referent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Church and denominational affiliation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Please email this form to info@yvcenter4hope.org or drop off at HPC 538 Breeze St. Craig CO