

**RIVER WATCH
INTERCESSOR REFERENCE FORM**

Please type or print clearly.

Return to Rising River Ministries, Inc.

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Reference:

Name of person submitting reference: _____

I have known the applicant as a: Intercessor Friend Relative Business
 Other: (Please specify) _____

The relationship was/is: Close Casual Professional

How long have you known the applicant? _____

Have you visited the applicant's home? Yes No Comments: _____

To the best of my knowledge and judgment in the following categories, the applicant is:

	Excellent	Good	Fair	Questionable	Poor	Unknown
1. In Christian life and testimony						
2. In conduct and moral attitude						
3. In accepting responsibility						
4. In meeting financial obligations						
5. In family relationships						
6. In dependability						
7. In dedication to the Lord						
8. In ability to maintain confidentiality . .						
..						

In your opinion does the applicant exhibit a "call" to intercession? Yes No

Additional Information/Comments: _____

Signature of pastoral oversight providing reference

Date

Return to: Rising River Ministries, Inc. **or Fax Form to:** 317-838-5809
P.O. Box 596 Attn: Dr. Kathie Eads
Plainfield, IN 46168-0596