



BC Conference United Church of Canada
 Candidacy and Admission Board
 School or Program Endorsement Reference
 For Applicants seeking Supervised Ministry Experience
 CAB 207(b)

yes, I agree

In submitting this form you confirm that the information is accurate, to the best of your knowledge

Field Education Director _____

Email: _____

Applicants Name: : _____

Email: _____

Your Phone: _____

1. How long and under what circumstances have you known this individual? _____

2. What abilities, gifts, or strengths does this person bring to ministry? _____

3. What learning needs do you perceive should be addressed during this Supervised Ministry Experience?

4. What type of Supervised Ministry site would be most beneficial for this person and best meet these learning needs?

5. What amount and what style of educational supervision does this individual need?

6. What other information would you like to share with the supervisor regarding this person and his/her learning goals?

7. Have you discussed this reference with the individual? _____

****Please note***If you require more space for your answers please copy and paste the questions to a word document and send the completed form to Brenda Wolff at bwolff@bc.united-church.ca*