

# NORTH HEIGHTS

## CANDIDATE REFERRAL FORM

The individual being referred will be considered for the role of:

Deacon    Council of Elders    Nominating Committee    Benevolence Committee    School Board

Please give the utmost care and serious consideration to your comments.

Candidates Name: \_\_\_\_\_ Member of North Heights: Yes:  No:

How long have you known the candidate:  Less than 1 year    1-3 years    3-5 years    More than 5 years

I know the candidate through (ministry, friend, business, etc.) \_\_\_\_\_

Candidate's email: \_\_\_\_\_ Candidate worship location: \_\_\_\_\_

Check the boxes that best represent your observations of the candidate.

	Above Average	Average	Below Average	Not Known
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication to soul winning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other information you believe we should know about:

I would recommend this person:  Without reservation    With some reservation

**Please do not contact candidate.** The candidate will be contacted by the Nominating after approval by the Council of Elders.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete this form and submit by March 1, 2021 by email: [nominations@nhlc.org](mailto:nominations@nhlc.org)

or mail: North Heights Lutheran Church

Attn: Nominating Committee  
1700 W Highway 96  
Arden Hills, MN 55112