



ASSOCIATION OF FAITH
CHURCHES AND MINISTERS
INTERNATIONAL

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PERSONAL OR PASTORAL RECOMMENDATION

(APPLICANT, PLEASE GIVE PERSONAL RECOMMENDATION TO SOMEONE YOU HAVE KNOWN FOR AT LEAST **FIVE YEARS** & THE PASTORAL RECOMMENDATION TO YOUR PASTOR OR FOR PASTORS, SOMEONE IN FULL-TIME, FIVE-FOLD MINISTRY)

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Church or Ministry: _____

Applying For: _____ **ORDINATION** _____ **LICENSING** _____ **MEMBERSHIP**

Your name has been given as a recommendation for the above named person for membership into AFCM. Serious consideration will be given to your comments; therefore we ask that you carefully complete this form. Please return this form directly to the AFCM office at the above address. Please be assured that your comments will be held in strictest confidence.

1. How long have you known the applicant? _____ years _____ months

2. How well do you know him/her ? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Fairly well-numerous personal contacts |
| <input type="checkbox"/> Casually-few personal contacts | <input type="checkbox"/> Very close ministry relationship |

Comments: _____

3. Please give your knowledge of the applicant's involvement in church activities. (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Attends irregularly/shows little interest | <input type="checkbox"/> Cooperative, usually willing to help |
| <input type="checkbox"/> Seldom participates, but attends regularly | <input type="checkbox"/> Enthusiastic and is deeply involved |

Comments: _____

4. Give what you consider to be the applicant's strong points.

5. Give what you consider to be the applicant's weak points.

6. Please indicate below your rating status of the applicant:	Above average	Average	Below Average	No chance to observe
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____
Integrity/Honesty	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

7. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, neglect, or molestation? If yes, please explain _____

8. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? If yes, please explain _____

9. Does the applicant have any personality traits which impair his/her relationship with others?

10. Please share with us any information you may know about the applicant that would help in our evaluation for membership. Specific incidents may be given or an overall personality appraisal.

11. To your knowledge, does this individual have a definite call to the ministry?
_____ yes _____ no

12. Is this individual now in full-time ministry?
_____ yes _____ no

13. Having observed this person in the ministry, would you recommend them for membership with AFCM? _____ highly recommend _____ recommend
_____ recommend with reservations _____ not recommend

Thank you! We appreciate your assistance.
Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____