



ASSOCIATION OF FAITH
CHURCHES AND MINISTERS
INTERNATIONAL

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PERSONAL/PASTORAL RECOMMENDATION

APPLICANT, PLEASE GIVE ONE RECOMMENDATION TO SOMEONE YOU HAVE KNOWN FOR AT LEAST **THREE YEARS** & ANOTHER TO YOUR PASTOR.

Name of Applicant: _____

Your name has been given as a recommendation for the above-named person for credentials with the Association of Faith Churches and Ministers. Serious consideration will be given to your comments; therefore, we ask that you carefully complete this form.

Applying for: **ORDINATION** **LICENSING** **MEMBERSHIP**

1. How long have you known the applicant? _____

2. Do you feel you know the applicant well enough to evaluate his/her eligibility for Credentials?
 Yes No

3. What is your relationship to the applicant? Friend Pastor Other

4. Is your relationship: Casual Intimate Professional

5. Is the applicant currently active in ministry? Yes No Don't Know

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

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

8. 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	_____	_____	_____	_____

9. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? No Yes If yes, please explain:

10. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? No Yes If yes, please explain:

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

12. 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.

13. To your knowledge, does this individual have a definite call to the ministry? No Yes

14. Does this individual have a good attitude toward authority? Yes No Don't Know

15. Is this individual now in full-time ministry? Yes No Don't Know

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

We appreciate your assistance. Your comments will be held in strictest confidence.

Name: _____ **Occupation:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Email:** _____

Signature: _____

Please return this form directly to our office at PO Box 1918, Willmar, MN 56201, or email office@afcminternational.org.