

GOSPELLIFE INTERNATIONAL MINISTERIAL ASSOCIATION



LOCAL PASTOR'S/MINISTER'S RECOMMENDATION

NAME OF APPLICANT: _____
Surname First Name Middle Name

The above-mentioned person has applied for membership/associate membership with Gospellife International Ministerial Association. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. This completed form should be returned directly to Gospellife International.

RECOMMENDING PASTOR'S/MINISTER'S DETAILS

- Name of recommending Pastor/Minister/Nominee: _____
- Mailing Address: _____
City/State: _____ Post/Zip Code: _____ Country: _____
- Email address: _____ @ _____
- Phone (landline and mobile): _____
- Name of your Church/Ministry: _____
- Address of your Church/Ministry: _____
- Your position in this Church/Ministry: _____
- How long have you held this position: _____
- Are you an ordained minister? _____ Year of Ordination: _____
- Organisation which ordained you: _____

EVALUATION OF APPLICANT

- How long have you known the applicant? _____
- Describe your relationship: Close Casual Distant Other (Describe): _____
- Your position in this relationship: Pastor/Minister Family Friend Co-worker Other: _____
- Please evaluate applicants character and lifestyle:

Christian life and testimony:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Moral attitudes:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Honesty and integrity:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Consideration for others:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Ability to work with others:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Ability to lead others:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Ability to minister:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Accepting responsibility:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Financial responsibility:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Personal cleanliness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
- To your knowledge, does the applicant:

Use tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drink alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use illegal / habit-forming drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Briefly describe applicant's marriage / family life: _____
- Do you think the applicant has a definite call to the five-fold ministry? Yes No Not sure
- Is the applicant currently involved in active ministry? Yes No Not sure
- Is the applicant involved in secular work in addition to ministering? Yes No Not sure
- Would you recommend the applicant for membership? Yes No Not sure
- Please give any comments that would be helpful in evaluating the candidate: _____

Signature of Recommending Pastor/Minister/Nominee

Date