



PERSONAL OR MINISTRY RECOMMENDATION

(Applicant, please give one ministry recommendation to your Pastor or someone credentialed / ordained in full-time ministry, the other two recommendations also need to be completed by ministers; one of which would be accepted by a friend or someone you have known for at least 3 years.)

Name of applicant: _____

Street Address: _____

Country / State: _____ Zip: _____

Name of Church or Ministry: _____

Your name has been given as a reference for the above person for membership into Connecting for Excellence. Serious consideration will be given to your comments: therefore, we ask that you carefully complete this form.

Please mail or scan directly to the CFE office at the address below. Please be assured that your comments will be held in strictest confidence.

- (1) How long have you known the applicant? _____ years _____ months
- (2) Do you feel that you know the applicant well enough to evaluate his / her eligibility for ministry credentials?
 No Yes Licensing Ordination
- (3) What is your relationship to the applicant?
 Friend Pastor Other Casual Intimate Professional
- (4) How well do you know him / her? (Check one)
 By name / sight Fairly well / numerous personal contacts
 Casually / few personal contacts Very close ministry relationship
 Mentoring relationship

Comments: _____

- (5) In your opinion, does the applicant exhibit a "call" to the ministry?
 Yes No Do Not Know

Explain your answer: _____

- (6) To your knowledge is the applicant currently involved in active ministry?
 Yes No Do Not Know
- (7) Pulpit experience / preaching and teaching:
 Well experienced Light experience
 No experience Do not know
- (8) Work habits (in the ministry):
 Very industrious Satisfactory
(does more than required)
 Does enough to get by Does less than expected
 Do not know

- (9) **Stability / ability to withstand pressure:** (check all that apply)
 Tolerates pressure well Average tolerance / usually remains calm
 Easily irritated Cannot handle pressure
 Do not know
- (10) **Personal organization:**
 Conscientious, tidy, clean Fairly neat
 Tends to be disorderly Disorderly and untidy
 Do not know
- (11) **Response / attitude toward authority:**
 Helpful and cooperative Usually responsive
 Resentful of authority Not cooperative / very resentful of authority
 Do not know
- (12) **Marriage and family:**
 Attentive to spouse / children Usually stable
 Neglects spouse / children Many uncontrolled periods / unstable
- (13) **Please give your knowledge of the applicant's involvement in church activities** (check one).
 Attends irregularly little interest Cooperative, usually willing to help
 Seldom participates, but attends regularly Enthusiastic and is deeply involved

Comments: _____

- (15) To your knowledge is the applicant currently involved in heresy? Yes No

If yes, explain: _____

- (16) Having observed this person in the ministry, would you:
 Highly recommend Recommend Recommend with reservations

Please list your reservations:

- (17) To aid us in our decision making, please give us your personal comments on the integrity of the applicant:

- (18) List what you consider to be the applicant's strong points.

- (19) List what you consider to be the applicant's weak points.

- (20) Please indicate below your rating / status of the applicant:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No chance to observe</u>
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____

Moral Character _____
 Integrity / Honesty _____
 Emotional Stability _____
 Personal Appearance _____

(21) Does the applicant have any personality traits which impair his/her relationship with others?

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

I recommend the applicant for ordination: Yes Yes, with reservation No

I recommend the applicant for licensing: Yes Yes, with reservation No

Signature: _____

Please print your name: _____

Your age 18-25 26-35 36-50 over 50

Street Address: _____

Country / State: _____ Zip: _____

Phone: Home _____ Work: _____

If you are a credentialed minister, please complete the following:

Ministry Name: _____

Your position: _____

Organisation you are credentialed with: _____

Number of years you've held credentials: _____

Additional comments: _____

MAILING DETAILS

CONNECTING FOR EXCELLENCE

Dr. Alan Pateman

P.O. Box 2

Figline Valdarno 50063

Florence, ITALY

Email: cfe@connectingforexcellence.com

Remember, "God Chooses, then the Spirit Tests, but You Must Respond!"