



**ASSOCIATION OF FAITH
CHURCHES AND MINISTERS
INTERNATIONAL**

PO Box 1918
Willmar MN 56201
Phone 320-235-3838
Fax 320-235-1802
office@afcminternational.org
www.afcminternational.org

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: _____

Address: _____

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

Name of Church or Ministry: _____

Applying For: _____ **LICENSING** _____ **ORDINATION** _____ **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. 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)

_____ By name/sight _____ Fairly well-numerous personal contacts
_____ Casually-few personal contacts _____ Very close ministry relationship

Comments: _____

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

_____ Attends irregularly, shows little interest _____ Cooperative, usually willing to help
_____ Seldom participates, but attends regularly _____ Enthusiastic, deeply involved

(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, child neglect, or child molestation? No Yes If yes, please explain:

(8) To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? No Yes 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? No Yes

(12) Is this individual now in full-time ministry? No Yes

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

Thank you. We appreciate your assistance.

Your name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) Work (_____)

Date: _____ Email: _____