



THIS SECTION TO BE COMPLETED BY THE MINISTER

Minister's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____

Church Name and Denomination _____

Phone _____ Email _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? Very Well Well Casually

To your knowledge does the applicant

Smoke Drink Alcoholic Beverages Use Illegal Drugs None of These

How would you describe the applicant's church relationship and Christian commitment?

(circle as many as necessary)

Sympathetic

Enthusiastic

Tolerant

Warm Hearted

Respectful

Critical

Passive

Very Well

What do you consider to be the applicant's strengths? _____

Describe the applicant's outlook on life (i.e., lifestyles, values, attitudes, etc.,) _____

Discuss areas concerning which the applicant might need special attention _____

How do you evaluate the applicant's willingness to change? _____

How do you consider the applicant's willingness to submit to authority? _____

How would you rate the applicant in the areas listed below? (check appropriately)

	Highest					Lowest				
	10	9	8	7	6	5	4	3	2	1
Emotional Stability										
Peer Relationship										
Spiritual Maturity										
Moral Integrity										
Intelligence										
Social Readiness										

As the referent I recommend the applicant Without Reservation Strongly With Reservations

Not Recommended I Prefer Further Discussion Please Call _____

Signed _____ Church _____