



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:**     **ORDINATION**     **LICENSING**     **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:

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

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

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(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.

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(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: \_\_\_\_\_