

MORIAH INSTITUTE OF CHRISTIAN STUDIES

Moriah Ministerial Fellowship

An interdenominational fellowship of Christian Pastors, Churches, Evangelists and Ministers

PO Box 36098, Fayetteville, NC 28303 (910) 323-2970

Recommendation

ATTENTION APPLICANT - Please read and sign below before issuing

Name of applicant _____

Recommender name _____

Address _____

Phone # _____

Email Address _____

Type of recommendation:

- Pastor/Minister
- Personal
- Educational/
Professional

This form should be returned to our office by the recommender as soon as possible.

Do not submit recommendation forms to parents or other close relatives. Please indicate above if your Pastor is your parent or close relative and request that the Associate Pastor complete the form. This recommendation form must be mailed directly to Moriah Ministerial Fellowship at PO Box 36098, Fayetteville, NC 28303 by the recommender. A follow-up telephone call may then be made for verification.

I, the above applicant, realize that a confidential statement is being submitted directly to Moriah Ministerial Fellowship with the understanding that its contents WILL NOT be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Date _____ Applicant's signature _____

How long have you known this applicant? _____ years(s) _____ month(s)

In what capacity? _____

How well do you know him/her? _____

What do you consider this applicant's strong points? _____

What do you consider this applicant's weak points? _____

To your knowledge has the applicant had a previous or present involvement with:

Alcohol? _____ Smoking? _____ Illegal drugs? _____ Sexual sin? _____ Abusive behavior? _____

Explain: _____

Describe the applicant's home life and /or marriage _____

How would you rate the applicant in the following areas?

	Poor	Fair	Good	Excellent
Cooperates well with others	_____	_____	_____	_____
Honest	_____	_____	_____	_____
Dependable	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____
Financially responsible	_____	_____	_____	_____
Considerate	_____	_____	_____	_____
Moral Integrity	_____	_____	_____	_____
Industrious	_____	_____	_____	_____
Works under Authority	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Respectful	_____	_____	_____	_____
Tolerant	_____	_____	_____	_____
Loving	_____	_____	_____	_____
Enthusiastic	_____	_____	_____	_____
Receives discipline	_____	_____	_____	_____
Spiritual influence on others	_____	_____	_____	_____
Focused	_____	_____	_____	_____

Do you recommend this candidate for ministry or ministerial training? Explain _____

Please share with us any information about the applicant you feel would help in our evaluation _____

Is there a specific area that you would say the applicant needs help in? Explain _____

What area of Ministry is applicant involved in? _____

Name of your Church/Ministry _____ Church Phone # _____

Your name _____ Your signature _____

Date _____

Your age 18 - 26 27 - 37 38 - 45 46 - 55 over 55

Are you: Licensed Minister Ordained Minister Other _____

Do you recommend this applicant for: Minister's License Ordination

Please return to:

Dr. Marian Jones
Moriah Ministerial Fellowship
PO Box 36098
Fayetteville, NC 28303