



CORPORATE HEADQUARTERS
 5872 COVINGTON COVE WAY • ORLANDO, FL 32829
 TEL: (802) 734-2496

NORTHEAST REGIONAL OFFICE
 P.O. BOX 4434 • ST. JOHNSBURY, VT 05819
 TEL: (802) 274-0322

PERSONAL RECOMMENDATION FORM

To the applicant: This form is to be completed by an individual (friend, employer, pastor, etc.) who is not a member of your family. Please provide the following information.

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Applicant's Signature _____ Date _____

To the recommender: Please answer the following questions to the best of your ability and return the completed form to the address listed above. Thank you for your assistance.

How long have you known the applicant? _____ In what relationship? _____

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

Evaluate the applicant's abilities and qualifications by placing a check in the appropriate box.

	Exceptional	Very Good	Good	Fair	Questionable	No Knowledge
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL RECOMMENDATION FORM (continued)

Does this applicant demonstrate leadership ability? ___ Yes ___ No

In which of the following areas does or would the applicant do well?

- Personal evangelism
- Leading worship
- Working with adults
- Working with children
- Motivating/training others
- Pastoral care
- Biblical counseling
- Organizing/planning
- Working with youth
- Speaking/teaching
- Prophetic
- Other: _____

Has the applicant ever been a source of dissension or disunity? ___ Yes ___ No

If yes, please explain: _____

Does he/she show prejudice against any race, nationality or group? ___ Yes ___ No

Does the applicant have a clear sense of direction and purpose? ___ Yes ___ No

Does the applicant have a clear vision and worthy goals? ___ Yes ___ No

What do you feel are the applicant's special abilities and talents? _____

To your knowledge:

Does the applicant have the support of his/her spouse (If married)? ___ Yes ___ No

Has the applicant ever been disciplined by the church for serious misconduct? ___ Yes ___ No

If yes, please explain _____

Please share any additional comments about this applicant you feel are important.

How do you recommend this applicant (check only one)?

- with enthusiasm
- with some confidence
- with reservation
- cannot recommend

Comments _____

Recommender Information

Recommender's signature _____ Date _____

Print your name here: _____ Position/Title: _____

Address: _____ City/State/Zip _____

Home Telephone: _____ Work Telephone: _____

Please return this completed form directly to:
MMFI, P.O. Box 4434, St. Johnsbury, VT 05819