



Managed Ministry Experience Recommendation Form

Applicant Name: _____

Reference Name: _____

Address: _____ Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

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To the best of your knowledge, please rate the applicant in the following areas
(1 being poor—5 being excellent—N being No Knowledge)

Moral Character	1	2	3	4	5	N
Leadership Skills	1	2	3	4	5	N
Reliability	1	2	3	4	5	N
Teachability	1	2	3	4	5	N
Communication Skills	1	2	3	4	5	N

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Briefly describe your relationship to the applicant:

In your opinion, what are the applicant's greatest strengths & weaknesses?

STRENGTHS

WEAKNESSES

Do you have any comments/concerns regarding the applicant:

Would you recommend this person for a Managed Ministry Experience?

Yes, wholeheartedly Yes, with reservation Yes, but at a later date No

Signature: _____ Date: _____