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ASSOCIATION OF FAITH CHURCHES & MINISTRIES (CANADA) LTD.

## PERSONAL OR PASTORAL RECOMMENDATION

(Applicant: Please give personal recommendation to someone you have known for at least **five years** & the Pastoral recommendation to your Pastor or, for Pastors, someone in full-time, five-fold ministry)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Applicant's Church or Ministry: \_\_\_\_\_

**Applying For:**

Ordination

Ministerial Licensing

Provisional Licensing

Affiliate Only

Your name has been given as a recommendation for the above named person who is requesting registration with AFCM Canada. 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 Canada office at the above address. **Please be assured that 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:

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3. Please give your knowledge of the applicant's involvement in church activities. Check one.

Attends irregularly/shows little interest

Co-operative; usually willing to help

Seldom participates, but attends regularly

Enthusiastic and is deeply involved

Comments:

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4. Give what you consider to be the applicant's strong points.

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5. Give what you consider to be the applicant's weak points.

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6. Please indicate below your rating status of the applicant:

	Above Average	Average	Below Average	No Chance To Observe
Leadership	<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"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Honesty	<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"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect or child molestation?  Yes  No If yes, please explain.

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8. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse?  Yes  No 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 registration. 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?  Yes  No

12. Having observed this person in the ministry, would you recommend them for registration with AFCM?

- Highly recommend  Recommend  
 Recommend with reservations  Not recommend

**Thank you. We appreciate your assistance.**

Your Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Your Ministry (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ P.Code \_\_\_\_\_

Daytime Phone (        ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_