



P.O. Box 3253
Langley, BC V3A 4R6
PH (604) 539-2047
FX (604) 539-2043
EM: afcmcan@telus.net
Web: www.afcmcanada.org

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:

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:

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	<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.

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

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

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.

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 _____