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Christian AIM International

LOCAL PASTOR'S/MINISTER'S RECOMMENDATION

Confidential Questionnaire

NAME OF APPLICANT: _____

Surname First Name Middle Name

The above-mentioned person has applied for membership/associate membership with Christian AIM International. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. This completed form should be returned directly to Christian AIM International.

Nominated by Christian AIM Member: _____ REGISTRATION NO: _____

MAILING ADDRESS: _____ PHONE: _____

RECOMMENDING PASTOR'S/MINISTER'S DETAILS

1. Name of Recommending Pastor/Minister/Nominee: _____
2. Mailing Address: _____ Post Code: _____
3. Email Address: _____@_____
4. Telephone (Code)_____ Home: _____ Office: _____
5. Name of your Church/Ministry: _____
6. Church/Ministry Address: _____
7. Your position in this Church/Ministry: _____
8. How long have you held this position? _____
9. Are you an ordained minister? _____ Year of Ordination: _____
10. Organisation which ordained you: _____

EVALUATION OF APPLICANT

1. How long have you known the applicant? _____
2. Describe your relationship: ☐ Close ☐ Casual ☐ Distant ☐ Other (Describe): _____
3. Your position in this relationship: ☐ Pastor/Minister ☐ Family Friend ☐ Co-Worker ☐ Other: _____
4. Please evaluate applicants character and lifestyle:

E	G	F	P	U	
					Christian life and testimony
					Moral attitudes
					Honesty and integrity
					Consideration for others
					Ability to work with others
					Ability to lead others
					Ability to minister
					Accepting responsibility
					Financial responsibility
					Personal cleanliness

E = Excellent
G = Good
F = Fair
P = Poor
U = Unknown

5. To your knowledge, does the applicant...
   - Use tobacco? ☐ Yes ☐ No
   - Drink alcoholic beverages? ☐ Yes ☐ No
   - Use illegal / habit-forming drugs? ☐ Yes ☐ No
6. Briefly describe applicant's marriage / family life _____
7. Do you think the applicant has a definite call to the five-fold ministry? ☐ Yes ☐ No ☐ Not Sure
8. Is the applicant currently involved in active ministry? ☐ Yes ☐ No ☐ Not Sure
9. Is the applicant involved in secular work in addition to ministering? ☐ Yes ☐ No ☐ Not Sure
10. Would you recommend the applicant for membership? ☐ Yes ☐ No ☐ Not Sure
11. Please give any comments that would be helpful in evaluating the candidate _____

_____ _____

Signature of Recommending Pastor/Minister/Nominee Date