



# JOAN HUNTER MINISTRIES HUNTER MINISTRIES MINISTRY RECOMMENDATION FORM

Personal Information			
<i>(Please give personal recommendation to someone you have known for at least three years.)</i>			
Applicant Name	Title:	Last:	First: M.I.:
Address:		City:	State: ZIP:
Your name has been given as a reference for the above person for Ordination. Thank you for thoughtfully and carefully completing this form. Please email completed form to <a href="mailto:ord@joanhunter.org">ord@joanhunter.org</a> or fax to 888-817-4102. Please be assured that your comments will be held in strictest confidence.			
Name of Church or Ministry:		Website:	
(1) How many years have you known the applicant?			
(2) What is your relationship to the applicant?			
(3) How well do you know him/her? <i>Please check appropriate description beside box below with an "X"</i>			
By name/sight	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fairly well/numerous personal contacts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Very close ministry relationship	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mentoring Relationship	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
(4) Response/attitude toward authority. <i>Please check appropriate description beside box below with an "X"</i>			
Helpful and cooperative	Yes <input type="checkbox"/> No <input type="checkbox"/>	Usually responsive	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resentful of authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not cooperative/very resentful of authority	Yes <input type="checkbox"/> No <input type="checkbox"/>
(5) Please give your knowledge of the applicant's involvement in church activities (check one)			
Attends irregularly/shows little interest	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooperative/usually willing to help	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seldom participates, but attends regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enthusiastic and is deeply involved	Yes <input type="checkbox"/> No <input type="checkbox"/>
(6) Please list strengths and weaknesses of the applicant:			
(7) Additional comments on the applicant:			
(8) I recommend the applicant for ordination. Please select one choice below. Yes <input type="checkbox"/> Yes, with reservations. <input type="checkbox"/> No <input type="checkbox"/>			
<b>Signature:</b>		Printed Name:	Date:
Your age 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> over 50 <input type="checkbox"/>		Phone number:	
<i>If you are a credentialed minister, please complete the following:</i>			
Ministry Name		Your Position:	
Organization credentialed with:		Number of years credentialed:	

Thank You! We appreciate your assistance. Email: [ord@joanhunter.org](mailto:ord@joanhunter.org)

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