



JOAN HUNTER MINISTRIES HUNTER MINISTRIES PERSONAL RECOMMENDATION FORM

Personal Information					
(Please give personal recommendation to someone you have known for at least three years.)					
Applicant Name					
	Title	Last	First	M.I.	
Address:					
	Street Address		Apartment/Unit #		
	City	State/Province	ZIP/Postal Code	Country	
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 Ord@joanhunter.org . 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?			Complete in this box.		
(3). How well do you know him/her?			Complete in this box.		
(4). Response/attitude toward authority.			Please check appropriate description beside box below with an "X" ..		
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"/>
Do not know	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). Additional comments on the applicant: (Use box below as necessary.)					
(7). 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"/>	
Signature				Printed Name:	
Your age	18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-50 <input type="checkbox"/>	over 50 <input type="checkbox"/>	
Address:					
	Street Address		Apartment/Unit #		
	City	State/Province	ZIP/Postal Code	Country	
Tel. (Cell/Res):	Tel. (Office)		Email:		
If you are a credentialed minister, please complete the following:					
Ministry Name			Your Position:		
Organization credentialed with:			Number of years credentialed::		
Thank You! We appreciate your assistance. Email: Ord@joanhunter.org					
JOAN HUNTER MINISTRIES, PO BOX 111, Tomball, TX 77377 Phone (281) 789-7500 Fax: (888) 817-4102					