



JOAN HUNTER MINISTRIES HUNTER MINISTRIES MINISTRY RECOMMENDATION FORM

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Personal Information			
Please give this Ministry Recommendation form to someone you have known for at least three (3) years			
Applicant Name	Title:	Last:	First: M.I.:
Address:		City:	State: ZIP:
<p>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.</p>			
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? Please check appropriate description beside box below with an "X"			
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. 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"/>
(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: Yes <input type="checkbox"/> Yes, with reservations. <input type="checkbox"/> No <input type="checkbox"/>			
Signature:		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:	
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			