



JOAN HUNTER MINISTRIES HUNTER MINISTRIES PERSONAL RECOMMENDATION FORM

Personal Information				
Please give this Personal Recommendation form to someone you have known for at least three (3) years				
Applicant Name	Title	Last	First	M.I.
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?				
(3). How well do you know him/her?				
(4). Response/attitude toward authority. Please check with an "X" the appropriate response for each description below				
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"/>
Street Address:			Apartment/Unit #	
City		State/Province	ZIP/Postal Code	Country
Tel. (Cell/Res):		Tel. (Office)	Email:	
If you are a credentialed/licensed 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				