

FULL GOSPEL FELLOWSHIP

of Churches and Ministers INTERNATIONAL of Oregon, Inc.

PO Box 18, Culver, OR 97734

(541) 504-0376 Fax: (541) 504 5342

CONFIDENTIAL REFERENCE FOR MINISTERIAL CREDENTIALS

I have known _____ for a period of _____ years.

I have known the applicant as a Minister ___ Friend ___ Relative ___ Other ___

The relationship was: Intimate ___ Casual ___ Professional ___

To the best of my knowledge and judgment the applicant is:

	Excellent	Good	Poor
In Christian Life and Testimony			
In ability to minister			
In conduct and moral attitude			
In emotional stability			
In accepting responsibility			
In meeting financial obligations			
In personal appearance			
In family relationships			
In physical fitness			

In your opinion does the applicant exhibit a "call" to the ministry?

Yes ___ No ___ Possibly ___ No opinion ___

What ministerial recognition do you suggest the applicant receive?

Commissioned Ministry ___ Licensed ___ Ordination ___

Any other information which you feel will be of help to us will be greatly appreciated, and may be given on the reverse side. (Suggestions: personal religion, education, methodical and business-like habits, amusements or home life.)

Would you recommend the applicant for membership in the Full Gospel Fellowship of Churches and Ministers International of Oregon, Inc. without reservation?

Yes ___ No ___

Date: _____

Signature: _____

Phone: _____

Address: _____